DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT



This is to certify that Exeter Rent All

Located At 427 OCEAN AVE

Job ID: 2012-05-3989-SE

CBL: 159- G-001-001

has permission to set-up (4) 20 by 20 foot and (2) 10 by 10 foot Tents "American Heart Association Walkathon" 5/19/12 provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED. A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

05/15/2012

Fire Prevention Officer

Code Enforcement Officer Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET IDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months. If the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.

Set-up/Final

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life . www.portlandmaine.gov

Acting Director of Planning and Urban Development Gregory Mitchell

Job ID: <u>2012-05-3989-SE</u> Located At: <u>427 OCEAN AVE</u> CBL: <u>159- G-001-001</u>

Conditions of Approval:

Building

- This permit DOES NOT authorize any construction activities. The tent(s)/ stage must be removed at the end of the event.
- 2. A separate permit is required for any temporary electrical work.
- 3. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Fire

- 1. Installation shall comply with City Code Chapter 10.
- 2. Tents shall have an approved fire resistant rating and maintain 10' between stake lines. No smoking or open flame allowed within 10'. Provide at least one 2A:10 BC fire extinguisher.

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

| Job No: 2012-05-3989-SE | Date Applied: 5/14/2012 | | CBL: 159- G-001-001 | | | | | |
|--|-------------------------------------|--|--|--|---|--|--|--|
| Location of Construction: PAYSON PARK - 427 OCEAN AVE | | | | Owner Address: 389 CONGRESS STREET PORTLAND, ME 04101 | | | | |
| Business Name: American Heart Association | Contractor Name: Exeter Rent All | | Contractor Address: 38 Hampton Rd., Exeter, NH 03833 | | | | | |
| Lessee/Buyer's Name: Pauline Cormier | Phone: 207-523-3009 | | Permit Type: TENTS - Tents | Zone: | | | | |
| Past Use: Payson Park | • | | | Cost of Work: Fire Dept: Approved Wallston Denied N/A Signature: | | | | |
| Proposed Project Description American Heart Association; 5/20 Permit Taken By: | | Pedestrian Activities District (P.A.D.) Zoning Approval | | | | | | |
| This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building Permits do not include plumbing, septic or electrial work. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work. | | Shorelands Wetlands Flood Zo Subdivis Site Plan Maj Date: CERTIF | one ion _MinMM ICATION osed work is authorize all applicable laws of | Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied Date: | Historic P Not in D Does not Requires Approve Approve Denied Date: | d w/Conditions authorized by ork described in | | |
| GNATURE OF APPLICANT | Γ ΔΙ | DDRESS | | DATE | | PHONE | | |



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life . www.portlandmaine.gov

Receipts Details:

Tender Information: Check, Check Number: 46001

Tender Amount: 30.00

Receipt Header:

Cashier Id: bsaucier Receipt Date: 5/14/2012 Receipt Number: 43884

Receipt Details:

| Referance ID: | 6499 | Fee Type: | BP-Tent/Event |
|---------------------|-------|-------------------|---------------|
| Receipt Number: | 0 | Payment Date: | |
| Transaction Amount: | 30.00 | Charge Amount: | 30.00 |

Job ID: Job ID: 2012-05-3989-SE - American Heart Association; 5/19/12

Additional Comments: Payson Park

Thank You for your Payment!



Tent/Canopy or Temporary Event Staging Permit Application

Enteral

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

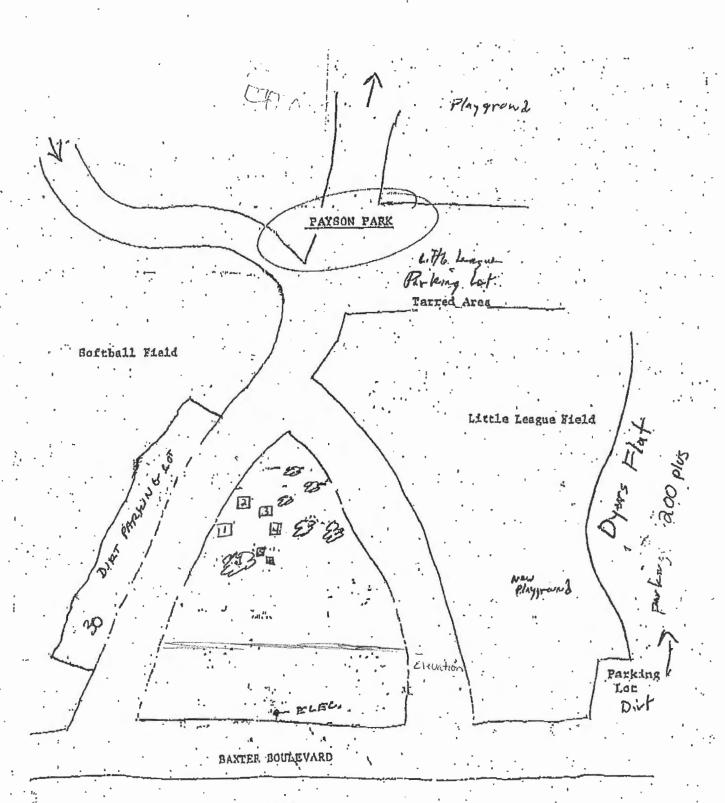
| within the City, payment arrangement | nts must be made before permits of any kind | d are accepted. |
|---|--|---|
| Location/Address/Park of Installation: | ayson Pork (4270 | ceen fr.) |
| Date of Set up/Event 5/19/12 | Date of Breakdown/ End of Ev 5/21/12 | |
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot# | Property Owner: City of Poxtland | Telephone: |
| Lessee/Buyer's Name (If Applicable) Exeler Rent-All | American Head Association | ee: \$30.00 |
| The permit fee and the following items must to receive a permit. | t be completed and submitted along with the RECENT | application in order |
| Certificate of Flammability Letter of approval from property owner If the City is owner, attach a complet Parks & Recreation (756-8275). Company name of installer (contact information of the Plan showing the following: Tent/Canopy or tempor proposed and existing, proposed and existing, proposed and existing of the City is the property owner, Certification of coverage is \$400,000.00 Who should we contact when permit is reach Address: 5105241, South Manual Contact Ween permit is reached. | eted copy of Application to Use City Parks of Building City of Port City as additional in City as additional in City City of Port City as additional in City City City City City City City City | and Marian pace from and Marian pace from and Marian pace from as, exits and entrances of temporary staging, you Recreation for maps of insured. Minimum amount |
| | utlined in the Tent/Canopy and Event S o do so will result in the automatic deni- | |
| In order to be sure the City fully understands the ful | | |

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

| Signature of applicant: | Paule | (Sou | Date | : 5/7/6 | |
|-------------------------|-------|-------|-----------------|---------|--|
| Peris A A A | | | A B TX7 1 .11 . | 1 | |

This is not a permit; you may not commence ANY work until the permit is issued.



BACK COVE



REGISTERED FABRIC NUMBER

F53501

Issued by

TOPTEC, INC. 1905 N.E. Main Street Simpsonville, SC 29681 **Date Manufactured**

03/03/03

This is to certify that the materials described are inherently flame retardant.

| Name. | EXETER RENT-ALI | <u>L</u> | | | | | | |
|--------|---------------------|--|---------------|-------------|------------|----------|----------|----------------|
| Addre | 38 PORTSMOUTH | H AVE | | | | | | |
| City _ | EXETER | • | | _State | ин | | | 833 |
| he al | bric is in confoi | by made that: d are flame-retard rmance with the la d. Fabric has been | aws of the St | ate of Cali | fornia and | the Rule | es and F | Regulations of |
| | | | | | | | | |
| ethod | of Application: | | | | | | | |
| | of Application: | ied:PARTY | 20x20 | BLACKOUT | WHITE | | | |
| escrip | tion of item certif | ied: PARTY ardant Proce | | | : | emove | d By \ | Washing. |
| escrip | tion of item certif | | | | : | emove | | Washing. |



DATE PROCESSED _____

REGISTERED APPLICATION CONCERN No.

F-419.01

Academy Tent & Canvas 5035 Gifford Ave. Los Angeles, CA 90058 Date tretated or manufactured

5/25/99

| | | | 7-8368 | | | · |
|--|--|--|---|--|---|--|
| | s to certify that the r | | bed below | hereof ha | ave been flam | e retardant |
| • | re Inherently nonflan | • | ADDDE00 | | | |
| CITY | ETER RENT-ALL EXETER | | STATE | | | |
| | | | | | | |
| (a) The approximation was ticked with the terms of the te | e articles described be proved and registered as done in conformancins of the State Fire Maime of chemical used ethod of application e articles described be red and approved by the de name of flame-residame Retardant | by the State Fire with the laws of arshal. elow hereof are many state fire Mars state fire Mars state fire mars stant fabric or mars s | te have beer Marshal and I the State o ade from a final for such | n treated very tre | application of a and the Rule em. Reg. Nostant fabric or | sald chemical s and Regula- material regis- g. No. F-419,01 |
| Name of Ap | d Bradley plicator or Production Superin | tendent | By Tom | | Title | (00100)(00)(04)(04)(04)(04) |
| 5ea 7x20 2EA 10X | THIS FABRIC WAS I PANORAMA SIDEWA 10 2PC TOP ONLY 20 MID TOP S ONLY U | USED IN THE MA LLS | NUFACTURI 2EA 12X 1EA 15X 1EA 12X | ING OF TH 12 2PC TO 15 2PC TO 66 MID TO | HE FOLLOWING OP ONLY U/W OP ONLY U/W OP ONLY U/W | |
| CUSTOMER OR | DER NO. | 33998 | 1EA 8X4 | GABLE M | GABLE TOPS ID TOPS LE MID TOP | |
| CUSTOMER INV | OICE NO. | 36128 | TEA OAZ | U/VV GAB | LE MID TOP | |
| ARDS OR QUA | NTITY | | | | | |
| OLOR | | | | | | |
| STYLE | | | | | | |

*** ALL MATERIALS ARE CERTIFIED BY THE CALIFORNIA STATE FIRE MARSHAL AND MEET THE REQUIERMENTS OF;NFPA 701 AND UL 214***



DATE PROCESSED

REGISTERED

| CONCERN No. 5035 F-419.01 Los Ang (323 | y Tent & Canvas Gifford Ave. seles, CA 90058 3) 277-8368 scribed below hereof have been flame retardant |
|--|--|
| (a) The articles described below this certification is nereby made that: approved and registered by the State is was done in conformance with the law tions of the State Fire Marshal. Name of chemical used | ADDRESS STATE NH O3833 (Check "a" or "b") ficate have been treated with a flame-retardant chemical Fire Marshal and that the application of said chemical is of the State of California and the Rules and Regula- Chem. Reg. No. |
| David Bradley Name of Applicator or Production Superintendent | ByTom Shapiro - President |
| THE THE PROPERTY OF THE PROPER | |
| THIS FABRIC WAS USED IN THE | MANUFACTURING OF THE FOLLOWING 1EA 10X5 ULTRAWHITE MIDDLE TOP |
| 2EA 10X10 U/W 2PC TOPS CONTROLEMGOX10 ULTRAWHITE MIDDLE TOP | 1EA 20X10 ULTRAWHITE FEMALE EN |
| 2EA 10X10 U/W 2PC TOPS CONTROLEAGOX10 ULTRAWHITE MIDDLE TOP CUSTOMER ORDER NO | 1EA 20X10 ULTRAWHITE FEMALE EN |
| 2EA 10X10 U/W 2PC TOPS CONTROLEMOXX10 ULTRAWHITE MIDDLE TOP CUSTOMER ORDER NO. | 1EA 20X10 ULTRAWHITE FEMALE EN |

*** ALL MATERIALS ARE CERTIFIED BY THE CALIFORNIA STATE FIRE MARSHAL AND MEET THE REQUIERMENTS OF;NFPA 701 AND UL 214***



REGISTERED FABRIC NUMBER

F53501

Issued by

TOPTEC PRODUCTS, LLC 1073 Neely Ferry Road

04/44/07

01/11/07

Date Manufactured

This is to certify that the materials described are inherently flame retardant.

Laurens, SC 29360

| Name EXETER RENT-ALL Address 38 PORTSMOUTH A | VE | | | |
|--|---|--|--------------------------------------|-----------------|
| City EXETER | • | State | NH | Zip03833 |
| | re flame-retardant, a nce with the laws of ic has been tested a | the State of Califo nd passes NFPA7 | ornia and the Rui 701-99, ULC214, | |
| Description of item certified | | | UT WHITE | • . |
| The Flame Retar | dant Process l | Jsed WILL N | OT Be Remo | ved By Washing. |
| TOPTEC PRODUCTS | , LLC. | | | |



REGISTERED FABRIC NUMBER

F53501

Issued by

TOPTEC, INC. 1905 N.E. Main Street Simpsonville, SC 29681 **Date Manufactured**

03/13/06

This is to certify that the materials described are inherently flame retardant.

| Name EXETER RENT-ALL Address 38 PORTSMOUTH AVE | | | |
|--|--|----------------|----------------------------|
| CityEXETER | State | NH | 03833 Zip |
| Certification is hereby made that: The articles described are flame-reta the fabric is in conformance with the State Fire Marshal. Fabric has been to | laws of the State of Californ | nia and the Ru | les and Regulations of the |
| Method of Application: The Flame Reta | | | |
| | | | |
| Method of Application: <u>The Flame Reta</u> Description of item certified: PARTY The Flame Retardant Proc | ardency of this Fabric is Inh 20x20 WHITE | erent and Peri | manent. |



REGISTERED FABRIC NUMBER

31.02

Issued by

TOPTEC, INC.

1905 N.E. Main Street Simpsonville, SC 29681 **Date Manufactured**

2/15/00

This is to certify that the materials described are inherently flame retardant.

| Address 38 PORTSMOUTH AVE | | AH.I. | 00000 | |
|---|-------------------------|-----------------|------------------------|-------------|
| City EXETER | State | NH | Zip | |
| Certification is hereby made that: | | | | |
| The articles described are flame-retardan | t, approved and regis | tered by the S | State Fire Marshal and | that |
| ne fabric is in conformance with the law | | | | |
| he State Fire Marshal. Fabric has been te | | | | |
| | soleu allu passes ivi i | 71701-00, 0171 | 10-7, OLO 100, IN VOCO | 12. |
| | esteu anu passes ivi i | A701-00, 017 | 104, 020100, 11110000 | <i>J</i> Z. |
| | ssied and passes ivi i | 7,701-00, 017 | 104, 020100, WV0000 | <i>J</i> Z. |
| | ssied and passes ivi i | | 104, 020100, WV0000 | |
| lethod of Application: | 20x20 BLACKOUT | | 104, 020100, WV0000 | |
| lethod of Application: | | | 104, 020100, m v 0000 | |
| lethod of Application:escription of item certified:PARTY | 20x20 BLACKOUT | WHITE | | |
| lethod of Application: | 20x20 BLACKOUT | WHITE | | |
| lethod of Application: escription of item certified: The Flame Retardant Process | 20x20 BLACKOUT | WHITE | | |
| Method of Application: | 20x20 BLACKOUT | WHITE T Be Remo | | |
| Method of Application: Description of item certified: PARTY The Flame Retardant Process | 20x20 BLACKOUT | WHITE T Be Reme | oved By Washin | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/07/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| $\overline{}$ | | icate holder | r in lie | u of su | ch endor | seme | ent(s) | | | | | | | |
|---------------|--------------------|---|-----------------------|-----------------|------------------------------|--------------|------------------------|---|--|---|---------------------------------|--|---------|----------------------|
| | darsh I | R USA, Inc. | | | | | | | CONTA NAME: | | | | | |
| | | comerica Bank 1 | Tower | | | | | | PHONE (A/C, N | o. Ext): | | FAX (A/C, No) | | |
| | | Main Street | 7 | | | | | | E-MAIL ADDRE | ss: | | | | |
| Ι, | Janas, | TX 75201-735 | 1 | | | | | | | IN: | SURER(S) AFFO | RDING COVERAGE | | NAIC# |
| 010 | 207-AI | II-GAWXP-*10- | 11 | | ME | | | | INSURER A: Zurich American Insurance Company | | | | | 40142 |
| | JRED | on Hoort Associ | iction | | | | | | INSURER B: American Guarantee & Liability Ins Co | | | | | 26247 |
| | | an Heart Associ ers Affiliate | lauon | | | | | | INSURER C: Liberty Mutual Insurance Company | | | | | 23043 |
| | | Route 1, Suite N | | | | | | | INSURE | ERD: | | | | |
| ١ | carboi | rough, ME 040 | 74 | | | | | | INSURI | ERE: | | | | |
| | | | | | | | | | INSURE | ERF: | | | | |
| CO | VER | AGES | | | CEF | RTIFI | CATI | E NUMBER: | HOU | J-002161237-01 | | REVISION NUMBER: 3 | | |
| IN C | ERTI XCLL | FICATE MAY | MTHS BE I | TANDIN SSUED | G ANY RI OR MAY | PERT POLI | REME TAIN, CIES. | RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF AN | Y CONTRACT THE POLICIE REDUCED BY | OR OTHER S DESCRIBE PAID CLAIMS | DOCUMENT WITH RESPE D HEREIN IS SUBJECT T S. | CT TO | WHICH THIS |
| INSR LTR | | TYPE | OF INSL | JRANCE | | | SUBR | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMI | rs | |
| Α | | NERAL LIABILIT | ΓY | | | | | GLO 837615716 | | 07/01/2011 | 07/01/2012 | EACH OCCURRENCE | \$ | 2,000,000 |
| | X | COMMERCIAL | GENE | RAL LIABI | LITY | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 |
| | | CLAIMS- | MADE | X oc | CUR | | | | | | | MED EXP (Any one person) | \$ | 5,000 |
| | | | | | | | | | | | | PERSONAL & ADV INJURY | \$ | 2,000,000 |
| | | | | | | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | GEN | L AGGREGAT | | APPLIES | PER: | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | X | POLICY | PRO- JECT | | LOC | | | | | | | | \$ | |
| Α | AUT | OMOBILE LIAE | BILITY | | | | | BAP-8376159-16 | | 07/01/2011 | 07/01/2012 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 2,000,000 |
| | X | ANY AUTO | | | | | | | | | | BODILY INJURY (Per person) | \$ | |
| | | ALL OWNED AUTOS | | AUTOS | DULED | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | | HIRED AUTOS | 3 | NON-C | WNED | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | | | | | \$ | |
| В | X | UMBRELLA L | IAB | X oc | CUR | | | AUC 9300308 10 | | 07/01/2011 | 07/01/2012 | EACH OCCURRENCE | \$ | 10,000,000 |
| | | EXCESS LIAB | | CL | AIMS-MADE | | | | | | | AGGREGATE | \$ | 10,000,000 |
| | | | RETENTI | | | | | | | | | | \$ | |
| Α | | RKERS COMPE EMPLOYERS' | | | V/1 | | | WC 837610916 | | 07/01/2011 | 07/01/2012 | X WC STATU- OTH- | | |
| | ANY | PROPRIETOR/ | PARTNE | ER/EXECU | TIVE N | N/A | | | | | | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | (Mai | ndatory in NH) s, describe under | | JEUY | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | DES | CRIPTION OF | OPERAT | TIONS bel | ow | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| С | Prope | erty | | | | | | YU2-L9L-531940-011 | | 07/01/2011 | 07/01/2012 | Per schedule on file with | | |
| | | | | | | | | | | | | the company | | |
| | | | | | | | | | | | | | | |
| Re: S | Souther City of | rn Maine Heart \ | Walk; Da dditional | ate of Ever | nt: 05/20/201 except on W | 2 | | ACORD 101, Additional Remarks ensation as Owner of premises leas | | | | eart Association, Inc. off premises | events, | but only as respects |
| - | DTIE | IOATE HO | DEE | | | | | | 0411 | CELLATION | | | | |
| CE | KIIF | ICATE HO | LDER | - | | | 72.0 | | CANC | CELLATION | | | | |
| 13 | 4 Con | Portland Igress Street, Si I, ME 041021 | uite 2 | | | | | | THE | EXPIRATIO | N DATE TH | ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS. | | |
| | | | | | | | | | AUTHO | RIZED REPRESE | ENTATIVE | | | |

workedis

of Marsh USA Inc. William Hines

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) |
|--|
| ALL PERSONS OR ORGANIZATIONS WHERE REQUIRED BY WRITTEN CONTRACT |
| |
| |
| |
| |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole

or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



CITY OF PORTLAND, RECREATION and FACILITIES MANAGEMENT PUBLIC PARK & SPACE APPLICATION (3 pages)

134 Congress St. ~ Suite 2 ~Portland ~ ME ~ 04101 207-756-8275 ~ Fax 207-756-8279 tvm@portlandmaine.gov

For uses of city property, there are typically:

2. a security deposit required

3. insurance required

(There may be fees due and applications required from other City Departments)

| TODAY'S DATE March 20, 20 | | | 12 ORGANIZATION NAME | | | American Heart Association | | | | | | |
|---|---------|--------------|----------------------|-------|------------|----------------------------|-----|-------|--------|-----|-------|--|
| ORGANIZATION ADDRESS 52 US Route 1, Suite | | | e M | | CITY | Scarboroug | h | STATE | ME | ZIP | 04074 | |
| CONTACT | NAME(S) | Pauline Corm | nier and Ina Levass | suer | TITLE | organiz | ers | | | | | |
| HOME # WORK 879-5700 | | 879-5700 | | CELL | L 229-4097 | | | FAX | 879-59 | 918 | | |
| EMAIL Paulne.cormier@heart.org | | | | EMAIL | Ina.lev | asseur@hart.o | rg | | | | | |

| PARK AREA OR PUBLIC SPACE REQUESTED | | | Payson Park, | Payson Park, 1 st entrance into park, Back Cove Pathway, Dyers Flat | | | | | | |
|---|---|------------------------|----------------------------|--|------------------------|--------------------|---|--|--|--|
| EVENT DAY & DATE(S) Sunday, May 20, 2012 | | | (6am – 1pm) | RAIN DAY | & DATE(S) | none | | | | |
| EVENT START TIME (i.e. set-up start time) | Sat., May 19 (after- 8:00 pm) for tent setup May 20 - 6am | (i.e. when e complete) | O TIME event cleanup is | Noon Then on Monday the 22 nd for tents to come down.by noon. | ACTUAL S' TIME OF E | TART & END VENT | 8:30am – Noon registration @ 8:30am Walk starts at 9:30am | | | |

| EVENT NAME | EXPECTED ATTENDANCE |
|--|--|
| Heart Walk (setup day: Saturday / walk held on Sunday) | 900 |
| DESCRIPTION OF EVENT: Please be specific regarding area of public space/park a | nd describe Event in detail |
| A fundraising walkathon around Back Cove using the Pathway. Start and end a Five tents, 4 20 x 20 and 2 10 x 10 will be set up in the triangle grass area (to The 1 st entrance into the park will also be closed to traffic (from Baxter to tip Dyer's Flat Parking area will be used for overflow parking. (Organizers will h Refreshments will be served Electricity is needed for music and announce Organizer will rent 5 port-a-restrooms (positioned along the pathway). | ent setup on Saturday, removed on Monday). of grass triangle). ire a PCO to patrol the park) |
| IS THERE A REGISTRATION FEE? No walkers solicit pledges | |

WHAT WILL BE THE ANTICIPATED NEED FOR PARKING AND WHAT IS YOUR PARKING PLAN? Dyers Flat. Over flow parking is approved to go in the Catholic Diocese of Portland on Ocean Ave (and part of the church parking lot if needed) that can hold an additional 200 cars. If additional overflow needed, the second back-up will be USM area. A van has been hired

PLEASE CHECK OFF AND ANSWER:

PLEASE SEEE ATTACHED FEE SCHEDULE / DEPT. INFORMATION IF YOU ANSWER YES

| | | X-YES | X-NO | X-NOT SURE |
|---|--|-------|------|------------|
| * | Are you setting up a canopy(s)? (canopy is 10x10 size) How many: 2 | 2 | | |
| * | Do you wish to set up a tent(s) ? (a canopy or tent larger than 10x10 needs to be approved by Recreation and a Tent Permit issued from Inspections Division; please call Inspections for information on their application process / PLEASE give them at least a 2-week notice). Recreation will contact Inspections once the tent location is | 4 | | |

| | approved so that the Tent Permit Application may go forward. State size(s): 20 x 20 (4 tents this size) | | 1 | |
|---|---|---|-------------------------------|-------------------------|
| | Exact Location(s) of Tent Placement Requested: Triangle Grass at Payson In order to drive tent stakes into the ground, DIG SAFE must be contacted: 888-344-7233. | | | |
| • | Will you be setting up tables and/or chairs? How many tables: 25 chairs: 120 | X SAME AS LAST YEAR | | |
| | Are other items or equipment being placed on City property ? (i.e. Moon Bounce, Dunk Tank, Radio Station Van, Helium Tank, etc.) Please List: | MOONBOUNCE SPEAKERS FOR DJ, SM HELIUM | | |
| * | Will there be refreshments at the event? YES Do you wish to sell food? NO (If so, you will need approval from Recreation) List food and drink: A Temporary Food Service License (from the City Clerk's Office) is needed, even if food is given away (and even if it is pre-packaged). PLEASE give the Clerk's Office at least a 2-week notice. | BAGELS, FRUIT BARS, WATER, JUICE BOXES RAISINS, APPLES, ORANGES, SMALL SUBS, | () () | 7 (2 11) 1 (3)# - |
| * | Do you wish to sell non-food items (like T-shirts, crafts, cd's, etc.)? | | X | |
| * | Are you setting up a PA (sound) system ? Are you planning on having Amplified Music? YES | WE WILL HAVE A DJ WITH MICROPHONE | - | |
| * | Will your event require electricity? Electricity is available at some of the parks | X | | |
| * | Are you planning on bringing a Grill for a Barbecue ? | | X | |
| * | Will the event require reserved parking spaces / parking meters? How | | X | |
| * | Will your event need safety vests, signs, barricades and/or cones? Please list what you would like to borrow: roadway in park A few orange vests and cones may usually be borrowed from Recreation. Barricades and signs are borrowed from Public Services, Customer Service. | X Barricades | - | |
| * | Will your event require street closures? (Please be specific under "Description of Event") | X – JUST PARK ROADWAY | | |
| * | Will your event require Police assistance? An event such as a road race, march in the street, or parade would typically require police assistance. | | Х- | |
| * | Will your event require Fire/EMS assistance? | | X- EMS FROM AM HEART | |
| * | Will your event require porta-restroom rental(s) or need existing porta-restrooms cleaned? (Some of the parks already have porta-restrooms. Event participants may use these, but a \$25 fee is assessed for events where attendance is 150 or more.) | X-WE PLAN TO HAVE 4-5 | | |
| * | Do you wish to have a banner over the street to advertise your event ? (Banners | | X | |

| | INSURANCE CERTIFICATE INFORMATION | | |
|---|---|---|--|
| * | Will your event require liability Insurance? (For an event such as a walkathon, race, festival, press conference, concert, etc., the city requires insurance coverage - general liability. The City of Portland needs to be named as additional insured in regards to the event activities on that date). If your event has been approved for serving food, Product Liability is also required, in addition to General Liability. | X | |
| | If you answered yes, please have "City of Portland, Maine" listed as additional insured on the \$400,000) and have your insurance company fax a copy to Recreation: 207-756-8279, or e- | | |

RECREATION POLICIES

ELECTRICITY

All cords in the public way must be covered by rugs, mats or orange cones to avoid public hazard. If weather is inclement (drizzle, rain, snow, etc.) we require that you not use electricity.

BARBECUES - GAS GRILLS ONLY

Only GAS GRILLS are allowed in parks/public spaces – i.e. No Charcoal Grills. Barbecuing must first be approved by Recreation and is subject to weather conditions, and possible further review by the Fire Dept. Grills must be set up away from children's activities. You must bring a fire extinguisher with you to the grilling area.

PORTA-RESTROOMS / BATHROOM FACILITIES

Porta-Restrooms are required for large events and events where food is being served. Some of Portland's parks already have portable restrooms (*Preble Street Grass Area at the Preble Street Parking Lot – across from Hannafords, *Entrance to Dyer's Flat – beside Payson Park, *Deering Oaks Park – across from the Playground, *East End Beach). If over 150 people are expected to attend the event, a \$25 user fee is required (paid to Recreation). The restrooms are cleaned M, W, & F. If you would like to guarantee that they are cleaned just prior to your event, then you need to call the porta-restroom company (Associated Septic, 799-1980, M-F) to request and pay for a cleaning.

TRASH

All groups must abide by our Carry In/ Carry Out Policy. Please bring extra trash bags and/or trash receptacles and remove all trash. You will need to haul all of your trash out of the park/public space or forfeit the security deposit(s). The area will be checked following your event and if the park is clean and conditions for use adhered to, your security deposit will be returned to you. Thank you in advance!

PARKING ON GRASS AREAS

Portland Recreation has a strict policy that prohibits vehicles from parking on grass areas. \$10 will be deducted from your security deposit for each vehicle parked on grass. Any tire ruts/damage to the grass areas would mean a forfeit of your security deposits.

TOBACCO FREE ZONES

By city ordinance, smoking is prohibited at and within 20 feet of the following outdoor recreation and event areas: downtown squares and plazas, trails, parks, playgrounds, beaches, and athletic facilities. Please make sure you pass this information along to participants / spectators at the event.

NOTIFICATION

Please keep a copy of this permit on site at all times. City staff may require proof of permit.

REVOCABLE PERMIT

- The City reserves the unconditional right to control or cancel events to protect and/or prohibit damage to public property.
- The City reserves the unconditional right to revoke or revise an issued permit.

| I HAVE READ AND UN | DERSTAND ALL O | THE ABOVE | POLICIES | TYPE INITIALS | PPC | DATE | MARCH |
|--------------------|----------------|-----------|----------------------|---------------|-----|------|----------|
| | | to the | San Tale 18 18 18 18 | | | | 30, 2012 |

ASSUMPTION OF RISK & LIABILITY

Users of the area agree to accept the grounds in an "as is" condition and shall be responsible for all risk and liability in using the park/public space area for the said event. By returning this form, (should permission be granted to use city property), the above parties agree to indemnify and hold harmless the City of Portland, its employees and agents, from and against all claims arising out of activities during said event.

I have read the Assumption of Risk & Liability Agreement TYPE INITIALS PPC DATE MARCH 30, 2012

CREDIT CARD INFORMATION

Visa or MasterCard Number Exp Date (Mon/Yr)

CREDIT CARD WILL ONLY BE CHARGED FOR SECURITY DEPOSIT(S) AS NEEDED

PLEASE MAKE CHECKS PAYABLE TO "CITY OF PORTLAND"

Please make out security deposit checks separate from permit fees.

Permit Fee for use of area: \$40 first hr. plus \$35 each additional hr. (i.e. a 3 hour event totals \$110)

If your event is rained out / cancelled, the bulk of the fee is returned (however \$40 is non-refundable)

Number of Hours of Use: 7 HRS

Electricity: \$5per/hr

Key Deposit: \$50 per key

Other (Porta-Restroom User Fee, etc.)

| | | | | FOR O | FFICE USE ONLY | | | |
|-----------------------|------|-----------|-------------------------|-------|-------------------------|------|---------------------|-------|
| DATE REC APPLICATI | _ | 3-29-2012 | DATE REC'D INSURANCE | NEED | PERMIT FEE AMT REC'D | NEED | SECURITY DEPOSIT | NEED |
| | | | | PA | YMENT TYPE | | | |
| VISA | \$\$ | MC | \$ | CK# | CK AMOUNT | | CASH AM | IT \$ |