

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that NED FLINT

Located At 427 OCEAN AVE

Job ID: 2012-08-4730-SE

CBL: 159- G-001-001

has permission to Install 5 tents; 09/07/12-09/10/12

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

Fire Prevention Officer



Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE 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.**

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

Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-08-4730-SE

Located At: 427 OCEAN AVE

CBL: 159- G-001-001

Conditions of Approval:

Building

1. This permit DOES NOT authorize any construction activities. The tent/stage must be removed at the end of the event.

Fire

Installation shall comply with City Code Chapter 10.

All construction shall comply with City Code Chapter 10.

<http://www.portlandmaine.gov/citycode/chapter010.pdf>

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.



Tent/Canopy or Temporary Event Staging Permit Application

Change took it

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.

Location/Address/Park of Installation: PAYSON PARK		
Date of Set up/Event: 9/7/2012 / 9/9/2012		Date of Breakdown/ End of Event: 9/10/2012 / 9/9/2012
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 159 G 001	Property Owner: CITY OF PORTLAND	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: NED FLINT / 508 W 10th ST. PORTLAND 10 OAKDALE ST. 04103	Fee: \$30.00

5 Tent

The permit fee and the following items must be completed and submitted along with this application in order to receive a permit.

**RECEIVED
AUG 17 2012**

1. Certificate of Flammability
2. Letter of approval from property owner.
3. Company name of installer (contact info).
4. Plot Plan showing the following:

waiting from Ted Dept. of Building Inspections
City of Portland, Maine

Tent/Canopy or temporary event staging locations, including dimensions, exits and entrances of proposed and existing, parking and existing building locations. If this is temporary staging, you will need to include product information. (Applicant may call Parks & Recreation for maps of Portland's Parks @ 756-8275).

- If the City is the property owner, Certificate of Insurance listing the City as additional insured. Minimum amount of coverage is \$400,000.00

Who should we contact when permit is ready:

Address: **10 OAKDALE ST. PORTLAND 04103** Telephone: **232-8816** *Please call when ready*

Please submit all of the information outlined in the Tent/Canopy and Event Staging Permit Application as one package. Failure to do so will result in the automatic denial of your permit.

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: <i>Ned Flint</i>	Date: 17 AUG 2012
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This is not a permit; you may not commence ANY work until the permit is issued.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-08-4730-SE	Date Applied: 8/17/2012	CBL: 159- G-001-001	
Location of Construction: 427 OCEAN AVE / PAYSON PARK	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS STREET PORTLAND, ME 04101	Phone:
Business Name:	Contractor Name: Ned Flint	Contractor Address: 10 Oakdale Street	Phone: 232-8816
Lessee/Buyer's Name: Race for the Cure	Phone:	Permit Type: TENTS	Zone: ROS
Past Use: City Park/ Payson Park	Proposed Use: Same: City Park -- to install 5 tents with set up on 9/7/12 and break down on 9/10/12	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: U Type: Temp Tent
Proposed Project Description: 5 tents set up on 9-7-12 / broken down on 9-10-12		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Gayle	Zoning Approval		

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. 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.</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>— Maj — Min — MM</p> <p>Date: 8/23/12</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>
	<p>CERTIFICATION</p>		

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the appication is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

Certificate of Flame Resistance

REGISTERED
APPLICATION
CONCERN NO.

CAL COMB F-419.01

AZTEC TENTS
2665 COLUMBIA ST
TORRANCE, CA 90503
(800)228-3687

Date treated or
manufactured

06/2008

This is to certify that the materials described below hereof have been flame retardant treated (or are inherently nonflammable).

FOR

**MARSHALL RENTAL CENTER
56 STATE ROAD US RTE 1
KITTERY, ME 03904
ATTN: TIM MARSHALL**



Certification is hereby made that: (check "a" or "b")

- (a) The articles described below this certificate have been treated with a flame retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.
Name of chemical used Chem. Reg. No.
Method of application

- (b) The articles described below hereof are made from a flame -resistant fabric or material registered and approved by the State Fire Marshal for such use; Fabric has been tested and passes NFPA701-96.
Trade name of flame-resistant fabric or material used.. *Laminated Fabric* . Reg. No. *F-419.01*.....

The Flame Retardant Process Used **WILL NOT** Be Removed by Washing
(will or will not)

David Bradley

Name of Applicator or Production Superintendent

Chuck Miller - President

Title

CUSTOMER ORDER NO. R170277

Certificate of Flame Resistance

PAGE: 1

Date Manufactured

05/27/2011

AZTEC TENTS
2665 COLUMBIA ST
TORRANCE, CA 90503
(800) 228-3687

INV NUMBER: 0184914

P.O. NUMBER:

CUSTOMER NO: MARS039

This is to certify that the materials described below have been flame retardant treated (or are inherently flame retardant).

MARSHALL RENTAL CENTER
56 STATE ROAD US RTE 1
Kittery, ME 03904

Certification is hereby made that the articles described below hereof are made from a flame-retardant fabric or material registered and approved by the California State Fire Marshal for such use. The fabric has been tested and passes NFPA 701 Large Scale. See chart to right for trade name of flame-resistant fabric or material used and additionally referenced on the label of the fabric panel.

Vendor	Trade Name	CA Cert. #
Brun	Mardi Gras	F-222.02
Brun	Mesh	F-222.04
California Comb	Lam-Tex 12, 14, 16, 18oz	F-419.01
Coated Fabrics	Clear Vinyl 16ga / 20ga	F-570.02
DAF	Clear Vinyl 16ga / 20ga	F-593.01
DAF	DAF	F-593.02
Exclusively Espo	PolySateen Liner	F-434.01
Ferran	Preconstraint 502	F-444.01
Ferran	Preconstraint 702	F-444.06
Phillips Textiles	Phil-Tex Liner	F-500.01
P/C Tech.	Deco Cloth / Velon	F-504.01
Snyder	Weatherspan	F-140.01
Tri Vantage	Firestat Sunbrella	F-368.05
Tri Vantage	Patio 500	F-121.02
Tri Vantage	Big Top	F-121.10
Tri Vantage	Vanguard Weblon	F-069.01
Tri Vantage	Weblon / Coastline	F-069.01
Versedag	Duraskon 81673, 81515	F-530.01

THE FLAME RETARDANT PROCESS USED WILL NOT BE REMOVED BY WASHING

David Bradley

Name of Applicator or Production Superintendent

General Manager- Manufacturing

Title of Applicator or Production Superintendent

Certificate of Flame Resistance

REGISTERED
APPLICATION
CONCERN NO.

CAL COMB F-419.01

AZTEC TENTS
490 ALASKA AVENUE
TORRANCE, CA 90503
(800)228-3687

Date treated or
manufactured

07/2007

This is to certify that the materials described below hereof have been flame retardant treated (or are inherently nonflammable).

FOR

**MARSHALL RENTAL CENTER
ATTN: TIM MARSHALL
56 STATE ROAD US RTE 1
LITTEY, ME 03904**



Certification is hereby made that: (check "a" or "b")

- (a) The articles described below this certificate have been treated with a flame retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.
Name of chemical used Chem. Reg. No.
Method of application

- (b) The articles described below hereof are made from a flame -resistant fabric or material registered and approved by the State Fire Marshal for such use; Fabric has been tested and passes NFPA701-96.
Trade name of flame-resistant fabric or material used... *Laminated Fabric* Reg. No. *F-419.01*.....

The Flame Retardant Process Used WILL NOT Be Removed by Washing
(will or will not)

David Bradley

Name of Applicator or Production Superintendent

Chuck Miller - President

Title

CUSTOMER ORDER NO. R166902

ITEMS MANUFACTURED:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/2/2012

7/1/2013

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).

PRODUCER LOCKTON COMPANIES, LLC-N DALLAS 717 N. HARWOOD, LB#27 DALLAS TX 75201 214-969-6700	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Great Divide Insurance Company	25224
	INSURER B : Nautilus Insurance Company	17370
	INSURER C : Commerce and Industry Insurance Company	19410
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED 1340436 The Susan G. Komen Breast Cancer Foundation, Inc.
d/b/a Susan G. Komen for the Cure
and Affiliates
5005 LBJ Freeway
Ste 250
Dallas TX 75244-6125

COVERAGES SUSGK03 Z CERTIFICATE NUMBER: 11942378 REVISION NUMBER: XXXXXXXX

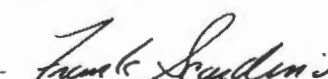
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	N	CPA1004002-15 (AOS) CPA1004003-15 (AZ)	7/1/2012 7/1/2012	7/1/2013 7/1/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	N	N	CAA1024620-15	7/1/2012	7/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	N	N	48251325	7/1/2012	7/1/2013	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ XXXXXXXX
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCA1004005-15 (AOS) WCA1004004-15 (AZ)	7/1/2012 7/1/2012	7/1/2013 7/1/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A B	PROPERTY (AOS) PROPERTY (AZ ONLY)	N	N	CPA1004002-15 (AOS) CPA1004003-15 (AZ)	7/1/2012 7/1/2012	7/1/2013 7/1/2013	Per Schedule on file with carrier. Per Schedule on file with carrier.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Maine Affiliate Race for the Cure Activities.

CERTIFICATE HOLDER

CANCELLATION See Attachment

11942378 City of Portland, Maine Attn: Recreation 134 Congress Street, Suite 2 Portland ME 04101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

Policy No.:CPA1004002-15 (AOS)

Policy Effective: 7/1/2012

RAC 07/12/11

COMMERCIAL
GENERAL
LIABILITY

CG 20 26 07 04

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)
As Required by any Municipality, by agreement with any Governmental Entity, or as Required by Written Contract Executed prior to a Loss.
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.

RACE FOR THE CURE SITE PLAN 2012

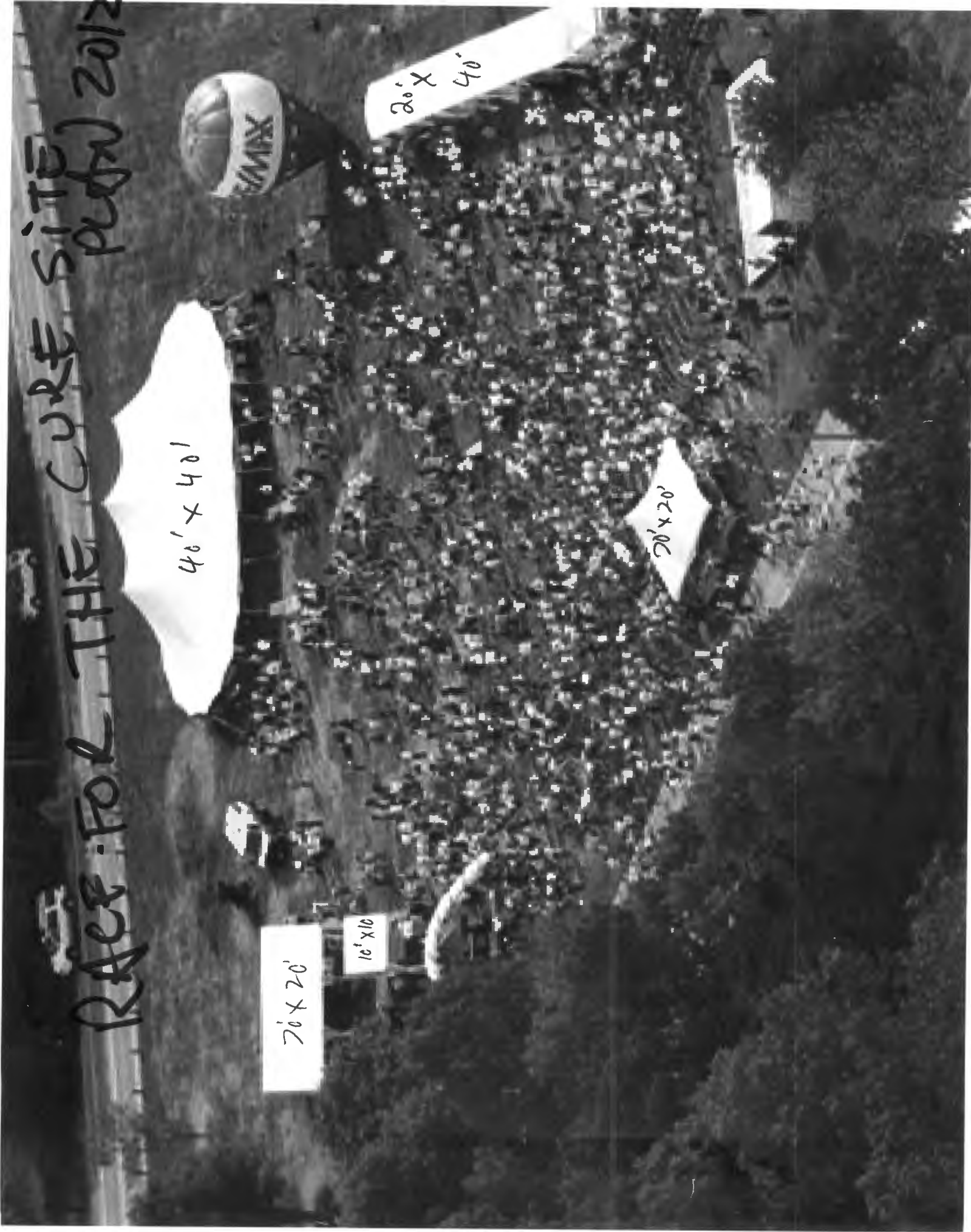
40' x 40'

20' x 40'

20' x 20'

70' x 20'

10' x 10'



INSTALLER:

MARSHALL TENT & EVENT RENTAL

PH: 439-3344

56 STATE ROAD

Kittery, ME



PORTLAND MAINE

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Receipts Details:

Tender Information: Check , BusinessName: Sub Rosa LLc, Check Number: 559

Tender Amount: 30.00

Receipt Header:

Cashier Id: gguertin

Receipt Date: 8/17/2012

Receipt Number: 47201

Receipt Details:

Referance ID:	7683	Fee Type:	BP-Tent/Event
Receipt Number:	0	Payment Date:	
Transaction Amount:	30.00	Charge Amount:	30.00
Job ID: Job ID: 2012-08-4730-SE - 5 tents set up on 9-7-12 / broken down on 9-10-12			
Additional Comments: Sub Roas LLc, 427 Ocean Ave.			

Thank You for your Payment!