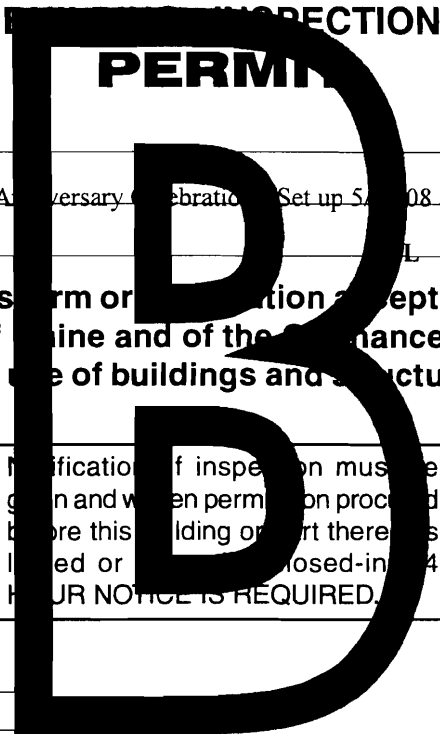


# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached



Permit Number: 080504

This is to certify that CITY OF PORTLAND

has permission to 5/17/08 Hall School 50th Anniversary Celebration Set up 5/17/08 and break down 5/17/2008

AT 126 WARWICK ST

PERMIT ISSUED  
MAY 15 2008  
CITY OF PORTLAND

provided that the person or persons performing or maintaining this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or closed-in. 4 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

**OTHER REQUIRED APPROVALS**

Fire Dept. Craig Dress  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*James Banks* 5/16/08  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 08-0504	Issue Date:	CBL: 275 C048001
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Location of Construction: 126 WARWICK ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: R-3

Past Use: Hall Elementary School	Proposed Use: Hall Elementary School - 5/17/08 Hall School 50th Anniversary Celebration - Set up 5/16/08 and break down 5/17/2008	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 3
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**Proposed Project Description:**  
5/17/08 Hall School 50th Anniversary Celebration - Set up 5/16/08 and break down 5/17/2008

**FIRE DEPT:**  Approved  Denied

**INSPECTION:** Use Group: *Temporary Tent* Type:

Signature: *Greg Cross* Signature: *JMB 5/16/08*

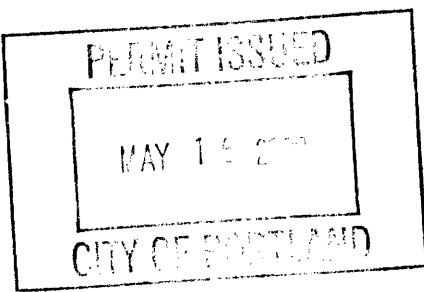
**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: Idobson	Date Applied For: 05/14/2008	<b>Zoning Approval</b>
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<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 information may invalidate a building permit and stop all work..</p>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>OK Date: 5/14/08 <i>JMB</i></p>	<p><b>Zoning Appeal</b></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><b>Historic Preservation</b></p> <p><input checked="" type="checkbox"/> Not in District 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><i>JMB</i> Date: _____</p>
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**CERTIFICATION**

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 application 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



# Tent/Canopy or Temporary Event Staging Permit Application

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: <i>Hall Elementary School 23 Orono Rd. Portland ME 04102</i>		
Date of Set up/Event <i>Setup - Friday 5/16/08 Event 5/17/08</i>	Date of Breakdown/ End of Event <i>Both on Saturday 5/17/08</i>	
Tax Assessor's Chart, Block & Lot Chart# <i>275</i> Block# <i>C</i> Lot# <i>48</i>	Property Owner: <i>City of Portland</i>	Telephone: <i>874-8205</i>
Lessee/Buyer's Name (If Applicable) <i>N/A</i>	Applicant name, address & telephone: <i>Marc Lesperance 329-4953 103 Cardenwick Ter Portland ME 04102</i>	Fee: \$30.00
<p>The permit fee and the following items must be completed and submitted along with this application in order to receive a permit.</p> <ol style="list-style-type: none"> <li>1. Certificate of Flammability</li> <li>2. Letter of approval from property owner. If the City is owner, attach a completed copy of Application to Use City Parks &amp; Public Space from Parks &amp; Recreation (756-8275).</li> <li>3. Company name of installer (contact info).</li> <li>4. Plot Plan showing the following: 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 &amp; Recreation for maps of Portland's Parks @ 756-8275).</li> <li>5. If the City is the property owner, Certificate of Insurance listing the City as additional insured. Minimum amount of coverage is \$400,000.00</li> </ol> <p style="text-align: right; font-size: small; opacity: 0.5;">MAY 1 2008</p>		
Who should we contact when permit is ready: <u><i>Marc Lesperance</i></u> Address: <u><i>103 Cardenwick Ter Portland ME 04102</i></u> Telephone: <u><i>329-4953 or 774-6584</i></u>		
<b>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.</b>		

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](http://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>Marc Lesperance</i>	Date: <i>5/6/08</i>
--	---------------------

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

**Party Time Rentals**  
 A division of V&M Rental Center  
 393 Ossipee Trail  
 Gorham, ME 04038  
 Tel: 207-839-2800  
 Fax: 207-839-2541

#3

Installer

#1

Certificates of  
Flammability


**FAX**

To: Marc Lesperance Fax #: 253-3646  
~~339~~

From: Lisa

Date: 5/5/08

No. of Pages Including Cover Sheet: 8

	Name <u>V M REN</u> Address <u>393 OS</u> City <u>GORHAM</u>	<b>Certification</b> The articles & the fabric is in State Fire Ma	Method of Appli Description of it	<b>The Flan</b> <b>TOPTEC, II</b>
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# Certificate of Flame Resistance



**REGISTERED  
FABRIC  
NUMBER**

F53501

*Issued by*

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

**Date Manufactured**

04/26/05

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

Name VM RENTAL & PARTY TIME  
Address 393 OSSIPEE TRAIL  
City GROHAM State ME Zip 04038

***Certification is hereby made that:***

*The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-96, CPAI84, ULC109, MVSS302.*

Method of Application: The Flame Retardency of this Fabric is Inherent and Permanent.

Description of item certified: EPIC END 30x30 BLACKOUT WHITE

**The Flame Retardant Process Used WILL NOT Be Removed By Washing.**

**TOPTEC, INC.**

*Brandon E. Colclough*  
Name of Production Superintendent

MODEL TEM3030205

SERIAL # 252299BG

# Certificate of Flame Resistance



REGISTERED  
FABRIC  
NUMBER

F53501

Issued by

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

Date Manufactured

04/26/05

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

Name VM RENTAL & PARTY TIME

Address 393 OSSIPEE TRAIL

City GORHAM

State ME

Zip 04038

**Certification is hereby made that:**

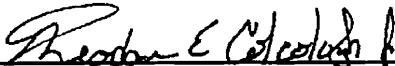
*The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-96, CPAI84, ULC109, MVSS302.*

Method of Application: The Flame Retardency of this Fabric is Inherent and Permanent.

Description of item certified: EPIC END 30x30 BLACKOUT WHITE

**The Flame Retardant Process Used WILL NOT Be Removed By Washing.**

TOPTEC, INC.

  
Name of Production Superintendent

MODEL TEM3030205

SERIAL # 252300BL

# Certificate of Flame Resistance



REGISTERED  
FABRIC  
NUMBER

E53501

Issued by

TOPTec PRODUCTS, LLC  
1073 Neely Ferry Road  
Laurens, SC 29360

Date Manufactured

05/04/07

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

Name V & M RENTAL & PARTY

Address 393 OSSIPPEE TRAIL

City GORHAM

State ME

Zip 04038

**Certification is hereby made that:**

*The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-99, ULC214, MVSS302.*

Method of Application: The Flame Retardency of this Fabric is Inherent and Permanent.

Description of item certified: EPIC MID                      30x15                      BLACKOUT WHITE

**The Flame Retardant Process Used WILL NOT Be Removed By Washing.**

TOPTec PRODUCTS, LLC.

  
Name of Production Superintendent

MODEL TEM3015M05

SERIAL # 272991B

# Certificate of Flame Resistance



REGISTERED  
FABRIC  
NUMBER

E53501

Issued by

TOPTEC PRODUCTS, LLC  
1073 Neely Ferry Road  
Laurens, SC 29360

Date Manufactured

05/04/07

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

Name V & M RENTAL & PARTY

Address 393 OSSIPEE TRAIL

City GORHAM

State ME

Zip 04038

**Certification is hereby made that:**

*The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-99, ULC214, MVSS302.*

Method of Application: The Flame Retardency of this Fabric is Inherent and Permanent.

Description of item certified: EPIC MID 30x15 BLACKOUT WHITE

**The Flame Retardant Process Used WILL NOT Be Removed By Washing.**

TOPTEC PRODUCTS, LLC.

Name of Production Superintendent

MODEL TEM3015M05

SERIAL # 272992B



# Certificate of Flame Retardant Process

FLAME RETARDANT  
ASSIGNMENT  
NUMBER  
  
F121.4



STATE OF FLORIDA  
DEPARTMENT OF  
INDUSTRIES  
LIVINGSVILLE, FLORIDA 32060  
MANUFACTURED BY OR UNDER  
THE DIRECT SUPERVISION OF

Date of Issuance  
4/12/2007  
  
Vote Identification  
04461797

This is to certify that the materials described have been flame-retardant treated (or are inherently nonflammable) and were supplied to:

809837  
VERRILL & MCCULLOUGH INC  
DBA V&M RTL CTR & PARTY TIME RTLS  
393 OSSIPEE TRAIL  
  
GORHAM ME 04038

Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code. All fabric has been tested and passes NFPA 701-99, CPAI 84, UL C 100.

Serial #	8115610 (1)
Description of item certified:	ALL PURPOSE CANOPY TOP 20WX20 YELLOW / WHITE VINYL

### Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric

JOHN BOYLE STATESVILLE NC  
Name of Applicant or Printer (Indicate State)

Signature: *[Handwritten Signature]*  
AMERICAN FABRICATING CO.

Requested/Approved:  
Fire \_\_\_\_\_ / \_\_\_\_\_  
Health/Zoning \_\_\_\_\_ / \_\_\_\_\_  
Police \_\_\_\_\_ / \_\_\_\_\_  
State \_\_\_\_\_ / \_\_\_\_\_

Fee: \$30.00 per day

**City of Portland**  
Office of the City Clerk  
389 Congress Street  
P.O. Box 17796  
Portland, ME 04112-7769  
(207) 874-8557

**Single Concert / Dance Permit Application**

If concert/dance is proposed for outdoors, in a park or on city property, have you obtained the necessary permits from Parks & Recreation? X Yes      No. If no, please contact Parks & Rec. at 756-8275.

**Business/ Group Name(s):** Hall School Parent Teacher Organization (PTO)

**Mailing Address:** 23 Orono Rd. Portland ME 04102

**Business Address:** Same

**Applicant/Contact Person's Name:** Marc Lesperance

**Daytime Phone Number:** 253-3607 or 329-4953

**Phone number where we can reach you on the day of the event:** 329-4953

**Email address:** marc.lesperance@anthem.com or mlesperance@maine.rr.com

**Name of Festival / Event:** Hall School 50<sup>th</sup> Anniversary Celebration

**Location of Event:** Hall Elementary School

**Date of Event:** May 17, 2008 **Time of Event – From:** 11:00am **To:** 4:00pm

**Style of music:** (Give a short description of band setup, use back of page if a number of bands or musicians are performing) School steeldrum band, school chorus, rock band consisting of former Hall school alumni(2 piece acoustic).

**Premises Owner's Name and Address:** School

Does the award of this license benefit any City employee? Yes      No X

If yes, list name(s) and department(s):     

**Read Carefully & Sign:**

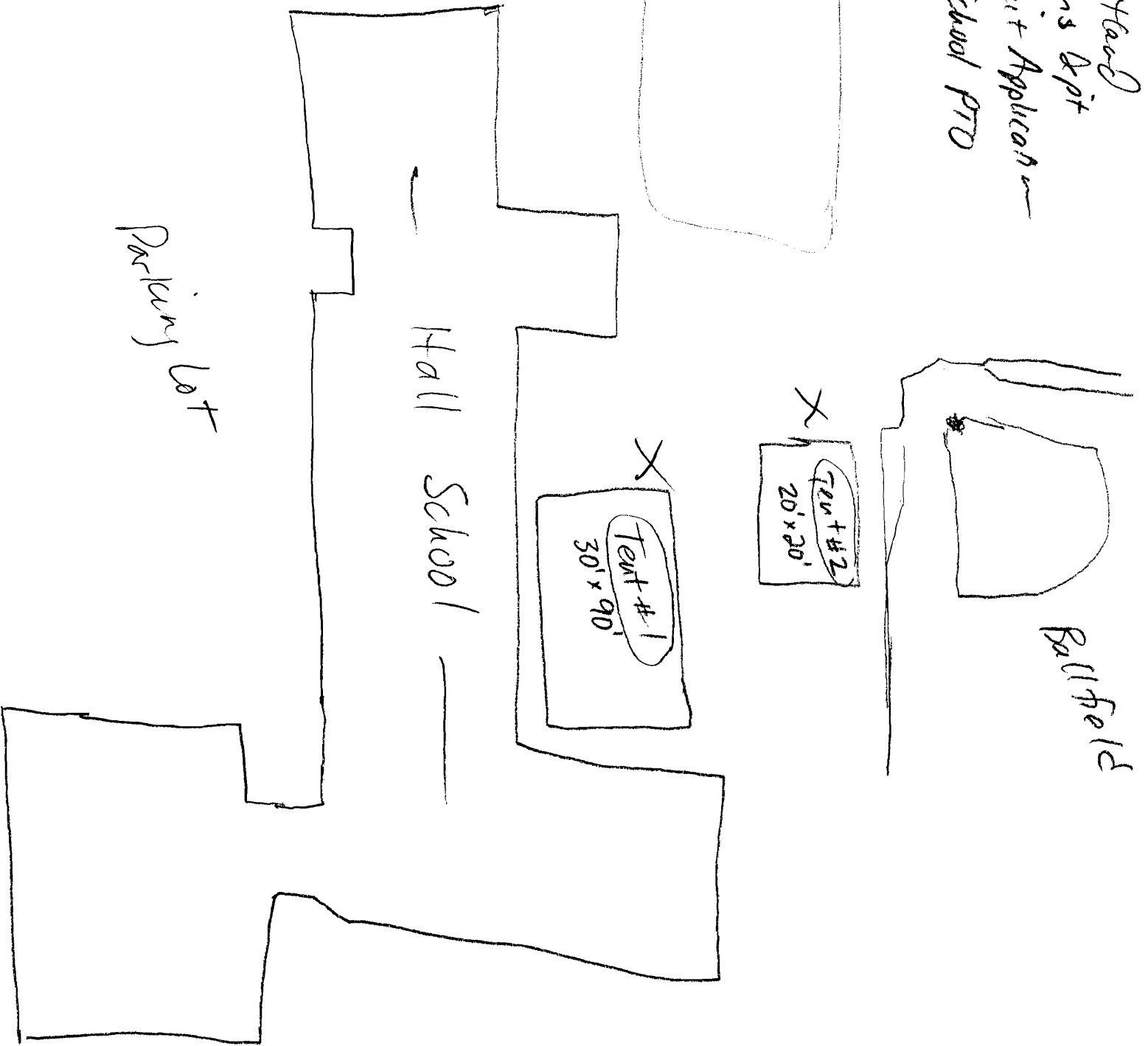
I/we, understand that any misstatement of material fact in the above application may result in denial of this license or revocation if a license has already been issued.

**Signature:**

**Date:** 5/6/08

# #4 PLOT PLAN

11/11/00  
City of Portland  
Inspection's Dept  
Tent Permit Application  
- Hall School PTD



# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
5/9/2008

**PRODUCER**  
 ALLIANT INSURANCE SERVICES, INC.  
 P.O. Box 6450  
 Newport Beach, CA 92658-6450  
 Phone (949) 756-0271 / Fax (949) 756-2713

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

### COMPANIES AFFORDING COVERAGE

**INSURED**  
 MAINE SCHOOL MANAGEMENT ASSOCIATION (MSMA)  
 PROPERTY AND CASUALTY TRUST FUND AND ITS MEMBER:  
 PORTLAND PUBLIC SCHOOL  
 196 ALLEN AVE  
 PORTLAND, ME 04103

COMPANY LETTER	<b>A</b>	MSMA Property & Casualty Trust Fund
COMPANY LETTER	<b>B</b>	
COMPANY LETTER	<b>C</b>	
COMPANY LETTER	<b>D</b>	
COMPANY LETTER	<b>E</b>	

### COVERAGES

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, EXCLUSION AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>A</b>	<b>GENERAL LIABILITY</b>	MSMA0000708	07/01/07	07/01/08	<b>GENERAL AGGREGATE</b>	N/A
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY	\$1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	N/A
					MED. EXPENSE (Any one person)	\$5,000
					COMBINED SINGLE LIMIT	\$1,000,000
	<b>AUTOMOBILE LIABILITY</b>	MSMA0000708	07/01/07	07/01/08	BODILY INJURY (Per person)	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					
	<input type="checkbox"/> HIRED AUTOS					
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				STATUTORY LIMITS	
					EACH ACCIDENT	
					DISEASE-POLICY LIMIT	
					DISEASE-EACH	
	<b>OTHER AUTO PHYSICAL DAMAGE</b>	MSMA0000708	07/01/07	07/01/08	<b>FULL REPLACEMENT COST</b>	

#### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED AS RESPECTS TO LARGE TENTS THAT WILL BE SET UP AT THE HALL ELEMENTARY SCHOOL, 23 ORONO STREET, PORTLAND, ME 04102. FOR THEIR 50TH ANNIVERSARY CELEBRATION TAKING PLACE ON 5/16/2008 TO 5/17/2008 AT 8:00AM THROUGH 8:00PM.

LEASE #: TERM: 2 DAYS COMMENCING: 05/16/08 END: 05/17/08 TOTAL VALUE: \$ .00

EVIDENCE OF LIABILITY COVERAGE - Subject to Policy terms, conditions and exclusions.

#### CERTIFICATE HOLDER

CITY OF PORTLAND  
 BUILDING INSPECTIONS OFFICE  
 389 CONGRESS STREET, ROOM 315  
 PORTLAND, ME 04101

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \*30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES \*EXCEPT 10 DAYS FOR NON-PAYMENT

#### AUTHORIZED REPRESENTATIVE

*John A. Fawcett*