

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

PERMIT ISSUED
Permit Number: 061107
AUG - 8 2006
CITY OF PORTLAND

This is to certify that CITY OF PORTLAND / n/a

has permission to Tent for Cultural Survival Festival

AT 46 COMMERCIAL ST

444 A001001

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 written permission procured before this building or part thereof is opened or occupied. Closed-in areas. YOUR NOTICE REQUIRED

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

OTHER REQUIRED APPROVALS

Fire Dept. Jay Kelley PFD 8/2/06

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Signature]
Director - Building Inspection Services

PENALTY FOR REMOVING THIS CARD

Permit No: 06-107 Issue Date: PERMIT ISSUED CBL: 444 AD01001			
Location of Construction: 46 COMMERCIAL ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone: AUG - 8 2006
Business Name:	Contractor Name: n/a	Contractor Address: Portland	Phone: CITY OF PORTLAND
Lessee/Buyer's Name:	Phone:	Permit Type: Tents	Zone: WPDZ

Past Use: Maine State Pier	Proposed Use: Maine State Pier tent for Cultural Survival Festival <i>8/4/06 thru 8/7/06</i>	Permit Fee:	Cost of Work: \$30.00	CEO District: 1	
Proposed Project Description: Tent for Cultural Survival Festival		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>Signature: [Signature] PFD 8/2/06</i>	INSPECTION: Use Group: <i>TENT</i> <i>[Signature]</i>		
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____			

Permit Taken By: dmartin	Date Applied For: 07/27/2006	Zoning Approval	
------------------------------------	--	------------------------	--

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
	Date: <i>OK 7/27/06</i>	Date: _____	Date: _____

[Handwritten signature/initials]

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 _____

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1107	Date Applied For: 07/27/2006	CBL: 444 A001001
------------------------------	--	----------------------------

Location of Construction: 46 COMMERCIAL ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: n/ a	Contractor Address: Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: Maine State Pier tent for Cultural Survival Festival	Proposed Project Description: Tent for Cultural Survival Festival
--	---

--	--	--	--

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 08/03/2006
Note: **Ok to Issue:**

Dept: Fire **Status:** Approved **Reviewer:** Jay Kelley **Approval Date:** 08/03/2006
Note: **Ok to Issue:**



Tent 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 of Construction: <u>Maine State Pier, Portland</u>		
Date of tent setup: <u>8/4/06</u>		Date of tent breakdown: <u>8/07/06</u>
Tax Assessor's Chart, Block & Lot: Chart# Block# Lot#	Property Owner: <u>City of Portland</u>	Telephone:
Lessee/Buyer's Name (If Applicable): <u>Cultural Survival</u> <u>617-441-5410</u>	Applicant name, address & telephone: <u>215 Prospect St</u> <u>Cambridge MA 02139</u>	Fee: \$30.00 <u>Already sent</u> <u>7/20</u>
<p>The following must be included as submissions:</p> <ol style="list-style-type: none"> 1. Certificate of Flammability 2. Letter of approval from property owner. If the City is the owner, please contact Ted Musgrave at Parks and Recreation. Phone: (207)874-8793 3. Plot plan showing the following: <ol style="list-style-type: none"> a. property lines b. parking c. existing building locations d. tent locations, including dimensions of all tents, exits and entrances in tent. 4. If the City is the property owner you will be required to obtain a Certificate of Insurance listing the City as additional insured. Minimum amount of coverage is \$400,000.00 <p style="text-align: right;"><i>please call Ben Snow. He approved the set up.</i></p> <p style="text-align: right;"><i>FAX ready when ready 617-441-5417</i></p>		
Who should we contact when the permit is ready: Mailing address: <u>215 Prospect St</u> <u>Cambridge MA 02139</u>		Agnes Portelewicz Phone: <u>617-441-5410</u> DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME JUL 27 2006 RECEIVED

Please submit all of the information outlined in this application. Failure to do so will result in the automatic denial of your permit. Staff will notify you when your permit is ready to be picked up.

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: [Signature]

Date: 7/20/06

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR
CULTU-1

DATE (MM/DD/YYYY)
06/01/06

PRODUCER

REARDON INSURANCE AGENCY
1620 MASSACHUSETTS AVENUE
LEXINGTON MA 02420
Phone: 781-861-0200 Fax: 781-861-3840

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Cultural Survival, Inc.
215 Prospect Street
Cambridge MA 02139

INSURER A: Scottsdale Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC	CL61244398	05/31/06	05/31/07	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> HIRED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Event @ Maine State Pier August 5-6, 2006

Certificate holder is an Additional Insured

CERTIFICATE HOLDER

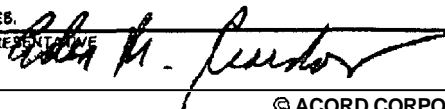
CANCELLATION

CITYPOR

City of Portland Maine
Office of the City Clerk
389 Congress Street
Portland ME 04101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Certificate of Flame Resistance



REGISTERED APPLICATION CONCERN NO.

CAL COMB F-419.01

ISSUED BY:
AZTEC TENTS
490 ALASKA AVENUE
TORRANCE, CA 90603
(310)328-5060

Date treated or manufactured

03/2006

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

FOR METER RENT-ALL ADDRESS 38 PORTSMOUTH AVENUE
CITY EXETER STATE NH, 03833

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 _____ Reg. No. _____

The Flame Retardant Process Used ~~OT~~ OT Be Removed by Washing
(will or will not)

David Bradley

Name of Applicator or Production Supervisor

Chuck Miller - President

Title

CUSTOMER ORDER NO. R159642

ITEMS MANUFACTURED

- 1- 8'x4' (2 PC.) GABLE ENDS- ULTRA WHITE
- 10- 7'x20' SOLID WALL- ULTRA WHITE
- 10- 8'x20' SOLID WALL- ULTRA WHITE
- 20- 7'x20' PANORAMA WALL- ULTRA WHITE
- 20- 8'x20' PANORAMA WALL- ULTRA WHITE
- 3- 20'x20' (2 PC.) QWIK TOP ONLY- ULTRA WHITE
- 1- 20'x10' QWIK MIDDLE TOP ONLY- ULTRA WHITE
- 2- 20'x20' QWIK MIDDLE TOP ONLY- ULTRA WHITE
- 1- 20'x60' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
- 7- 20'x50' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
- 1- 30'x30' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
- 7- 30'x40' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
- 1- 30'x50' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
- 1- 40'x20' QWIK MIDDLE TOP ONLY- ULTRA WHITE

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN #
F-419.01

ISSUED BY
Academy Pent & Canvas
5035 Gifford Ave.
Los Angeles, CA 90058
(323) 277-8368

Date treated or
manufactured
03/11/03

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

FOR THE EXETER RENT-ALL ADDRESS 38 PORTSMOUTH AVENUE
CITY SAKIER STATE NH ZIP 03833

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 VINYL 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

By Tom Shapiro - President
Title

THIS FABRIC WAS USED IN THE MANUFACTURING OF THE FOLLOWING

- 1EA 20X20 2PC QWIK TOP BLUE/U/W CANOPY W/LACE LINE
 - 1EA 20X20 MIDDLE QWIK TOP BLUE/U/W CANOPY
 - 2EA 20X20 2PC QWIK TOP RED/U/W CANOPY
 - 1EA 20X20 MIDDLE QWIK TOP REC/U/W CANOPY
 - 2EA 20X10 MIDDLE QWIK TOP RED/U/W CANOPY
 - 2EA 30X60 2PC QWIK TOP U/W CANOPY
 - 2EA 30X40 1PC QWIK TOP U/W CANOPY
 - 1EA 30X30 1PC QWIK TOP U/W CANOPY
 - 1EA 40X40 MIDDLE QWIK TOP U/W CANOPY TOP
 - 4EA 40X20 MIDDLE QWIK TOP U/W CANOPY TOP
 - 1EA 40X10 MIDDLE QWIK TOP U/W CANOPY TOP
 - 2EA 20X50 1PC QWIK TOP U/W CANOPY TOP
 - 1EA 20X40 1PC QWIK TOP U/W CANOPY TOP
 - 2EA 20X30 1PC QWIK TOP U/W CANOPY
 - 2EA 12X18 2PC QWIK CANOPY TOP U/W
 - 1EA 10X15 1PC U/W QWIK TOP CANOPY
 - 2EA 20X20 2PC QWIK TOP R/U/W CANOPY TOP
- CONTROL NO. _____
CUSTOMER ORDER NO. 56113
CUSTOMER INVOICE NO. 53090
YARDS OR QUANTITY _____
COLOR _____
STYLE 1EA 20X5 MIDDLE QWIK TOP U/W
2EA 15X10 MIDDLE QWIK TOP U/W
DATE 2EA 15X8 MIDDLE QWIK TOP U/W
1EA 10X15 1PC U/W QWIK TOP CANOPY
- ALL MATERIALS ARE CERTIFIED BY THE CALIFORNIA STATE FIRE MARSHALL AND MEET THE REQUIREMENTS OF THE NFPA 701 AND UL214***