

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

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

PERMIT 03-0275

Permit No: 03-0275	Issue Date: APR 04 2003	CBL: 443 A001001
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Location of Construction: 1000 Preble St	Owner Name: City Of Portland	Owner Address: 389 Congress St CITY OF PORTLAND	Phone: 772-7270
Business Name:	Contractor Name: Handyman Equipment Rentals	Contractor Address: 357 Riverside Street Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: Back Cove/Open Space	Proposed Use: Back Cove/Open Space	Permit Fee: \$35.00	Cost of Work: \$35.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: Tent BOCA 99	

**Proposed Project Description:**  
Erect a Temporary Tent On April 5th, 2003, from 7am thru 12 Noon for the National Kidney Foundation

Signature: *MM7* Signature: *A*  
**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**  
 Action:  Approved  Approved w/Conditions  Denied  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: gad	Date Applied For: 04/02/2003	<b>Zoning Approval</b>
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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..	<b>Special Zone or Reviews</b> <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"/> MMD <input type="checkbox"/> Date: <i>4/3/03</i>	<b>Zoning Appeal</b> <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 Date: _____	<b>Historic Preservation</b> <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: _____
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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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK PERMIT ISSUED  
**CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached

**BUILDING INSPECTION**

APR 04 2003  
Permit Number: 030275

CITY OF PORTLAND

This is to certify that City Of Portland /Handyman Equipment Rentals  
has permission to Erect a Temporary Tent On Mil 5th, 2003 from thru 12:00pm for the National Kidney Foundation  
AT 1000 Preble St 443 A001001

provided that the person or persons performing or supervising 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 otherwise closed-in. YOUR 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. [Signature]  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

[Signature]  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

03-0275

## 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>34 Marginal Way - Back Cove</u>		
Date of Tent setup:		Date of Tent breakdown:
<b>Tax Assessor's Chart, Block &amp; Lot</b> Chart#      Block#      Lot# <u>034A</u> <u>B</u> <u>001</u>		Owner: <u>Tammy Atwood</u> Telephone: <u>772-7270</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Fee: \$ 35.00
<b>The following must be included as submissions:</b> <ol style="list-style-type: none"> <li>1. Proof of Flam Retardant</li> <li>2. Letter of approval from property owner, if the City is the owner, please contact Ted Musgrave from the Parks &amp; Recreation @ 874-8793</li> <li>3. Plot Plan showing the following:             <ol style="list-style-type: none"> <li>i. Property lines</li> <li>ii. Parking</li> <li>iii. Building locations</li> </ol> </li> <li>4. Tent location, including dimensions of tent, exits and entrances in tent</li> </ol>		
Who should we contact when the permit is ready: <u>Tammy Atwood</u> Mailing address: <u>April 5th <del>10:00</del> 7am-NOON</u> <u>772-7270</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. <b>PHONE:</b>		

**IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.**

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

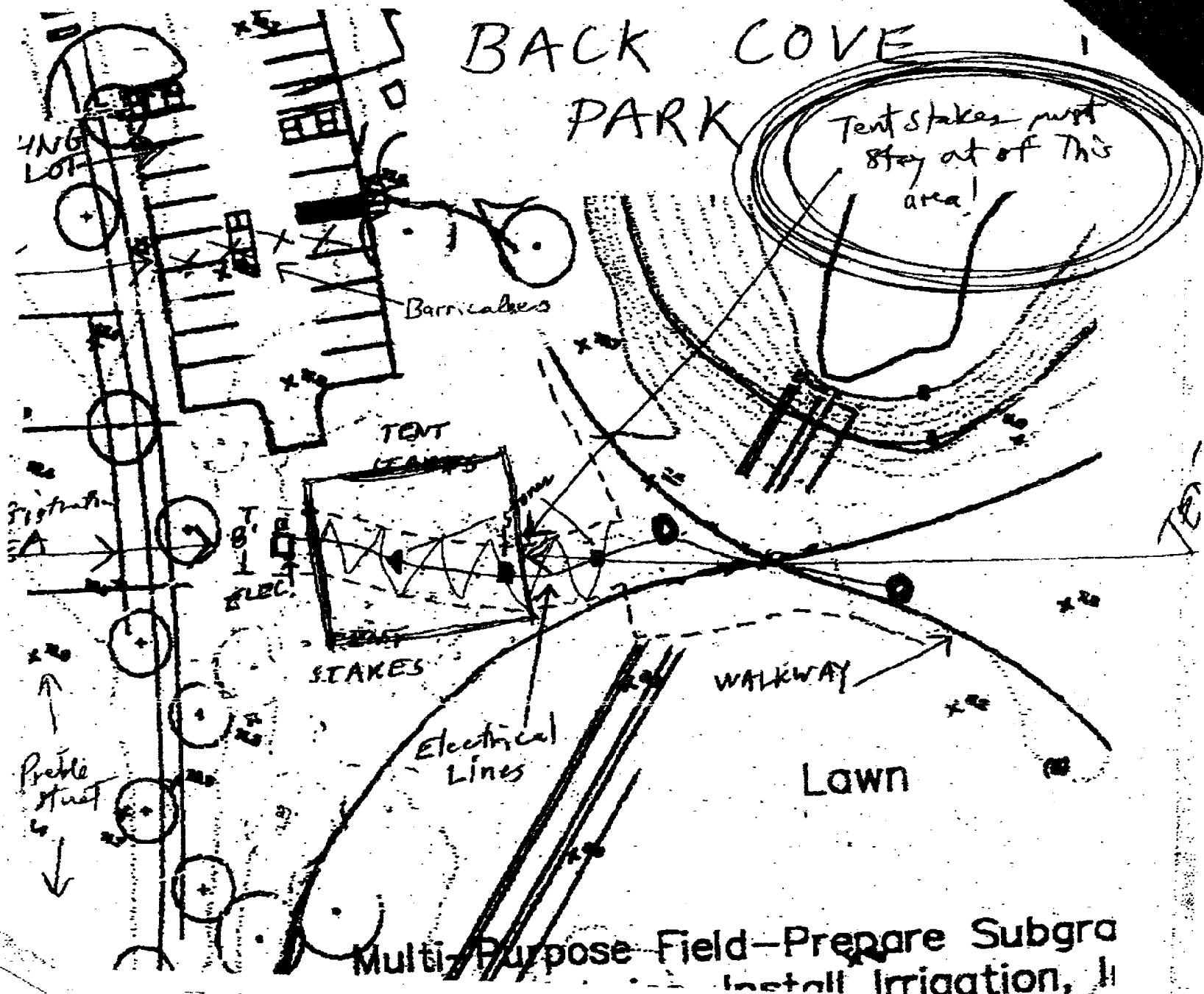
Jodine - 874-8707  
inspections

Apr. 01 2003 04:26PM P1

FAX NO. :

FROM :

To - Army  
Pr: 2-4202  
Pr: Fey



Attention  
Tammy Atwood  
National Kidney Foundation

001

ONE STOP PARTY SHOPPE

04/01/2003 15:44 FAX 2077675310

IMPORTANT DOCUMENT

# Certificate of Flame Resistance

REGISTERED  
APPLICATION  
NUMBER

F121.4



ISSUED BY



EVANSVILLE, INDIANA 47711

MANUFACTURERS OF THE FINISHED  
TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture  
08/01/00

Order Number  
314614

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

1102194  
HANDYMAN EQUIPMENT RENTAL #136  
357 RIVERSIDE ST.

PORTLAND ME 04103

**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, equal to exceeds NFPA 701, CPAI 84, ULC 109.  
The method of the FR chemical application is:**

Serial #:	8115600 (1)
Description of item certified:	A P CPY TOP 20W X 20 VL W W

**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 Applicator of Flame Resistant Finish

Signed: *James D. Russell*  
TENT DEPARTMENT - ANCHOR INDUSTRIES INC.

**PRODUCER**  
 Aon Assn Services Division  
 Division of Affinity Ins Svcs.  
 1120 20th St NW  
 Washington DC 20036  
 Phone: 800-432-7465 Fax: 202-857-0143

**INSURED**  
 National Kidney Foundation  
 And All Affiliates  
 30 East 33rd Street  
 New York NY 10016

**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.**

<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
INSURER A. <b>Hartford Casualty Ins. Co.</b>	
INSURER B. <b>Hartford Underwriters Ins.</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 SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR ADD'L TN INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	<b>GENERAL LIABILITY</b>	42UUGCZ6082	07/01/02	07/01/03	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Liquor Liability				PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (EA accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY EA ACC \$
					AGG \$
B	<b>EXCESS/UMBRELLA LIABILITY</b>	42RHGXF1102	07/01/02	07/01/03	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$10,000				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E L DISEASE - EA EMPLOYEE \$
	OTHER				E L DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 NKF of Maine Kidney Walk 4/4-5/03. Add'l insured interest is as noted.

**CERTIFICATE HOLDER**

City of Portland  
 Parks & Recreation  
 Attn: Ted Musgrave  
 17 Arbor Street  
 Portland ME 04103

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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  
 Share Palmer Fire 3/26/03