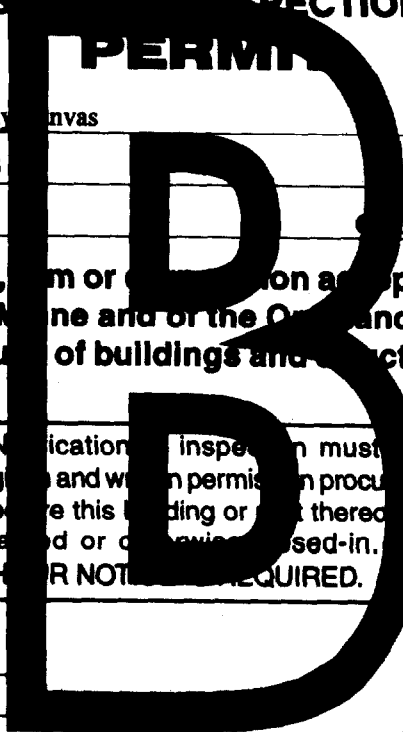


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

Permit Number: 031010

Please Read Application And Notes, if Any, Attached



This is to certify that City Of Portland /Maine Bay Canvas
has permission to 20' x 30' tent on 09/14/2003
AT 1000 Preble St 43 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 inspection must be given and when permission is procured before this building or part thereof is occupied or otherwise used-in. HOUR NOT 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] 9/3/03
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: 03-1010	Issue Date:	CBL: 443 A001001
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Location of Construction: 1000 Preble St	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone:
Business Name:	Contractor Name: Maine Bay Canvas	Contractor Address: 53 Industrial Way Portland	Phone 2078788888
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: ROS	Proposed Use: ROS w/20' x 30' tent on 09/14/2003	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: NA 9/3/03	

Proposed Project Description: 20' x 30' tent on 09/14/2003	Signature: <i>[Handwritten Signature]</i>	Signature: <i>[Handwritten 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: kwd	Date Applied For: 08/19/2003	Zoning Approval	
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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>Special Zone or Reviews</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>Date: <i>OK 9/25/03</i></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 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>Date: <i>[Handwritten Signature]</i></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

03-1010

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>Back Cove, Portland</u>		
Date of Tent setup: <u>September 14, 2003</u>	Date of Tent breakdown: <u>September 14, 2003</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>443</u> Block# <u>A</u> Lot# <u>001</u>	Owner: <u>City of Portland</u>	Telephone:
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <u>American Lung Association of Maine, 122 State St, Augusta, Me 04330</u>	Fee: \$ <u>35.00</u>

The following must be included as submissions:

1. Certificate of Flammability
2. Letter of approval from property owner. If the City is the owner, please contact Ted Musgrave from the Parks & Recreation @ 874-8793
3. Plot Plan showing the following:
 - i. Property lines
 - ii. Parking
 - iii. Building locations
4. Tent location, including dimensions of tent, exits and entrances in tent.
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

Whom should we contact when the permit is ready: Sue Grenier, Amer. Lung Assoc. of Maine
 Mailing address: 122 State St, Augusta, Me 04330
 PHONE: 207-622-6394

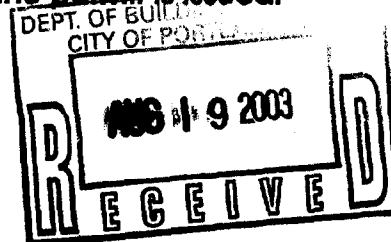
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER WILL BE ISSUED AND A \$100.00 FINE LEVIED IF ANY WORK STARTS BEFORE THE PERMIT IS PICKED UP.

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: <u>Sue Grenier</u>	Date: <u>July 28, 2003</u>
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This is NOT a permit; you may not commence ANY work until the permit is issued.



ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR CL
ALAO-14

DATE (MM/DD/YY)
08/06/03

PRODUCER
SCS Agency, Inc.
P.O. Box 220493
11 Grace Avenue - Suite 300
Great Neck NY 11022-0493
Phone: 516-466-6007 Fax: 516-829-5857

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

INSURED

ALA Of Maine
122 State Street
Augusta ME 04330


INSURER A: **Philadelphia Insurance Company**
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

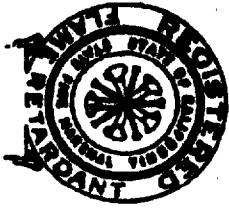
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	PHPK-053734	07/01/03	07/01/04	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 3,000,000
					PRODUCTS - COMP/OP AGG \$ 3,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				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				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
RE: ASTHMA WALK TO BE HELD ON SEPTEMBER 14, 2003.
THE CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED AS RESPECT TO THE ABOVE EVENT.

CERTIFICATE HOLDER	<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
CITYPOR		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.
CITY OF PORTLAND		AUTHORIZED REPRESENTATIVE
PORTLAND ME		

Certificate of Flame Resistance



REGISTERED

FABRIC
NUMBER

140.01

ISSUED BY

TOPTEC, INC.
1905 N.E. MAIN ST.
SIMPSONVILLE, S.C. 29681

Date
manufactured

2/2/95

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

FOR MAINE BAY CANVAS
CITY PORTLAND

ADDRESS 53 INDUSTRIAL WAY
STATE ME 04103

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

(a) The articles described on the obverse side of 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..... 20' x 30' FR vinyl..... Chem. Reg. No.....

Method of application.....

(b) The articles described on the obverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

The Flame Retardant Process Used WILL NOT Be Removed By Washing

TOPTEC, INC.

MODEL TTE3030210

Name of Production Superintendent

SERIAL# 950423G