

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT SECTION

Permit Number: 031233

This is to certify that City Of Portland /One Stop Permit Shop
has permission to 20' x 20' tent from 10/10/2005 to 10/11/2005 for American Diabetes Walk
AT 1000 Preble St 443 A001001

provided that the person or persons, firm or corporation accepting 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 altered or closed-in.
48 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. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
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: 03-1233	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: One Stop Party Shop	Contractor Address: 262 Main Street South Portland	Phone 2077675966
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: ROS	Proposed Use: ROS w/20' x 20' tent from 10/10/2003-10/11/2003 for American Diabetes Walk	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: <i>[Signature]</i> Type: <i>[Signature]</i>	

Proposed Project Description: 20' x 20' tent from 10/10/2003-10/11/2003 for American Diabetes Walk	Signature: <i>[Signature]</i>	Signature: <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: kwd	Date Applied For: 10/08/2003	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> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>[Signature]</i></p>	<p>Zoning Appeal</p> <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 <p>Date:</p>	<p>Historic Preservation</p> <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 <p>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

03-1233

Submit Application to Room 315, Portland City Hall, 389 Congress Street, Portland, ME 04101
207-874-8703; fax 207-874-8716. Please allow 10 Business Days for processing.

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: Back Cove, Peble Street Side

Date of Tent setup: 10/10/03 Date of Tent breakdown: 10/11/03

Tax Assessor's Chart, Block & Lot
Chart# 443 Block# A Lot# 001 Owner: City of Ptd. Telephone:

Lessee/Buyer's Name (If Applicable) Applicant name, address & telephone: American Diabetes Association Fee: \$ 30.00

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 at Parks & Recreation @ 874-8793
3. Plot Plan showing the following: 20x20
 - i. Property lines
 - ii. Parking
 - iii. Existing Building locations
 - iv. Tent locations, including dimensions of all tents, exits and entrances in tent.
4. 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: Christine Noble - Cell 415-3459
Mailing address:

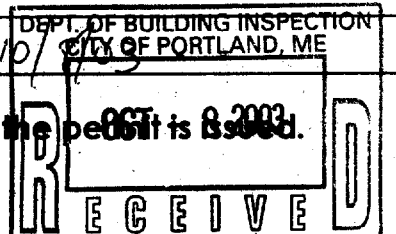
PHONE: 774-7717

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: Christine Noble Date: 10/10/03



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

Certificate of Flame Resistance



REGISTERED
FABRIC
NUMBER

F3501

Issued by

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

Date Manufactured

02/04/02

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

Name ONE-STOP PARTY SHOP

Address 222 MAIN STREET

City SEASIDE

State NC

Zip 28580

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, CPA184, ULCT09, MVSS302.

Method of Application:

Description of item certified: FUTURE END

WHITE

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

TOPTEC, INC.

Name of Production Superintendent

MODEL TLR30300E

SERIAL # 221218B

10-25-1999

9-25-2002

4-7714

for Charles Noble
from Tom PRC

BACK COVE PARK

PARKING LOT

Tent stakes not stay at of this area!

TENT STAKES

REGISTRATION AREA

ELEC.

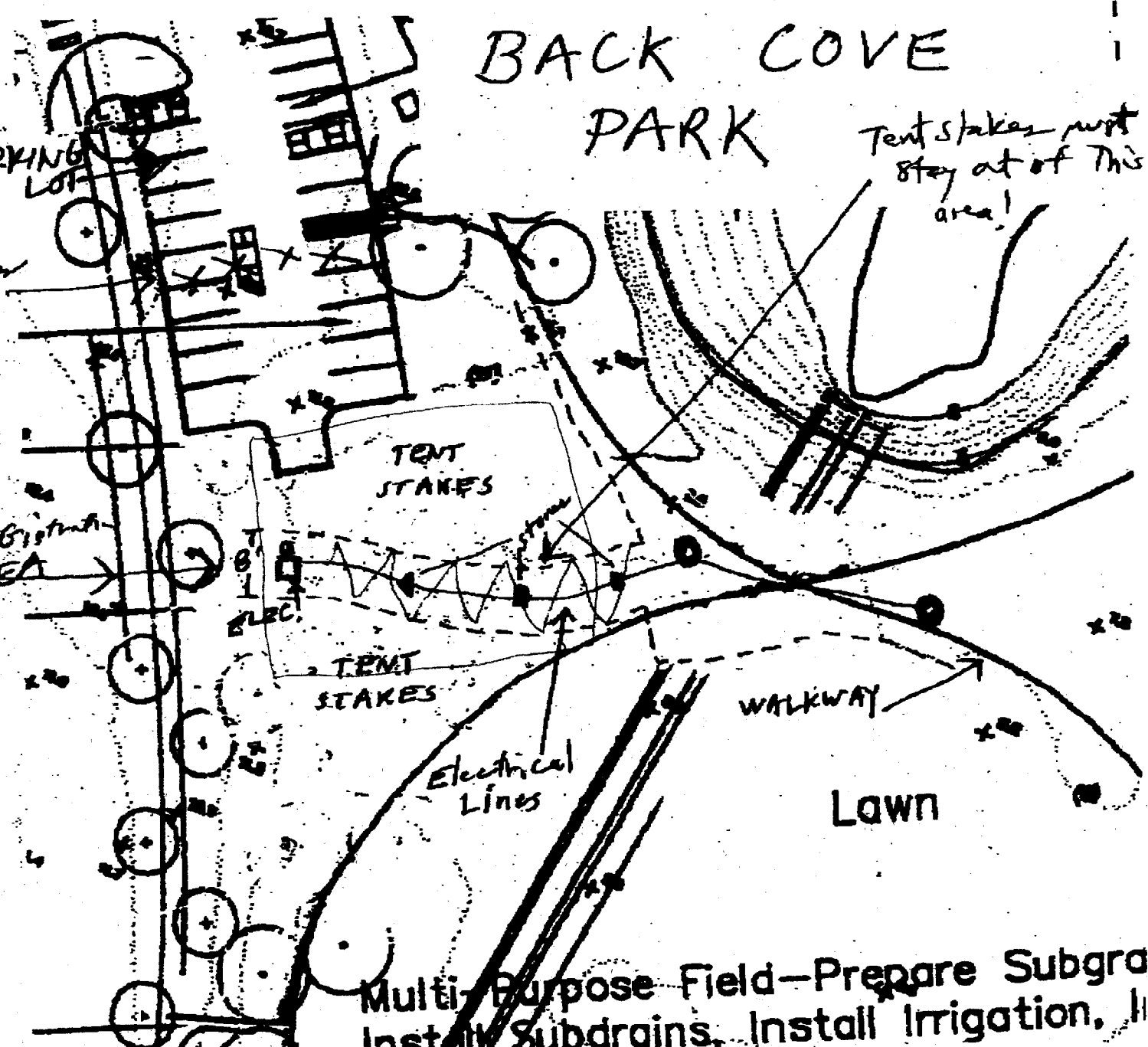
TENT STAKES

Electrical Lines

WALKWAY

Lawn

Multi-Purpose Field—Prepare Subgra
Install Subdrains. Install Irrigation, II



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/26/2003

PRODUCER (301)770-0880 FAX (301)770-6675
 The Novick Group, Inc.
 11300 Rockville Pike
 Suite 907
 Rockville, MD 20852

INSURED American Diabetes Association
 National Center
 1701 N. Beauregard Street
 Alexandria, VA 22311

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 #
INSURER A: Gulf Insurance	
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.

TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PERC <input type="checkbox"/> POLICY <input type="checkbox"/> SUBJECT <input checked="" type="checkbox"/> LOC	CLP7750691	07/01/2003	07/01/2004	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED EQUIPMENT (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per 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"/> CLAIMS MADE DEDUCTIBLE \$ 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 OTH-ER 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
 RE: ADA Northeastern Division; America's Walk for Diabetes on 10/11/03; Back Cove is an Additional Insured with respect to claims arising at this event out of the negligence of the Named Insured.

CERTIFICATE HOLDER

Back Cove
 Prable Street
 Portland, ME

CANCELLATION

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
