

Form # P 04

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

BUILDING INSPECTION

PERMIT

Permit Number: 040349

Please Read Application And Notes, If Any, Attached

This is to certify that City Of Portland /Cumberland County Y
has permission to Erect 2 - 20 x 20 tents in Back Cove Park May 28
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 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 altered or closed-in. **HEAR 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. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

Dennis Bourke 4/13/04
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: 04-0349	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: Cumberland County YMCA	Contractor Address: 70 Forest Ave Portland	Phone: 2078741111
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: Park Back Cove	Proposed Use: Park Back Cove / Erect 2 - 20 x 20 tents in Back Cove Park	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: N/A Type: Temporary	

Proposed Project Description: Erect 2 - 20 x 20 tents in Back Cove Park May 28th	Signature:	Signature: JMB 4/13/04
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: ldobson	Date Applied For: 04/05/2004	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: JMB 4/13/04</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: JMB</p>
	<p><i>approved to be removed immediately after event</i></p>		

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: 04-0349	Date Applied For: 04/05/2004	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: Cumberland County YMCA	Contractor Address: 70 Forest Ave Portland	Phone (207) 874-1111
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: Park Back Cove / Erect 2 - 20 x 20 tents in Back Cove Park	Proposed Project Description: Erect 2 - 20 x 20 tents in Back Cove Park May 28th
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Dept: Zoning	Status: Approved	Reviewer: Jeanine Bourke	Approval Date: 04/13/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Jeanine Bourke	Approval Date: 04/13/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>

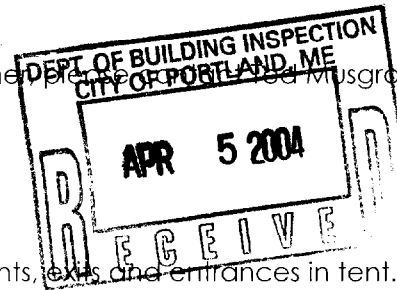
ORIGINAL

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: Event: Back Cove Park - Next to Soccer Field - SAME AS LAST YEAR		
Date of Tent setup: May 28th, 2004	Date of Tent breakdown: May 28th, 2004	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 443 A 001	Owner: City of Portland	Telephone: 874-8703
Lessee/Buyer's Name (If Applicable) N/A	Applicant name, address & telephone: Cumberland County YMCA 70 Forest Avenue Portland, Maine 04101	Fee: \$ 30.00
The following must be included as submissions: (207) 874-1111 1. Certificate of Flammability 2. Letter of approval from property owner. If the City is the owner, Parks & Recreation @ 874-8793 3. Plot Plan showing the following: 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: Anne-Marie Jannace Mailing address: 70 Forest Avenue Po Box 1078 Portland, ME 04101 PHONE: (207)874-1111 ext. 209		
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: *Anne-Marie Jannace* Date: **3/30/04**

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

Certificate of Flame Resistance



REGISTERED
Fabric No.

F-308.02

ISSUED BY

Meridian Manufacturing
5050 Papler Ave., Ste. 1432
Memphis, TN 38157

Date 4/17/02
manufactured

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

FOR Celina Tent Company ADDRESS 5373 St. Rte 29
CITY Celina STATE OH 45822

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

(a) The articles described on the reverse 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..... Chem. Reg. No.....
Method of application.....

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

Trade name of flame-resistant fabric Group II No. M11606

The Flame Retardant Process Used will not Be Removed By Washing
(will or will not)

Dak Strand

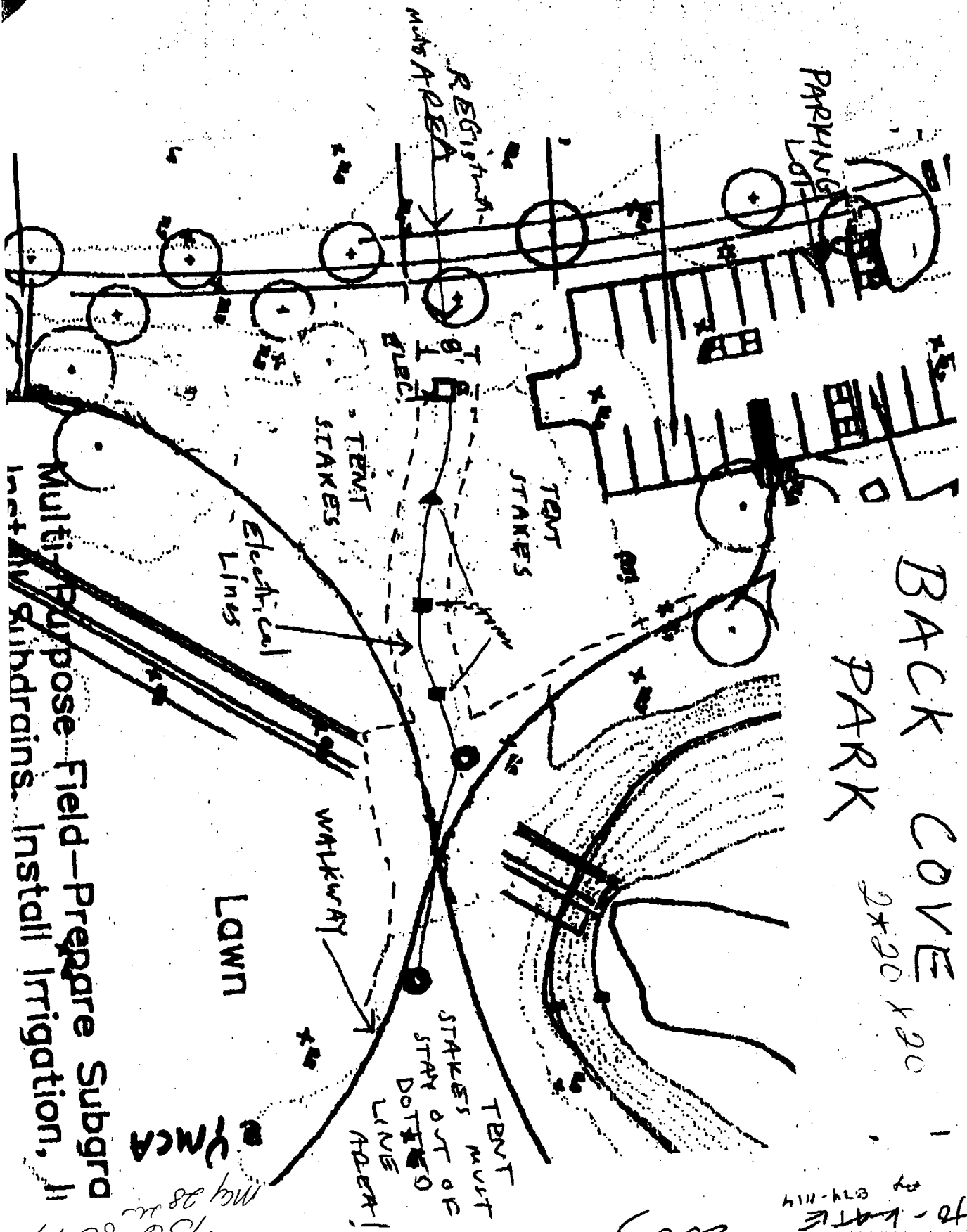
Name of Applicator or Production Superintendent

by Anita Carson, sales

Title

BACK COVE PARK

2x20 x 20



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

YMCA

756-8275
May 28 2003

to-LATE
BY 6:14-11:14

2003

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CE
YMCAP-1

DATE (MM/DD/YYYY)

03/30/04

PRODUCER
Blake Hall Sprague\Soule Allen
www.blakehallsprague.com
170 Ocean Street, PO Box 2403
South Portland ME 04116-2403
Phone: 207-799-5541 Fax: 207-767-7590

INSURED

Cumberland County YMCA
PO Box 1078
Portland ME 04104

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: New Hampshire Ins. 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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	01-LX-4258694-0/000	01/01/04	01/01/05	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					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/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTH-ER
	If yes, describe under SPECIAL PROVISIONS below				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
All Operations of the Named Insured. City of Portland is additional insured as respects the Cumberland County YMCA Back Bay 5K Road Race on May 29, 2004, & set-up May 28, 2004, Portland, Maine, but only as respects to loss or damage arising out of negligent acts or omissions of the C.C. YMCA in connection with said event.

CERTIFICATE HOLDER	CANCELLATION
PTLDPRK City of Portland Parks & Recreation Dept Attn: Ted Musgrave 17 Arbor Street Portland ME 04103	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. AUTHORIZED REPRESENTATIVE <i>Cheyl Reemer</i>

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CB
YMCAP-1

DATE (MM/DD/YYYY)
03/30/04

PRODUCER Blake Hall Sprague\Soule Allen www.blakehallsprague.com 170 Ocean Street, PO Box 2403 South Portland ME 04116-2403 Phone: 207-799-5541 Fax: 207-767-7590	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 Cumberland County YMCA PO Box 1078 Portland ME 04104	INSURER A: New Hampshire Ins. 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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	01-IX-4258694-0/000	01/01/04	01/01/05	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				
	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/UMBRELLA 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 STATU-TORY 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 \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Back Bay 5K run May 29, 2004.

CERTIFICATE HOLDER

CANCELLATION

MAINE TR Maine Track Club Howard Spear P O Box 8008 Portland ME 04104	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 <i>Cheryl Beemda</i>
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From: Ted Musgrave
To: Lannie Dobson
Date: 4/5/2004 3:22:58 PM
Subject: Re: YMCA May 28th

yes, i have.... ymca back bay 5k.
i plan to process a permit late april.
i'm curious as to why you're asking.....

>>> Lannie Dobson 4/5/2004 1:16:53 PM >>>
Have you recieved a request from the YMCA for May 28th for the use of Back Cove Park? Thank you,
Lannie Dobson