

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0414	Issue Date: PERMIT ISSUED APR 29 2005	443 A00100
Owner Address: 389 Congress St	Contractor Address:	Phone:

Location of Construction: 1000 Preble St	Owner Name: City Of Portland
Business Name:	Contractor Name: Applicant
Lessee/Buyer's Name	Phone:

Past Use: Back Cove Park	Proposed Use: Back Cove Park / YMCA Tent set-up May 27th breakdown May 27th
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Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 1
FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: Tent IBC 2003	
Signature: Jay Kelby PFD	Signature: [Signature]	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied		
Signature: _____ Date: _____		

Permit Taken By: Idobson	Date Applied For: 0411912005
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Zoning Approval		
<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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: OK [Signature] 4/29/05	<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 Date: _____
	<p>Historic Preservation</p> <input checked="" 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: 4/29/05	

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.

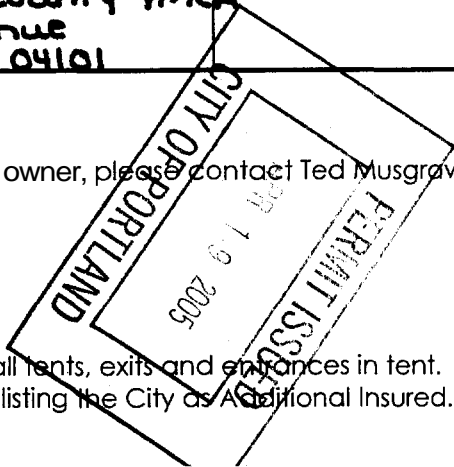
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

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

S		
Date of Tent setup: Friday May 27th 2005	Date of Tent breakdown: Friday May 27th 2005	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 443 A I	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, ME 04101	Fee: \$ 30.00
<p><u>The following must be included as submissions:</u></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 & Recreation @ 874-8793 3. Plot Plan showing the following: <ol style="list-style-type: none"> 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 		
<p>Whom should we contact when the permit is ready: <u>Leona Acciosti</u> Mailing address: 70 Forest Avenue Portland, ME 04101 PHONE: 874-1112 ext 224</p> <p>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.</p>		



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: Leona Acciosti	Date: 3-22-05
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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 Poplar Ave., Ste. 1432
Memphis, TN 38157

Date 4/17/04
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 ZIP 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.

(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 each use.
Trade name of flame-resistant fabric Chem. Reg. No.
Method of application
Group II No. M11606

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

Dabstrand

Name of Applicator or Production Superintendent

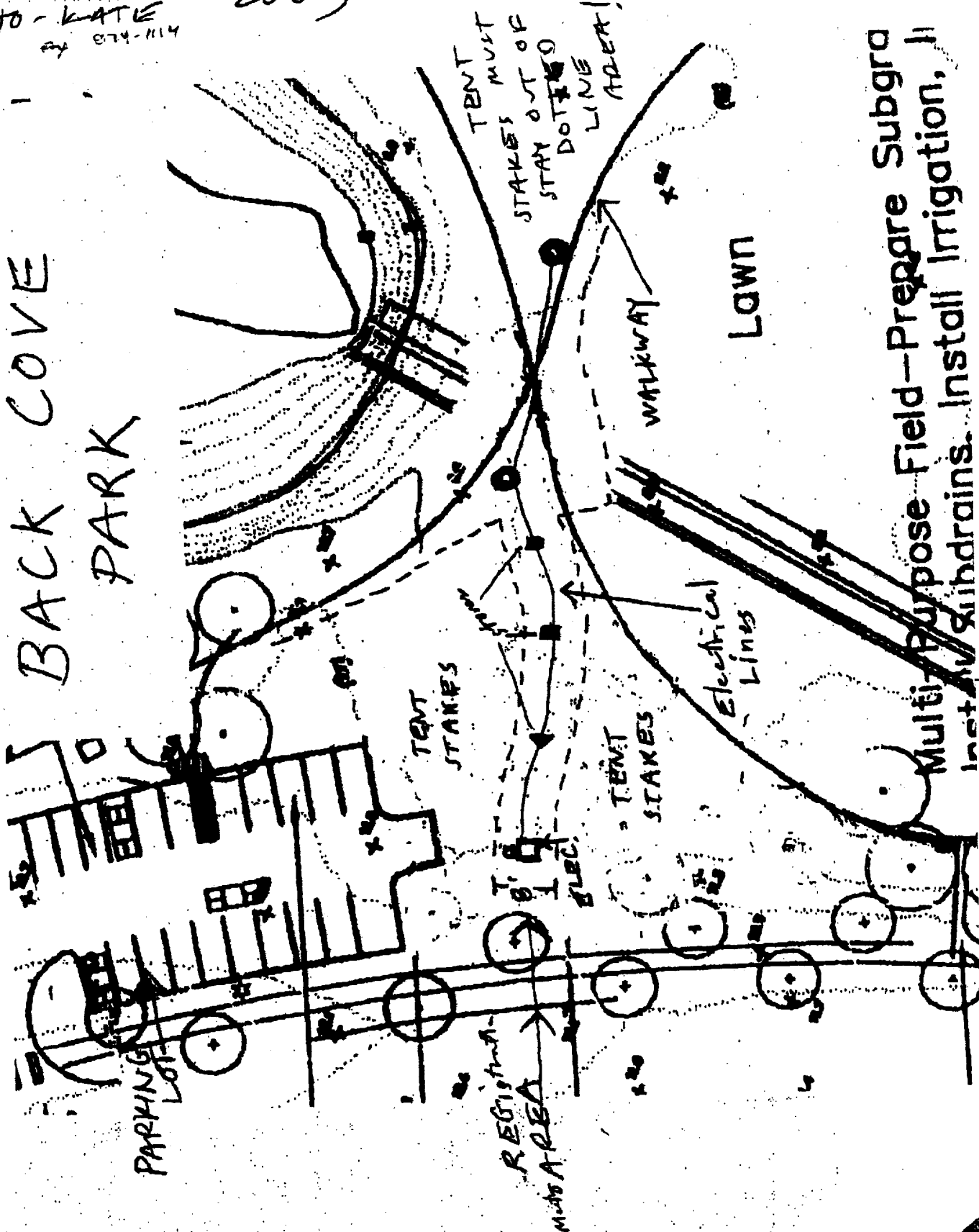
By Anita Carson, sales
Title

COPY

TO - KATE
BY 874-1114

2003

BACK COVE PARK



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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID MF
YMCAC-1

DATE (MM/DD/YYYY)
04/08/05

PRODUCER Morse, Payson & Noyes P.O. Box 406 Portland ME 04112-0406 Phone: 207-775-6000 Fax: 207-775-0339	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 Y M C A 70 Forest Avenue P O Box 1078 Portland ME 04104-1078	INSURER A Philadelphia Indemnity Ins Co	18058
	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	

COVERAGES

ALL 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. ALL 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.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS WE <input type="checkbox"/> OCCUR H GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PHPK105442	01/01/05	01/01/06	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP 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 H				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"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER 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

The City of Portland is an additional insured with respects to the Annual 5K Run/Walk around Portlands Back Cove Park with a celebration to follow in the area beside the playing fields 10:00 a.m. - 9:00 p.m. held on May 27th, 2005.

City of Portland Parks & Recreation Dept Attn: Ted Musgrave 134 Congress Street Portland ME 04101	CITYOPO	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.
		AUTHORED REPRESENTATIVE Scott Twitchell

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse *side* of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 050414

PERMIT ISSUED

APR 29 2005

CITY OF PORTLAND

This is to certify that City Of Portland /Applicant

has permission to YMCA Tent set-up May 27th breakdown May 27th

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. 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. Jay Kelley - P.F.D.

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Signature] 4/29/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD