

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 050500

PERMIT ISSUED

MAY - 5 2005

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that City Of Portland

has permission to Tent for the NAMI event

AT 1000 Preble St

City ID: 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 laid or closed-in. **THIRTY DAY 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

Jeanie Bouka 5/4/05
Director - Building Inspection S

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: 05-0500	Issue Date: MAY 3 2005	CEBL: 448 A001001
Owner Address: 389 Congress St	Phone:	
Contractor Address: CITY OF PORTLAND	Phone:	
Permit Type: TENT	Zone: KOS	

Location of Construction: 1000 Preble St	Owner Name: City Of Portland
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Business Name:	Contractor Name:
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Lessee/Buyer's Name	Phone:
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Past Use: ROS	Proposed Use: ROS tent for the NAMI event 5/14/05
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Permit Fee:	Cost of Work: \$30.00	CEO District: 1
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied 5/14/05 Signature: <i>[Signature]</i>	INSPECTION: Use Group: Type: TENT Signature: <i>[Signature]</i> 5/14/05
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Proposed Project Description: Tent for the NAMI event
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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: dmartin	Date Applied For: 05/02/2005	Zoning Approval
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1. 2. 3.	Special Zone or Reviews <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: <i>5/13/05</i>	Zoning Appeal <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:	Historic Preservation <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

40M. Donna

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: <u>Prebble St. Park.</u>		
Date of Tent setup: <u>5/14/05</u>	Date of Tent breakdown: <u>5/14/05</u>	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>35</u> <u>I</u> <u>001</u>	Owner: <u>Clumberland County Trail</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Nami Maine</u> <u>5767</u> <u>1 Burner St. Augusta</u>	Fee: \$30.00
Whom should we contact when the permit is ready: <u>Sue LeClair</u> Mailing address: <u>Burner St. Augusta ME 04330</u> PHONE: <u>622-5767</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 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>[Signature]</u>	Date: <u>5/15/05</u>
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This is NOT a permit; you may not commence ANY work until the permit is issued.

NAMI MAINE
 1 BANGOR STREET
 AUGUSTA, MAINE 04330
 (207) 622-5767

NORTHEAST BANK
 52-7455/2112

4257

4/26/2005

PAY TO THE ORDER OF City of Portland Maine

\$**115.00

One Hundred Fifteen and 00/100*****

DOLLARS

City of Portland Maine
 Office of the City Clerk
 389 Congress Street
 Portland Maine 04101

Carol Carsthus

MEMO:

⑈004257⑈ ⑆211274557⑆ 14 91 001606⑈

NAMI MAINE

4257

City of Portland Maine

4/26/2005

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
04/26/2005	Bill	Concert Permit	10.00	10.00		10.00
04/26/2005	Bill	Permit	75.00	75.00		75.00
04/26/2005	Bill	permit <i>(ent permit)</i>	30.00	30.00		30.00
					Check Amount	115.00

Northeast Checlung

115.00

MANUFACTURED BY



A DIVISION OF  ALPHA TENT & AWNING LTD.

Vinbard VINYL MANUFACTURED BY **Vintex-**

THIS PRODUCT MEETS THE FOLLOWING FLAME STANDARDS
FLAME METHOD U.L.214-PASS
RESISTANCE CALIFORNIA STATE FIRE MARSHAL-PASS
NFPA 701-PASS

002

may 27 2004

JAIL ADMIN
255 74734

004

05/06/2004 09:27 FAX 207 879 5600
Print By: ALPHA TENT & AWNING LTD;

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/16/2005

PRODUCER (703) 770-3700 FAX (703) 770-3720
Lighthouse Underwriters, LLC

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 AFFORD BY THE POLICIES BELOW.

NAIC #

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 LIMITS SHOWN MAY HAVE BEEN

INSR ADD'L LTR INSR	GENERAL LIABILITY	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	2005-12724	01/23/2005	01/23/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occ. limit) \$ 100,000 MED EXP (Any one person) \$ 10,000 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 checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea. accident) 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT - I OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	2005-12724-UMB	01/23/2005	01/23/2006	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	BW01840752	07/28/2004	07/28/2005	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
DESC Cer					

CERTIFICATE HOLDER

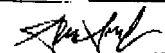
City of Portland, Parks & Recreation
Attn: Ted Musgrave
134 Congress Street
Portland, ME 04101

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

Arthur Seifert/LEEJ



ACORD 25 (2001/08) FAX: (207) 756-8279

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