

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

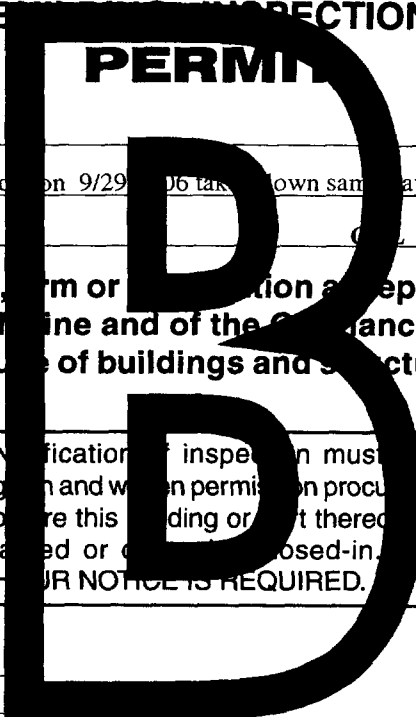
Please Read Application And Notes, if Any, Attached

Permit Number: 061407

This is to certify that CITY OF PORTLAND /n/a
has permission to Tent National Kidney Foundation on 9/29/06 take down same way
AT 1000 PREBLE ST Call 443 A001001

PERMIT ISSUED
OCT - 2 - 2006

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 procedure is complete this building or part thereof shall be labeled or closed-in. 24 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. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

William A. Collins 09/27/06
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: 06-1407	Issue Date:	CBL: 443 A001001
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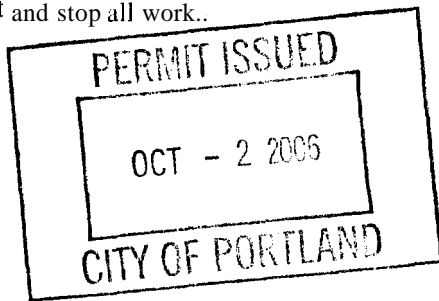
Location of Construction: 1000 PREBLE ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Last Use: ROS	Proposed Use: ROS TENT National Kidney Foundation 9/29/2006 taken down same day	Permit Fee:	Cost of Work: \$30.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B/AS Type: TENT	

Proposed Project Description: Tent National Kidney Foundation 9/29/2006 taken down same day	Signature: <i>Cross</i>	Signature: <i>[Signature] 09/27/06</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: dmartin	Date Applied For: 09/25/2006	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..



Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>OK 9/25/06</i>	Date: _____	Date: _____

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

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

Permit No: 06-1407	Date Applied For: 09/25/2006	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: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: ROS TENT National Kidney Foundation 9/29/2006 taken down same day	Proposed Project Description: Tent National Kidney Foundation 9/29/2006 taken down same day
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 09/25/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
Dept: Building	Status: Approved with Conditions	Reviewer: Michael A. Collins	Approval Date: 09/27/2006
Note: Need memo from Ted Musgrave.			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved	Reviewer: Cptn Greg Cass	Approval Date: 09/25/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>

Comments:
9/26/2006-mc: Need memo from Ted Musgrave.

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: Preble St. Lot, Back Cove

Date of Tent setup: October 29, 2006 Date of Tent breakdown: October 29, 2006

Tax Assessor's Chart, Block & Lot
Chart# 443 Block# A Lot# 001 Owner: Handyman Equipment Rental Telephone: 767-5966

Lessee/Buyer's Name (If Applicable): Aimee G. Senator
National Kidney Foundation Applicant name, address & telephone: 630 Congress St.
772-7270 Portland, ME 04101 Fee: \$ 30.00

- The fee**
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. Plat Plans 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: Aimee G. Senator
Mailing address:

PHONE: 772-7270 650-6686 (cell)
We will contact you by phone when the permit is ready. You will pay when they pick up
ISSUED AND A \$100.00 FINE LEVIED IF ANY WORK STARTS BEFORE

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMIT, DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT INFORMATION IN ORDER TO APPROVE THIS PERMIT,
I hereby certify that I am the Owner of record of the named property, or that I have been authorized by the owner to make this application as his/her authorized representative shall have the authority to enter all areas covered by this permit codes applicable to this permit.

Will pay when they pick up
\$30 due

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
SEP 21 2006
RECEIVED

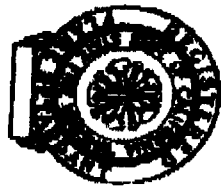
Aimee G. Senator

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1

IMPORTANT DOCUMENT Certificate of Flame Resistance

REGISTRATION
APPLICATION
NUMBER

F1214



ISSUED BY
EVANSVILLE, INDIANA 47725
MANUFACTURERS OF THE FINISHED
TENT PRODUCTS DESCRIBED HEREIN

This is to certify that the materials described have been flame-retardant treated
(or are inherently nonflammable) and were supplied to:

42400
HANDYMAN EQUIPMENT RENTAL #138
COMPANY INC
262 MAIN ST
PORTLAND ME 04106

Date of Shipment
4/19/2006

Tent Identification
04239216

Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code. All fabric has been tested and passes NFPA 701-99, CPAI 84, ULC 109.

Serial #
B15600 (1)

Description of item certified:
ALL PURPOSE CANOPY TOP 20'X30'
WHITE VINYL

**Flame Retardant Process Used Will Not Be Removed By
Washing And Is Effective For The Life Of The Fabric**

JOHN BOYLE, STATESVILLE, NC

Signed:

SPECIAL EVENTS DIVISION - AND/OR INDUSTRIES INC.

NATIONAL KIDNEY FOUNDATION OF MAINE

Fax Transmittal Form

TO Room 315
 Name: Building Permits
 Organization Name/Dept:

FROM Aimee Senator
 Aimee Senator
 Development Director

Phone number: 874-8703
 Fax number: 874-8716

Phone: (207) 772-1270
 Fax: (207) 772-4202
 Email: aimee@kidncme.org

- Urgent
- For Review
- Please Comment
- Please Reply

Date sent: 9/21/06
 Time sent: 2:30 PM
 Number of pages including cover page: 5

Message:

Please contact me with any questions.
 772-7270

I will call on Friday to confirm receipt.

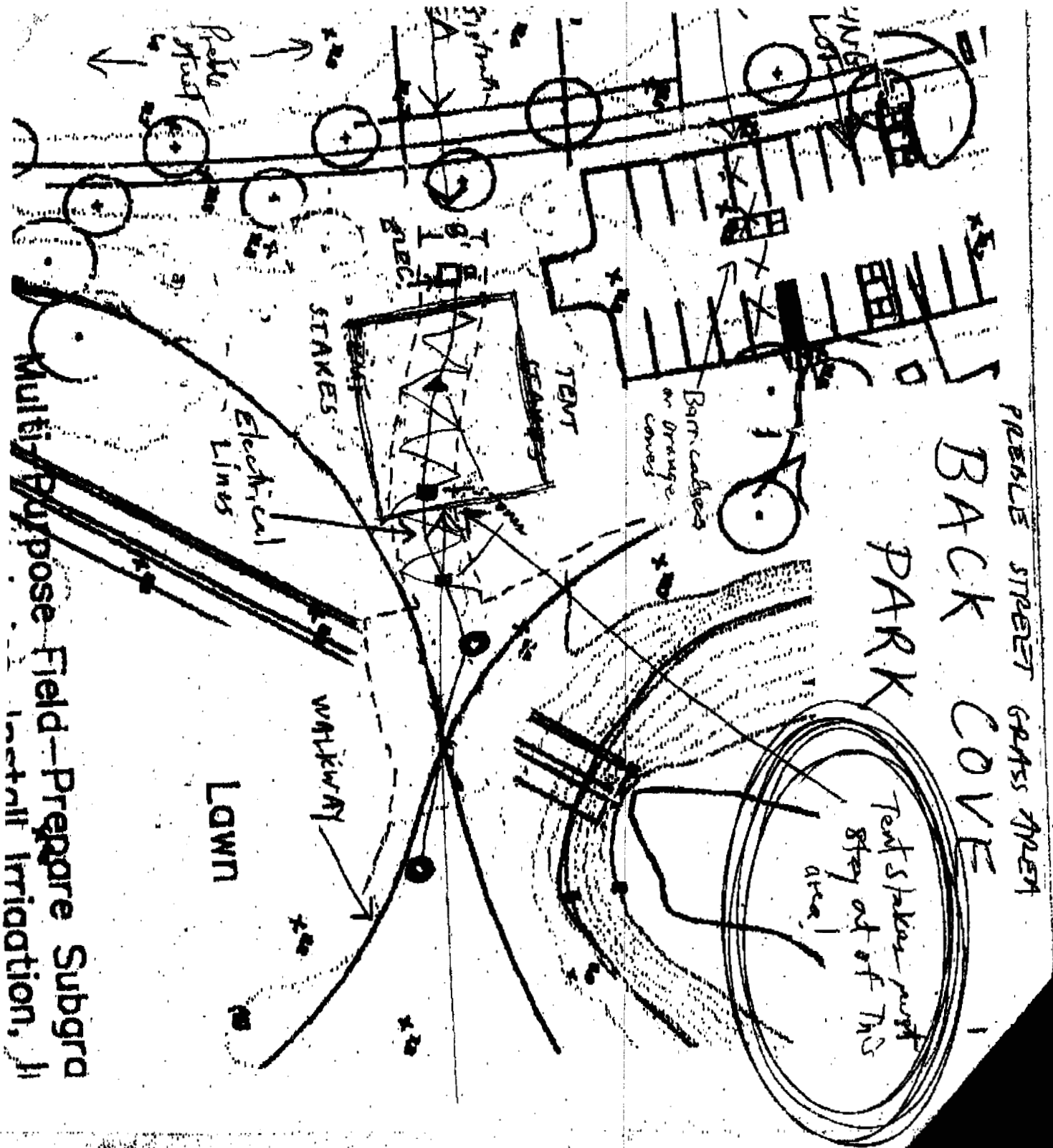
Thank You -

Aimee G. Senator



630 Congress Street
 Portland, Maine 04101
 P.O. Box 1134, Prid 04104

Phone: (207) 772-7270
 Fax: (207) 772-4202
 Email: aimee@kidneyne.org



Multi-Purpose Field—Prepare Subgrade
Install Irrigation, etc.

To: Anne Senter 2-4-2002
From: TOMM

1/7/02

SEP-21-2006 13:29 ACORN ASSN SUCS AFFINITY IN 202 223 4000 P.02
ACORN CERTIFICATE OF LIABILITY

PRODUCER Acorn Assn Services, a Division of Affinity Ins. Services, Inc 1120 20th St NW Washington DC 20036 Phone: 800-432-7465 Fax: 202-857-0143		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.	
INSURED National Kidney Foundation and All Affiliates 30 East 132nd Street New York NY 10016		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Hartford Underwriters Ins.	
		INSURER B: Hartford Casualty Ins. Co.	
		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.

POLICY LTR NUMBER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
B	GENERAL LIABILITY	4200GCE6082	07/01/06	07/01/07	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				LIABILITY TO RENTED PREMISES (EA occurrence)	\$300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$10,000
	<input checked="" type="checkbox"/> Liquor Liability				PERSONAL & ADV INJURY	\$1,000,000
GENL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC					PRODUCTS - COMFYOP AGG	\$2,000,000
B	AUTOMOBILE LIABILITY	4200GCE6082	07/01/06	07/01/07	COMBINED SINGLE LIMIT (EA accident)	\$1,000,000
	<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 checked="" type="checkbox"/> NON-OWNED AUTOS						
B	GARAGE LIABILITY	4200GCE5082	07/01/06	07/01/07	AUTO ONLY - EA ACCIDENT	\$1,000,000
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$	
PRIVATE PASSENGER ONLY					AGG	\$1,000,000
A	EXCESS/UMBRELLA LIABILITY	42REGEKF1102	07/01/06	07/01/07	EACH OCCURRENCE	\$10,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$10,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$10,000					\$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY					INC STATUS: <input type="checkbox"/> TORY LIMITS <input type="checkbox"/> 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	\$
OTHER					E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 NKF event: Halloween Kidney walk at Baxter Boulevard "Back Cove", October 29, 2006. The City of Portland is named as an Additional Insured ATMA subject to provisions of the policy.

CERTIFICATE HOLDER City of Portland Maine Portland Parks & Recreation Attn: Ted Musgrave 124 Congress Street Portland ME 04101	PORTLA2	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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE Sharon Palmer Fine <i>Sharon P. Fine</i>

© ACORN CORPORATION 11

From: Ted Musgrave
To: Michael Collins
Date: 9/26/2006 1:57:25 PM
Subject: Re: Tent memos

hi mike -

the buddy walk was held last Sunday (sept. 24)... and that P&R permit is attached.

the kidney foundation walk is coming up Sunday, oct. 29... (i'm working on a p&r permit for them.. but that won't be issued until closer to mid-October)

however, they do have permission to use the preble street grass area.. and to setup a 20x30 tent (given inspections tent permit is issued)

i will interoffice you a copy of their park use application form.

the tents for the pres. inaguration... i have no information on this.. (it must be on private property - and not being held in a park)

the national anthem project takes place on monument square, Tuesday, oct. 3... and i'm working on their permit now.

i do have them using monument square... and they've got the ok from p&r to set up 2 (freestanding) tents at the square (given inspections tent permit application is approved).

i'll interoffice you a copy of their park use application form as well.

will the above work for processing your applications.....? thanks.

>>> Michael Collins 9/26/2006 1:13:06 PM >>>

Hi Ted.

I need a memo for each of ther following tent locations, so I permits for them.

#656 Baxter Blvd--Buddy Walk
#1000 Preble Street-- National Kidney Foundation
#750 Stevens Ave.--6 Tents for Pres. Inaguration
#456 Congress Street--National Anthem Project

Thanks again.

CC: Gayle Guertin; SALLY DELUCA