

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

Permit Number: 070364

This is to certify that CITY OF PORTLAND /n/a

has permission to 1 day tent for the NAMI event /12/07

AT 1000 PREBLE ST

PERMIT ISSUED
APR 17 2007
CITY OF PORTLAND

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 loaded or otherwise 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. Greg CLASS
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Thomas M. Mahley 4/17/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-0364	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

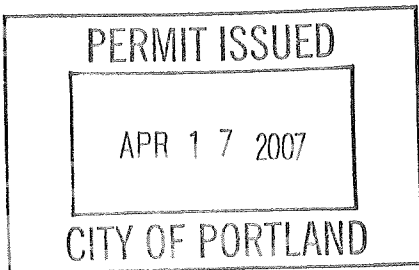
Past Use: ROS	Proposed Use: ROS 1dayTent for the NAMI Event 5/12/07	Permit Fee:	Cost of Work: \$30.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>MISC</i> Type: <i>F</i> <i>IBC 2003</i>	

Proposed Project Description: 1 day tent for the NAMI event 5/12/07	Signature: <i>Greg Cops</i>	Signature: <i>Jm 4/17/07</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: 04/05/2007	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 <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>4/16/07</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 checked="" type="checkbox"/> Not in District or Landmark <input checked="" 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

04/09/2007 14:45

2077538279

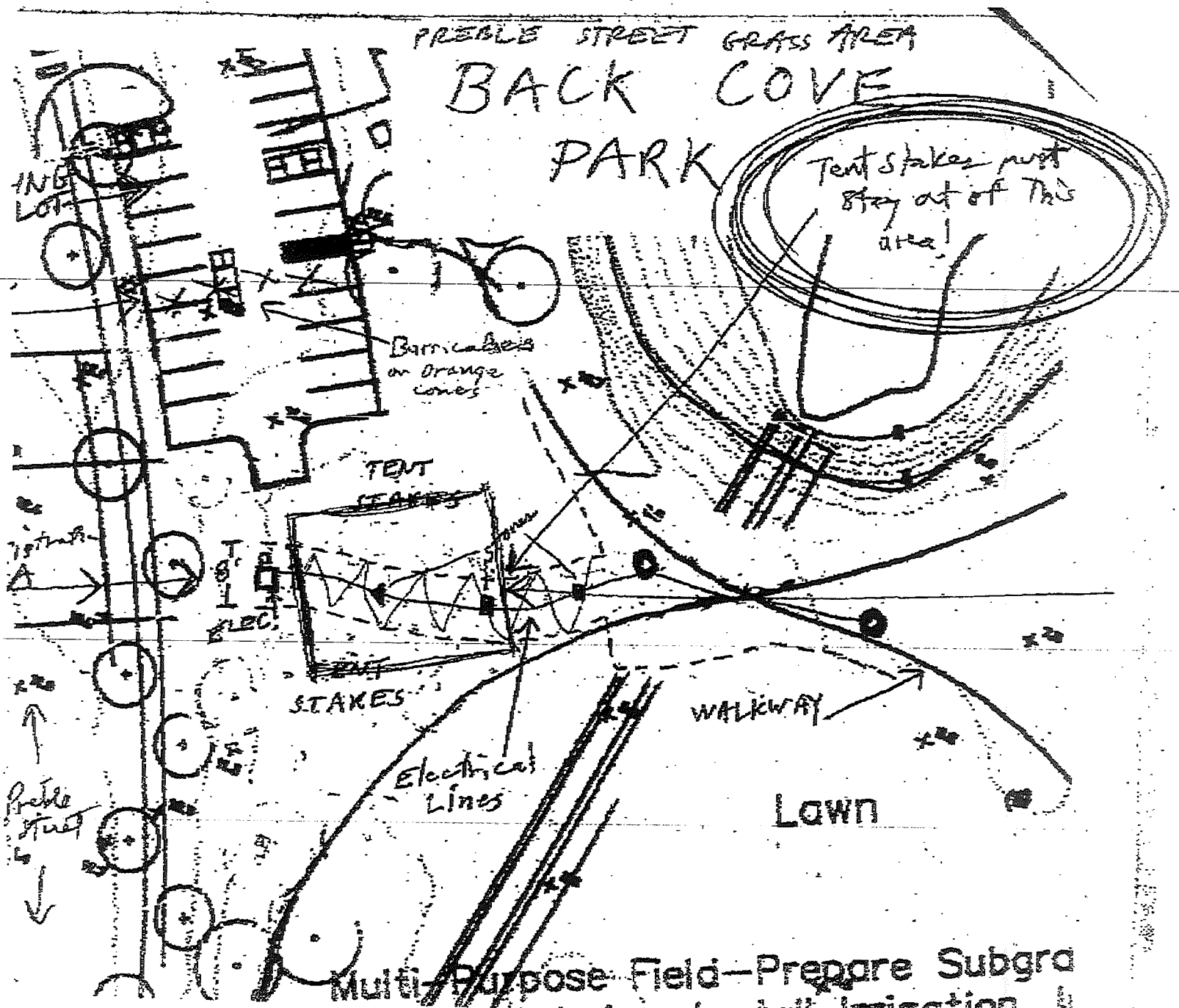
PORTLAND PARKS&REC

PAGE 01/01

To - Sue LeBlond
621-8730

Project file

PREBLE STREET GRASS AREA BACK COVE PARK



Multi-Purpose Field - Prepare Subgra
Install Irrigation

Tent/Canopy or Temporary Event Staging Permit Application

CITY CLERK

2007 MAR 30 A 9:26

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/ Park of Installation: <u>Pebble Street grass Area</u> <u>5/12/07</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>443</u> <u>A</u> <u>001</u>	Property Owner: <u>City of Portland</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>NAMI MAUI</u> <u>602-5767</u> <u>1 Banger St. Augusta ME 04330</u>	Fee: \$ 30.00
<p>The permit fee, and the following items, must be completed and submitted to the Inspections Division to receive a permit.</p> <ol style="list-style-type: none"> 1. Certificate of Flammability 2. Letter of approval from property owner. If the City is owner, attach a completed copy of Application to Use City Parks & Public Space from Parks & Recreation (756-8275). 3. Company name of installer (contact info). <u>City of Cumberland County Jail</u> 4. Plot Plan showing the following: <div style="margin-left: 40px;">Tent/Canopy or temporary event staging locations, including dimensions, exits and entrances of proposed and existing, parking and existing building locations. If this is temporary staging, you will need to include product information. (Applicant may call Parks & Recreation for maps of Portland's Parks @ 756-8275).</div> 5. 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>Who should we contact when permit is ready: <u>602-5767. Sue Leclair</u></p> <p>Address: _____ Telephone: _____</p>		

Please submit all of the information outlined in the Tent/Canopy and Event Staging Permit Application as one package. Failure to do so will result in the automatic denial of your 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>Sue Leclair</u>	Date: <u>3/29/07</u>
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This is NOT a permit; you may not commence ANY work until the permit is issued.

MANUFACTURED BY



A DIVISION OF  **ALPHA** TENT & AWNING LTD.

Vinabard 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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/09/2007

PRODUCER (703)770-3700 FAX (703)770-3720
U.S. Risk of Virginia, LLC.
DBA: Lighthouse Underwriters
P.O. Box 75559
Baltimore, MD 21275-5559

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 Alliance for the Mentally Ill
2107 Wilson Boulevard
Suite 300
Arlington, VA 22201

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Alliance of Nonprofits of Ins.	
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 INSR	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 MADE <input type="checkbox"/> OCCUR	2007-12724	01/23/2007	01/23/2008	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
A	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	2007-12724	01/23/2007	01/23/2008	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
					AUTO ONLY - EA ACCIDENT \$
	OTHER THAN AUTO ONLY: EA ACC AGG \$				
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	2007-12724-UMB	01/23/2007	01/23/2008	EACH OCCURRENCE \$ 4,000,000
					AGGREGATE \$ 4,000,000
					\$
					\$
A	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	2007-12724-UMB	01/23/2007	01/23/2008	\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER
	OTHER				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

The certificate holder is named as an additional insured on the above policies for the event NAMIWalks for the Mind of America on May 12, 2007.

CERTIFICATE HOLDER

City of Portland Maine
Portland Parks and Recreation Dept
134 Congress St.
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/REXA



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.

6198

NAMI MAINE
1 BANGOR STREET
AUGUSTA, MAINE 04330
(207) 622-5767, FAX (207) 621-8430

NORTHEAST
BANK
52-7455/2112

3/29/2007

PAY TO THE
ORDER OF City of Portland Maine

\$ **295.00

Two Hundred Ninety-Five and 00/100*****

DOLLARS

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

MEMO: Permits

Carol Corcoran

⑈006198⑈ ⑆211274557⑆ 14 91 001606⑈

NAMI MAINE

City of Portland Maine

6198

Date	Type	Reference	Original Amt.	Balance Due	3/29/2007 Discount	Payment
03/29/2007	Bill	May 12th	295.00	295.00		295.00
				Check Amount		295.00

Northeast Checking

Permits

295.00

Security features. Details on back.