

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 071095
SEP 17 2007
CITY OF PORTLAND

This is to certify that CITY OF PORTLAND / ABBA / A Work Resource Ctr
has permission to ABBA Walkathon - Set-up 10-2007 Breakdown 11-3-2007
AT 1000 PREBLE ST City 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 inspection must be given and work in progress procured before this building or part thereof is altered 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. Greg Case
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Thomas M. Markley 9/17/07
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: 07-1095	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: ABBA / A Womens Resource Ctr	Contractor Address: 470 Forest Avenue Suite 211 Portland	Phone 2072535555
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: <i>ROS</i>

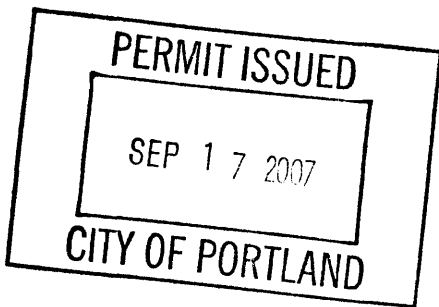
Past Use: ROS Back Cove Park	Proposed Use: ROS Back Cove - ABBA Walkathon - Set-up 11-3-2007 breakdown 11-3-2007	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group: <i>Assent</i> Type: <i>UA</i> <i>IBC 2003</i>	

Proposed Project Description: ABBA Walkathon - Set-up 11-3-2007 breakdown 11-3-2007	Signature: <i>Greg, Curd</i>	Signature: <i>Jim 9/17/07</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: Idobson	Date Applied For: 09/07/2007	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>9/17/07</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 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

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-1095	Date Applied For: 09/07/2007	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: ABBA / A Womens Resource Ctr	Contractor Address: 470 Forest Avenue Suite 211 Portland	Phone (207) 253-5555
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: ROS Back Cove - ABBA Walkathon - Set-up 11-3-2007 breakdown 11-3-2007	Proposed Project Description: ABBA Walkathon - Set-up 11-3-2007 breakdown 11-3-2007
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 09/07/2007
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tom Markley **Approval Date:** 09/17/2007
Note: **Ok to Issue:**

- 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
- 2) This permit DOES NOT authorize any construction activities. The tent/stage must be removed at the end of the event.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Greg Cass **Approval Date:** 09/07/2007
Note: **Ok to Issue:**

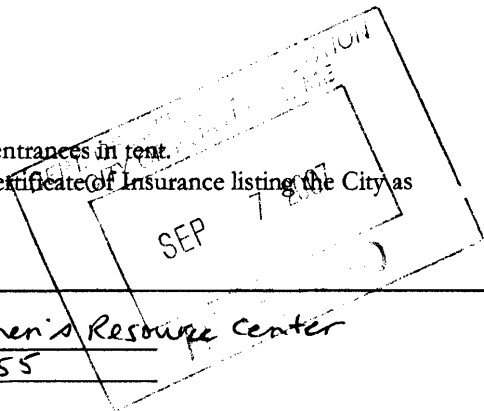
- 1) Tents shall have an approved fire resistant rating, Maintain 10' between stake lines, No smoking or open flame within 10', Provide at least 1 10 lb. ABC extinguisher.



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>Back Cove Park, aka Preble Street Grass Area</u>		
Date of tent setup: <u>11-3-07</u>		Date of tent breakdown: <u>11-3-07</u>
Tax Assessor's Chart, Block & Lot Chart# <u>443</u> Block# <u>A</u> Lot# <u>1</u>	Property Owner: <u>City of Portland</u>	Telephone: <u>Ted Musgrave</u> <u>874-8793</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>ABBA, A Women's Resource Ctr.</u> <u>470 Forest Avenue</u> <u>Portland, ME 04101</u>	Fee: \$ 30.00
The following must be included as submissions: <u>(207)253-5555</u> <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 and Recreation. Phone: (207)874-8793 3. Plot plan showing the following: <ol style="list-style-type: none"> a. property lines b. parking c. existing building locations d. tent locations, including dimensions of all tents, exits and entrances in tent. 4. If the City is the property owner you will be required to obtain a Certificate of Insurance listing the City as additional insured. Minimum amount of coverage is \$400,000.00 		
Who should we contact when the permit is ready: <u>ABBA, A Women's Resource Center</u> Mailing address: <u>470 Forest Avenue, Suite 211</u> <u>Portland, ME 04101</u> Phone: <u>253-5555</u>		



Please submit all of the information outlined in this application. Failure to do so will result in the automatic denial of your permit. Staff will notify you when your permit is ready to be picked up.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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>9-6-07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

From: "Ted Musgrave" <TVM@portlandmaine.gov>
To: "Ann Machado" <AMACHADO@portlandmaine.gov>, "Amanda Berube" <AXB@portlandmaine.gov>, "Donna Martin" <DMARTIN@portlandmaine.gov>, "Gayle Guertin" <GG@portlandmaine.gov>, "Lannie Dobson" <LDobson@portlandmaine.gov>
Cc: abba@gwi.net
Date: 27 Jul 2007, 12:49:06 PM
Subject: ABBA walkathon fundraiser, Nov. 3.... applications for tent, music, food?, and selling t-shirts..??

hi amanda and lannie & company -

ABBA is holding a walkathon event on sat nov 3... at the preble street grass area.

the contact person is Bonnie Caron, 253-5555

PLS let this e-mail notice act as confirmation that ABBA is in the process of securing a permit to use city property...

PLS accept the license applications ... (and tent permit application) ... and process those for bonnie... knowing that a permit will be issued from P&R... (sometime closer to October)

thankx. i've cc'ed bonnie on this to let her know to go ahead and contact you folks.. and to turn in the applications.

WHEN IT HAS TO BE DONE RIGHT
CALL THE PROFESSIONALS



CREATING TRULY REMARKABLE
PRODUCTS AND EVENTS

Awnings
Porch Curtains
Tarpaulins
Truck Covers
All Related Products
Over 85 Years of Service

Professional Consultants
Awnings, Tents and Canvas Products
For Home, Industry and Marine
256 Read Street • Portland, Maine 04103
(207) 797-0100 • 1-800-833-6679 • Fax 797-4194
E-mail: contact@leavittandparris.com
Website: www.leavittandparris.com

Tents and
Structure
All Party Accessorie
Rented fo
Weddings and
All Occasion

October 24, 2006

To Whom It May Concern:

This is to certify the tents supplied to ABBA, A Women's Resource Center is certified flame resistance that meets the requirements of the California Fire Marshall,

Underwriters Laboratory Test Flammability 354-H and Government Spec. CCC-C-428A.

Sincerely,

Leavitt & Parris Inc.

Rentors of Quality Tents and Party Related Accessories
Services for the Entertainment, Promotion, and Trade Show Industries
The International Fabrics Association Int'l & Members of the Northeast Canvas Ass'n

JD: Bonnie
470 First Ave 216 253-5650

1 page map

Test Drawn in

PREBLE STREET GRASS AREA
BACK COVE
PARK

Tent stakes must stay out of this area!

Barricades or orange cones

TENT

20x20 ft

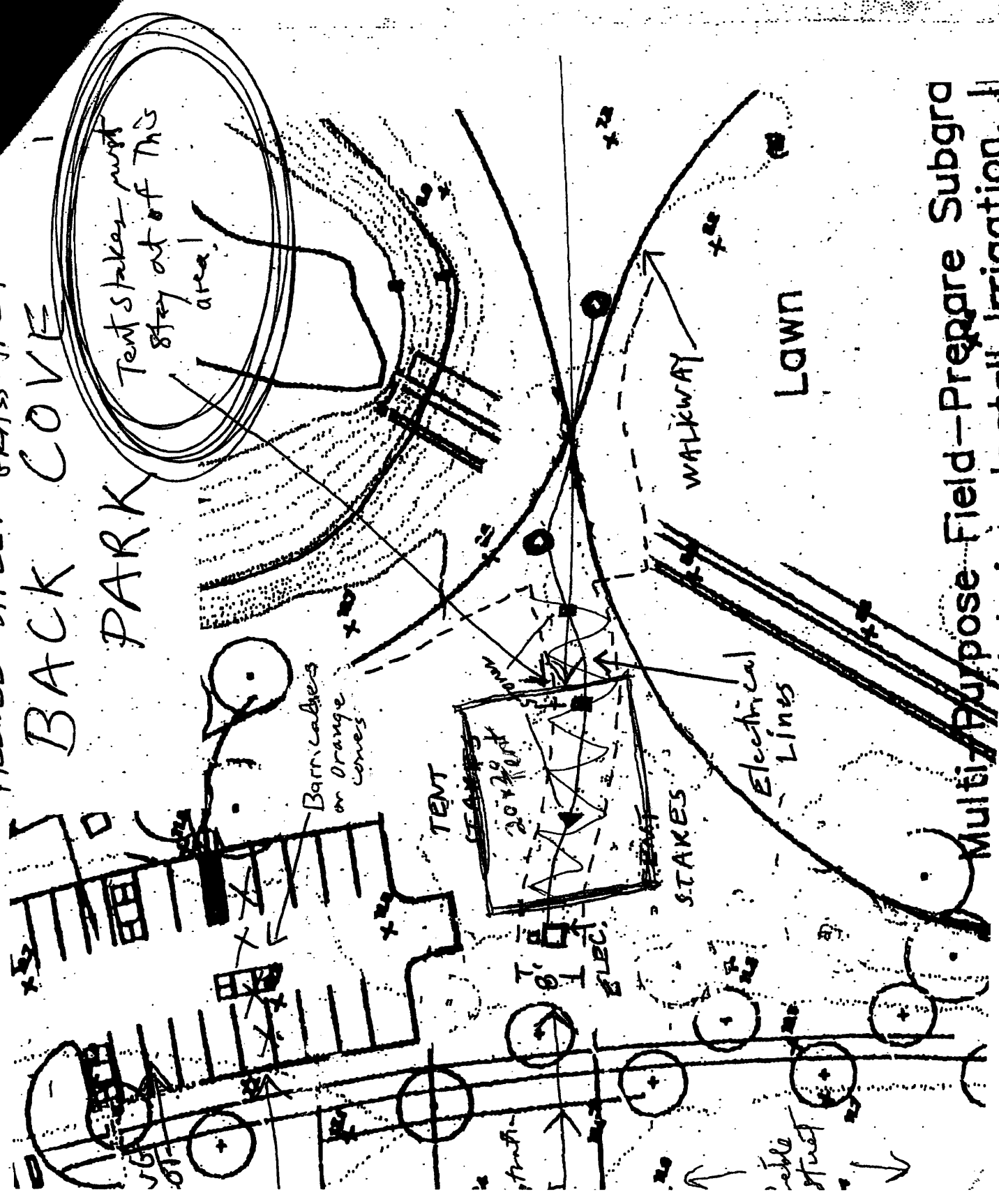
STAKES

Electrical Lines

WALKWAY

LAWN

Multi-Purpose Field - Prepare Subgrade
Install Irrigation, H



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/13/2007

PRODUCER (520)455-9252 FAX (520)455-9358
Patriot Insurance Agency, Inc.
PO Box 1298
Sonoita, AZ 85637-1298
Aly Mason

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 ABBA, A Woman's Resource Center
PO Box 616
Portland, ME 04104

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Spirit Mountain Ins Co RRG Inc	10754
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 X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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	SMIC-LPP2007-NOA029	06/30/2007	06/30/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000								
A X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	SMIC-LPP2007-NOA029	06/30/2007	06/30/2008	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 300,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: 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 EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
A	OTHER PROFESSIONAL LIABILITY	SMIC-LPP2007-NOA029	06/30/2007	06/30/2008	PER OCCUR: \$1,000,000 GEN AGGR: \$3,000,000 DED: \$2500								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 PHYSICAL & SEXUAL ABUSE, LIMIT: \$100,000/\$300,000 DED: \$2500
 EVENT: WALK A THON FUNDRAISER ON NOVEMBER 3, 2007

CERTIFICATE HOLDER

CITY OF PORTLAND, MAINE
PARKS & RECREATION
ATTN: TED MUSGRAVE
134 CONGRESS STREET
PORTLAND, ME 04104

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
Dwayne Lequire/AEM

Additional Coverages and Factors

06/23/2007

Line of Business Coverages for Business Auto

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
Non-owned	300,000/300,000	2,500			

Line of Business Coverages for General Liability

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
General Aggregate	3,000,000	2,500			
Products/Completed Ops Aggregate	1,000,000	2,500			
Personal & Advertising Injury	1,000,000	2,500			
Each Occurrence	1,000,000	2,500			
Fire Damage	100,000	2,500			
Medical Expense	0				
Professional	1,000,000	2,500			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – ATHLETIC OR SPORTS PARTICIPANTS

Insured:

ABBA, A Woman's Resource Center
PO Box 616
Portland, ME 04104

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Description of Operations:

EVENT: WALK A THON ON NOVEMBER 3, 2007

If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to any operations shown in the Schedule, this insurance does not apply to "bodily injury" to any person while practicing for or participating in any sports or athletic contest or exhibition that you sponsor.