

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 081160

Please Read Application And Notes, If Any, Attached

This is to certify that CITY OF PORTLAND / ALS Association - IAF Chapter

has permission to Tents for ALS walk - Set-up Sept 20, 2008 - break down - Sept 21, 2008 (1) - 15x15 with 2-sides & 4 pop-up tents

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 this 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 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. [Signature]

Health Dept. [Signature]

Appeal Board [Signature]

Other [Signature]

Department Name PERMIT ISSUED

9/17/08 [Signature]
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

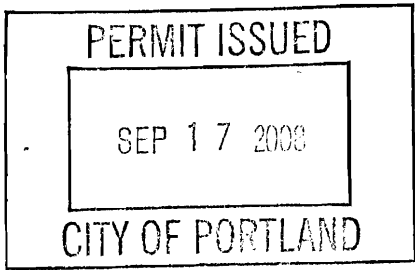
Permit No: 08-1160	Issue Date: 9/17/08	CBL: 443 A001001
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Location of Construction: 1000 PREBLE ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: ALS Association NNE Chapter	Contractor Address: 10 Ferry Street Concord	Phone: 6032268855
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: ROS Back Cove	Proposed Use: ROS Back Cove - Tents for ALS walk - Set-up Sept 20, 2008 break down Sept 20, 2008 (1)- 15x15 with 2 sides & 4 pop-up tents	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 1
Proposed Project Description: Tents for ALS walk - Set-up Sept 20, 2008 break down Sept 20, 2008 (1)- 15x15 with 2 sides & 4 pop-up tents		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Tent Type: IPC 2007 N.F.P.A. -	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i> 9/17/08	
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: 09/15/2008	Zoning Approval		
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<ol style="list-style-type: none"> 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"/>	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	Historic Preservation <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: <i>[Signature]</i> 9/16/08	Date: _____	Date: 9/17/08 CSSL



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: 08-1160	Date Applied For: 09/15/2008	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: ALS Association NNE Chapter	Contractor Address: 10 Ferry Street Concord	Phone (603) 226-8855
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: ROS Back Cove - Tents for ALS walk - Set-up Sept 20, 2008 break down Sept 20, 2008 (1)- 15x15 with 2 sides & 4 pop-up tents	Proposed Project Description: Tents for ALS walk - Set-up Sept 20, 2008 break down Sept 20, 2008 (1)- 15x15 with 2 sides & 4 pop-up tents
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 09/16/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 09/17/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) This permit DOES NOT authorize any construction activities. The tent/stage must be removed at the end of the event.			
Dept: Fire	Status: Approved	Reviewer: Capt Greg Cass	Approval Date: 09/16/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		

Comments:
9/15/2008-l Dobson: holding until receive additional info
9/16/2008-l Dobson: E-mailed Kimberly about the 30 dollar overage asked her to send new check she said she will apply for a reimbursement
9/16/2008-l Dobson: Applied for reimbursement sent to DM



Tent/Canopy or Temporary Event Staging 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/Park of Installation: <u>Back Cove Park</u>		
Date of Set up/Event <u>9/20/08</u>		Date of Breakdown/ End of Event <u>9/20/08</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>443 A</u>	Property Owner: <u>City of Portland</u>	Telephone: <u>603.726.8855</u>
Lessee/Buyer's Name (If Applicable) <u>n/a</u>	Applicant name, address & telephone: <u>Kimberly Tonneson 10 Ferry St., Suite 488 Concord, NH 03301</u>	Fee: \$30.00 per (a) <u>60.00</u>
<p>The permit fee and the following items must be completed and submitted along with this application in order 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). 4. Plot Plan showing the following: 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). 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>Neil Davison</u> Address: <u>280 Longfellow St., #22 Westborough, MA 01581</u> Telephone: <u>207-773-0672</u></p> <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.</p>		

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: Kim Tonneson Date: 9/9/08

This is not a permit; you may not commence ANY work until the permit is issued.

CONTACT: Kimberly Tonneson
603-226-8855

From: Ted Musgrave
To: events@alsanne.org; me@alsanne.org
Date: Thu, Sep 11, 2008 6:00 PM
Subject: PERMIT - Sept. 20 - ALS Walk, Preble Street area + BC Pathway

hi kimberly and nell -

PLS review attached permit for your walk.. forward outstanding items, and follow up with city departments

thankx... and best wishes on a wonderful day

CC: Alexandra Murphy; Fire; Inspections; James Vance ; Judith Rosen; Marc Spiller; Maynard Sprague; Michael Bobinsky; Parking; Parks Admin; Police; Richard Meserve; royalflushmaine@aol.com; Sonia Bean



Tent/Canopy or Temporary Event Staging 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/Park of Installation: Back Cove Park		
Date of Set up/Event 9/20/08	Date of Breakdown/ End of Event 9/20/08	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Property Owner: City of Portland	Telephone: 603.726.8855
Lessee/Buyer's Name (If Applicable) n/a	Applicant name, address & telephone: Kimberly Tonneson 10 Ferry St., Suite 438 Concord, NH 03301	Fee: \$30.00 per (2) 60.00

The permit fee and the following items must be completed and submitted along with this application in order to receive a permit.

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).
4. Plot Plan showing the following:
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).
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

Who should we contact when permit is ready: **Neil Davison**
Address: **280 Longfellow St. #22** Telephone: **207.773-0672**
WELSHBROOK #15 07012

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.

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Signature of applicant: Kimberly Tonneson	Date: 9/9/08
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ALS Association Northern New England Chapter

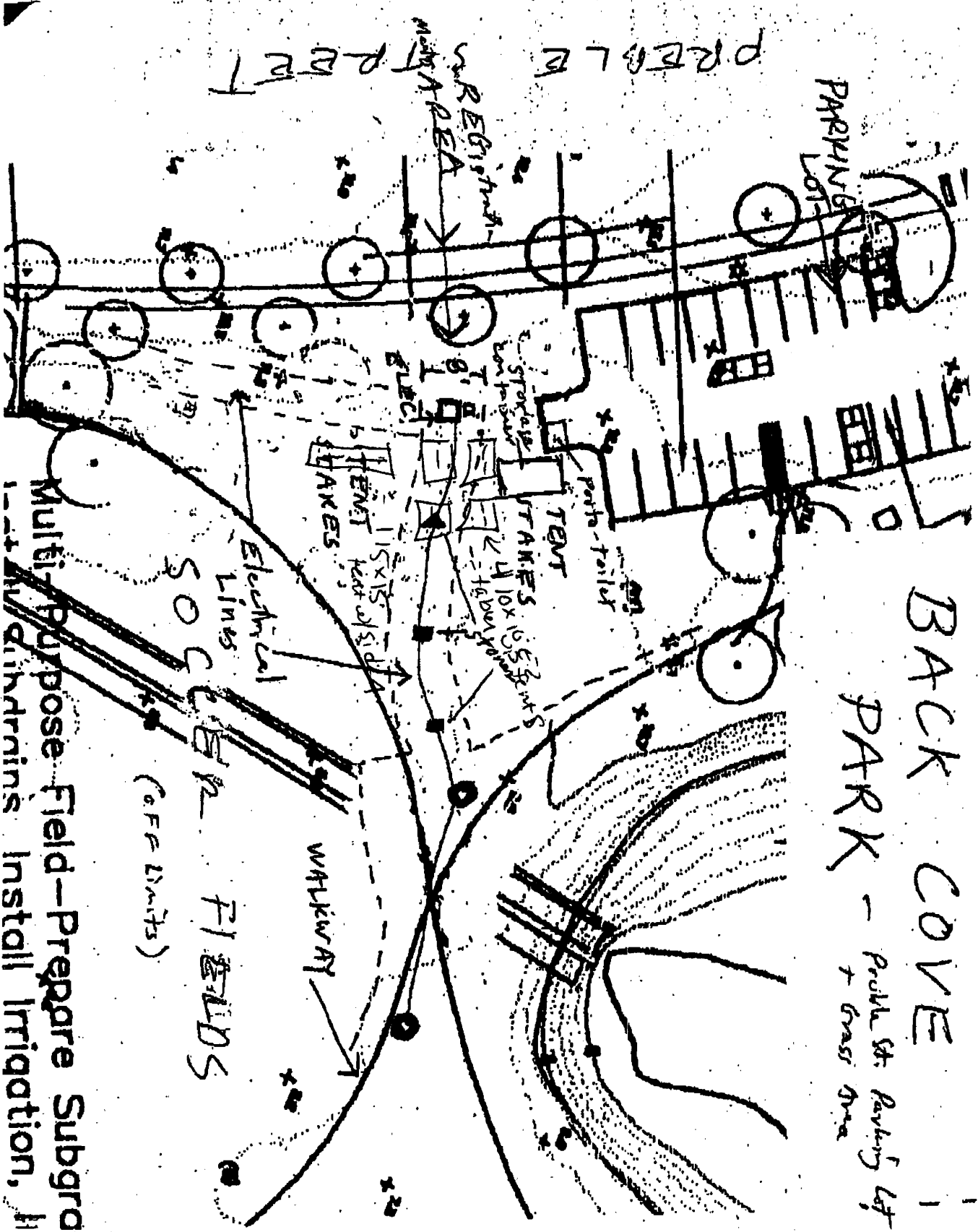
The Concord Center
10 Ferry Street, Suite 438, Box 314
Concord, NH 03301
Phone: 603-226-8855
Fax: 603-226-8890
866-257-6663 (toll free)
Website: www.alsanne.org

Transmittal Sheet

To: Lannie	From: Kimberly
Company:	Date: 9/15/08
Fax number:	Total No. of Pages w/cover (7)
Phone number:	Sender's Reference No.
RE: fena Permit	Your Reference No.

Important: This message is intended for use of the individual to which it is addressed. If you have received this communication in error, please notify us immediately by phone, fax or e-mail. Thank you.

Notes/Comments:



BACK COVE

PARK - Public St. Parking Lot + Grass Area

PARKING LOT

PARKING LOT

STAIRS

TENT STAKES

TENT REST AREA

ELECTRICAL LINES

SOCCER FIELDS

WALKWAY

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

To: K. [unclear] from [unclear]

603-224-8890

9-15-08

1 [unclear]

Certificate of Flame Resistance



REGISTERED
FABRIC
NUMBER

F53501

Issued by

TOPTEC, INC.
1905 N.E. Main Street
Simpsonville, SC 29681

Date Manufactured

12/19/05

*This is to certify that the materials described
are inherently flame retardant.*

Name ONE STOP PARTY SHOP

Address 262 MAIN ST

City S PORTLAND

State ME

Zip 04108

Certification is hereby made that:

The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-96, CPA184, ULC109, MVSS302.

Method of Application: The Flame Retardency of this Fabric is Inherent and Permanent.

Description of item certified: FRAME 20x20 BLACKOUT WHITE

The Flame Retardant Process Used WILL NOT Be Removed By Washing.

TOPTEC, INC.


Name of Production Superintendent

MODEL TTF202005

SERIAL # 254801B

Walk to Defeat ALS Event Saturday, September 20th

Company Name of Installer:

**One Stop Party Shoppe
262 Main Street South Portland, Maine 04106
207-767-5966
800-244-5966
Fax: 207-767-5310
info@partyshopmaine.com**

Contact: Tammy

Letter of Approval from Property Owner:

Contact: Ted Musgrave with Portland Parks and Rec.

Client#: 42045

AMYOLATE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/02/08
PRODUCER (C) Wharton/Lyon & Lyon 101 S. Livingston Avenue Livingston, NJ 07039 973 992-5775	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 Amyotrophic Lateral Sclerosis Assoc. 27001 Agoura Road Calabasas Hills, CA 91301	INSURERS AFFORDING COVERAGE INSURER A: USF Insurance Co./Burns & Wilcox INSURER B: Evanston/Burns & Wilcox INSURER C: INSURER D: INSURER E:	NAIC #

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	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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	LGBGL45642R2	04/01/08	04/01/09	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 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				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 EA ACC \$ AUTO ONLY: AGG \$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	CUBW2336708	04/01/08	04/01/09	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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
 Re: Walk to Defeat ALS at Back Core Park/Walkway, Portland, ME on Sept 20, 2008 for the Northern New England Chapter
 City of Portland is named as Additional Insured under the General Liability policy as respects claims arising out of the negligence of the Named Insured
 (See Attached Descriptions)

CERTIFICATE HOLDER 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 <u>30*</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. AUTHORIZED REPRESENTATIVE <i>Robert L. Sileno</i>
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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.

DESCRIPTIONS (Continued from Page 1)

* Except 10 Day Notice of Cancellation for Non-Payment

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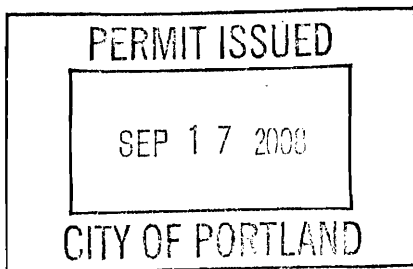
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		Signature: <i>Greg Cass</i>		Signature: <i>[Signature]</i> 9/17/08
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: Idobson	Date Applied For: 09/15/2008	Zoning Approval		
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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 checked="" type="checkbox"/> Date: 9/16/08	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 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: 9/17/08 CSSL
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