

PRINTED

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## CONSTRUCTION PERMIT

Permit Number 010349

This is to certify that City of Portland Cumberland County, Oregon  
has permission to Erect 2 - 20 x 30 tents in Back Yards on July 28, 2004  
at 1000 Taylor St. 453 NORTH

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 work permit produced before this building or part thereof is occupied or a person is engaged in work. NOTICE IS REQUIRED.

A certificate of occupancy must be produced by owner before this building or part thereof is occupied.

### OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Accepted Date \_\_\_\_\_

*Amis Beaulieu* 4/13/04  
Director - 122 198 1st Street, Portland, ME 04101

**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: 64-0049	Issue Date:	CBL: 44-338.001
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Location of Construction: 1300 Beble St	Owner Name: City of Portland	Owner Address: 307 Congress St	Phone:
Business Name:	Contractor Name: Cumberland County YMCA	Contractor Address: 30 Forest Ave Portland	Phone: 948-34 111
Lessee/Buyer's Name:	Phone:	Permit Type: Tents	Notes: POS

Post-Use: Park Back Cove	Proposed Use: Park Back Cove & Erect 2 - 20 x 20 tents in Back Cove Park	Permit Fee: 19000	Cost of Work: 33200	CEU District: 1
		PERMIT TYPE: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		ZONE GROUP: Use Group: <i>MFG</i> Type: <i>Temporary</i>
Proposed Project Description: Erect 2 - 20 x 20 tents in Back Cove Park May 28th		Signature: _____ Date: <i>5/13/04</i>		

**RESTRICTION ACTIVITIES DISTRICT (RAD)**

General:  Approved  Approved with conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken by: Interview	Date Applied for: 04/29/2004	<b>Zoning Approval</b>
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This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.  2. Building permits do not include plumbing, septa or electrical work.  3. Building permits are void if work is not started within six (6) months of the date of issuance. These information may invalidate a building permit and stop all work.	Special Zoning Review <input type="checkbox"/> None <input checked="" type="checkbox"/> Written <i>with notes</i> <input type="checkbox"/> Form only Submittal <i>provided &amp; full</i> Sub Plan <i>check 2 sheets</i> By: <i>MM</i> Date: <i>5/13/04</i>	Zoning Appeal <input type="checkbox"/> Varying <input type="checkbox"/> Mixed uses <input type="checkbox"/> Conditional Use <input checked="" type="checkbox"/> Intergation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Zoning District and Landmark <input type="checkbox"/> Type III Historic District <input type="checkbox"/> Registered Historic <input type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions <input type="checkbox"/> Denied Date: <i>5/13/04</i>
	Signature: _____ 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 officials authorized to issue permits shall have the authority to enter all areas covered by such permit - any reasonable fee, including the provision of the rules, applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, IF DIFFERENT		DATE	PHONE

**City of Portland, Maine - Building or Use Permit**

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

Permit No. 21 0349	Date applied For: 04/05/2004	CDL: 443 A021001
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Location of Construction: 1200 Preble St.	Owner Name: City of Portland	Owner Address: 389 Congress St	Phone: -----
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Business Name:	Contractor Name: Cumberland County YMCA	Contractor Address: 70 Forest Ave Portland	Phone: (207) 874-1111
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Taxpayer's Name:	Phone:	Permit Type: Tent
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Proposed Use: Park Back Cove / Erect 2 - 20 x 20 tents on Back Cove Park	Proposed Project Description: Erect 2 - 20 x 20 tents on Back Cove Park May 28th
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Dept: Zoning      Status: Approved      Reviewer: Jeanie Bouke      Approval Date: 04/13/2004  
Notes:      OK to Issue:

Dept: Building      Status: Approved      Reviewer: Jeanie Bouke      Approval Date: 04/13/2004  
Notes:      OK to Issue:

# ORIGINAL

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.

Event: <b>Back Cove Park - Next to Soccer Field - SAME AS LAST YEAR</b> Address of Applicant: _____		
Date of work start: <b>May 28<sup>th</sup>, 2004</b>	Date of tent breakdown: <b>May 28<sup>th</sup>, 2004</b>	
Tax Assessor's Chart, Block & Lot Block # <b>443</b> Lot # <b>001</b> Block <b>A</b>	Owner: <b>City of Portland</b>	Telephone: <b>874-8703</b>
Applicant's Name (if Applicable): <b>N/A</b>	Applicant name, address & telephone: <b>Cumberland County YMCER 70 Forest Avenue Portland, Maine 04101</b>	Fee: \$ 30.00

The following must be included as submissions: (207) 874-1111

1. Certificate of Financial Ability
2. Letter of approval from property owner (if the City is the owner of the property)
3. Plans & description of work
4. Plan showing the following:
  - i. Property lines
  - ii. Marking
  - iii. Existing building locations
  - iv. Tent locations, including dimensions of a tent (tent must include in tent).
5. If the City is the property owner, Certificate of Insurance listing the City as Additional Insured. Minimum amount of coverage is \$200,000,000.



When the above is stated, when the permit is ready: **Anne-Marie Jannace**

Address: **70 Forest Avenue  
PO Box 1078  
Portland, ME 04101**  
 PHONE: **(207) 874-1111 ext. 209**

We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the permit terms before starting any work. **With a flag Reviewer - A STOP WORK ORDER WILL BE ISSUED AND A \$ 6000 - FINE IF ANY WORK STARTS BEFORE THE PERMIT IS PICKED UP.**

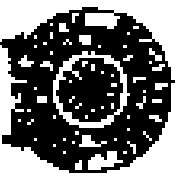
**IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.**

The City hereby certifies that the information required by this permit is true and correct to the best of its knowledge and belief. The City also certifies that the information provided by the applicant is true and correct to the best of its knowledge and belief. The City also certifies that the information provided by the applicant is true and correct to the best of its knowledge and belief. The City also certifies that the information provided by the applicant is true and correct to the best of its knowledge and belief. The City also certifies that the information provided by the applicant is true and correct to the best of its knowledge and belief.

Signature of applicant: *Anne-Marie Jannace*      Date: 3/30/04

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

# Certificate of Flame Resistance



REGISTERED  
Plate No. **F. 90802**

ISSUED BY  
REGULATORY MANUFACTURING  
3050 POPLAR AVE., S.E.  
HUNTSVILLE, TN 38157

DATE  
**4/17/84**  
REVISED

This is to certify that the materials described on the reverse side have been flame-retarded (or are inherently noncombustible),  
**FOR CALIFORNIA TENT COMPANY ADDRESS 5373 St. Ple 29**  
**CITY PLANO STATE TX 75024**

Certificate is hereby made that (check "a" or "b")

- (a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical applied and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.
- (b) The articles described on the reverse side hereof are made from a flame-retardant fabric or material registered and approved by the State Fire Marshal for such use.

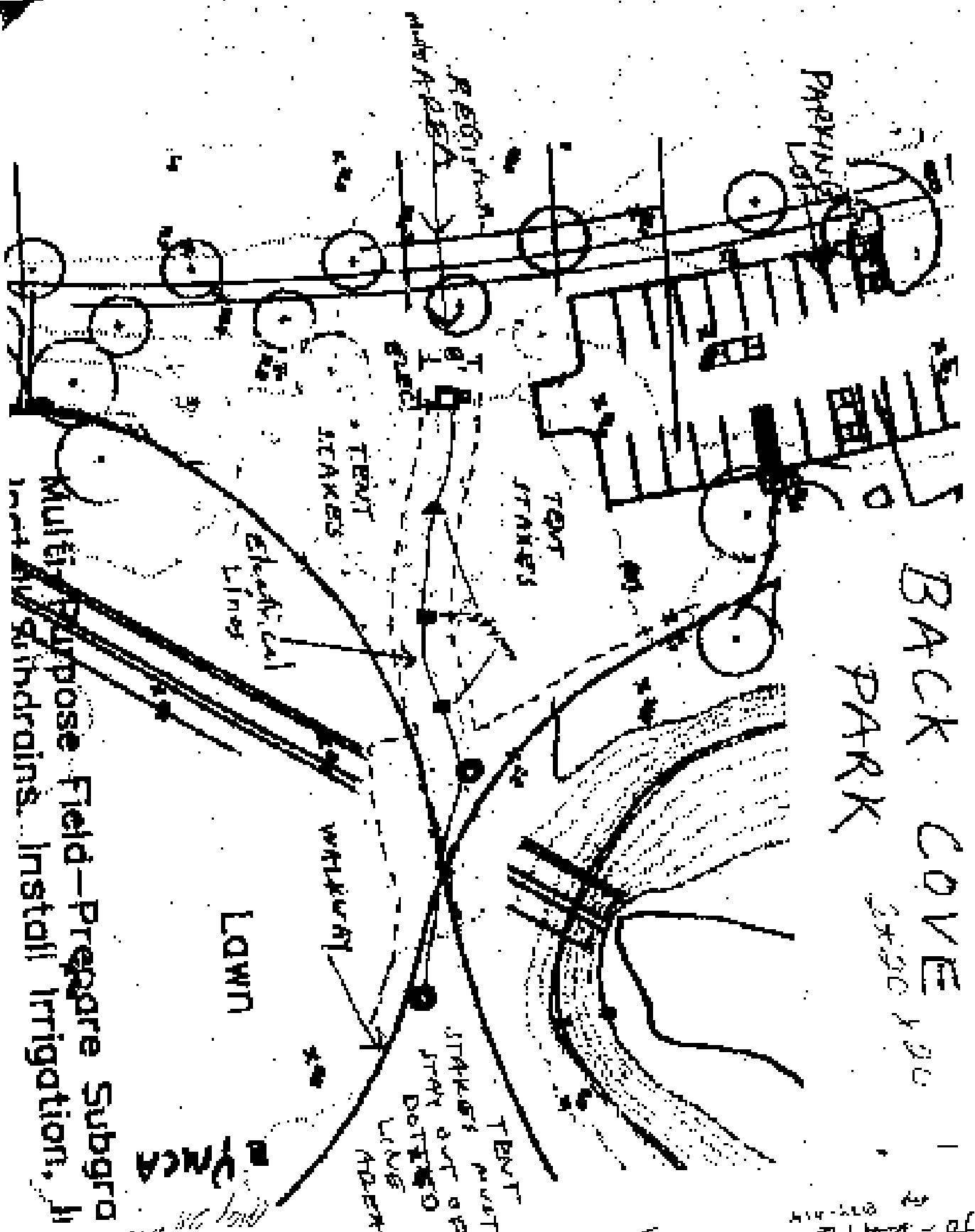
Trade name of flame-retardant fabric or material  
**The Flame Retarder Process Used** **ULLE 202** **Be Removed By Washing**

Name of applicant or producer, manufacturer  
**Delstrand**  
**Amiel Larson sales**

Name of applicant or producer, manufacturer

# BACK COVER PARK

2x300 x 200



to - DATE  
2023

7/27/23  
10/10/23

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DP ID OR  
Y03AP-1 DATE: 03/30/04

**PRODUCER**  
Black Ball Program, Seattle, WA  
www.blackballprogram.com  
170 Green Street, PO Box 2403  
South Portland ME 04116 2403  
Phone: 207-700-8841 Fax: 207-767-7558

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.

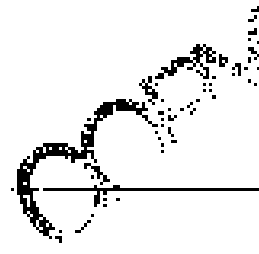
**INSURED**  
  
Cumberland County YMCA  
PO Box 1076  
Portland ME 04104

INSURERS AFFORDING COVERAGE	NAIC #
INSURER: New Hampshire Ins. Company	
INSURER:	
INSURER:	
INSURER:	
INSURER:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED UNDER THE POLICY PERIODS INDICATED. ADJUSTING AND PAYMENT SUBJECT TO THE TERMS AND CONDITIONS OF ANY POLICY WHICH MAY BE APPLICABLE. THIS CERTIFICATE MAY BE ISSUED ON AN OPERATING BASIS OR AS A MATTER OF INFORMATION. ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF EACH POLICY SHOULD BE REVIEWED TO DETERMINE THE SCOPE OF COVERAGE.

POLICY NUMBER	TYPE OF INSURANCE	POLICY NUMBER	START DATE	END DATE	COVERAGE	AMOUNT
01-EX-4256694	GENERAL LIABILITY	01/01/04	01/01/04	01/01/05	Auto Occurrence	\$1,000,000
	COMMERCIAL GENERAL LIABILITY				Products/Completed Operations	\$1,000,000
	CONTRACTORS				Medical Payments	\$1,000,000
					Personal & Advertising	\$1,000,000
					Professional Services	\$1,000,000
	Automobile Liability					
	Auto Liability				Comprehensive	\$
	Auto Liability				Medical Payments	\$
	Auto Liability				Personal & Advertising	\$
	Auto Liability				Professional Services	\$
	Garage Liability				Auto Liability	\$
	Garage Liability				Other than Auto	\$
	Professional Liability				Professional Services	\$
	Professional Liability				Medical Payments	\$
	Professional Liability				Personal & Advertising	\$
	Professional Liability				Professional Services	\$
	Workers Compensation and Employers Liability				Workers Compensation	\$
	Workers Compensation and Employers Liability				Medical Payments	\$
	Workers Compensation and Employers Liability				Personal & Advertising	\$
	Workers Compensation and Employers Liability				Professional Services	\$
	Other					



**WHEN THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION, THE FOLLOWING STATEMENTS APPLY:**  
All Operations of the Insured, City of Portland is additional insured as respects the Cumberland County YMCA Back Bay 5K Road Race on May 29, 2004, & set-up May 20, 2004, Portland, Maine, but only as respects to loss or damage arising out of negligent acts or omissions of the C.C. YMCA in connection with said events.

CERTIFICATE HOLDER	CANCELLATION
<p><b>CITY OF PORTLAND</b>  City of Portland Parks &amp; Recreation Dept Attn: Ted Maggrave 17 Arbor Street Portland ME 04103</p>	<p>WHEN ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BY THE ISSUING INSURER, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER WAIVES TO THE EXTENT PERMITTED BY LAW ALL RIGHTS OF RECOVERY OR LIABILITY OF ANY KIND UPON THE ISSUING INSURER OR ITS AGENTS OR REPRESENTATIVES.</p> <p><i>[Signature]</i></p>

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DP18 OR  
2302AP-C

DATE (MM/DD/YYYY)  
03/30/04

INSURER  
Blaise Hall Sprague/Soula Allen  
www.blaisehall-sprague.com  
178 Ocean Street, PO Box 2403  
South Portland ME 04116-2403  
Phone: 207-755-8542 Fax: 207-767-7850

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 REFERRED TO.

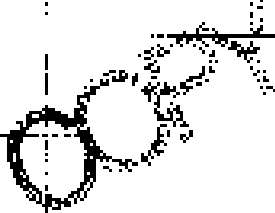
INSURERS AFFORDING COVERAGE	NAIC #
INSURER: New Republic Ind. Company	
AGENT:	
INSURANCE:	
INSURANCE:	
INSURANCE:	

Cumberland County WACA  
PO Box 1378  
Portland ME 04104

## COVERAGES

THE POLICIES OF THIS POLICY LISTED HEREIN HAVE BEEN SUBJECT TO THE FOLLOWING WAIVER ACCEPTED FOR THE POLICY PERIOD OF COVER THEREON:  
AND REPRESENTS THE BEST INTEREST OF THE INSURED. THE POLICY IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND LIMITS OF EACH POLICY.  
AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY OTHER POLICIES.

DESCRIPTION OF COVERAGE	POLICY NUMBER	ISSUE DATE	EXPIRES	COVERAGE	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CATASTROPHIC <input checked="" type="checkbox"/> <b>ACCIDENT</b> SEVERE AGGREGATE LIMIT <input type="checkbox"/> PER POLICY <input type="checkbox"/> PER YEAR <input type="checkbox"/> PER OCCASION	01 LX 4258504 3/22/04	02/02/04	02/01/05	COMMERCIAL GENERAL LIABILITY CATASTROPHIC ACCIDENT	COMMERCIAL GENERAL LIABILITY CATASTROPHIC ACCIDENT \$1,000,000 \$100,000 \$1,000,000 \$2,000,000 \$2,000,000
<b>AUTOMOBILE LIABILITY</b> PRIVATE PASSENGER BUSINESS RENTALS MEDICAL NON-OWNED/AUTOS				PRIVATE PASSENGER BUSINESS RENTALS MEDICAL NON-OWNED/AUTOS	PRIVATE PASSENGER BUSINESS RENTALS MEDICAL NON-OWNED/AUTOS
<b>UMBRELLA LIABILITY</b> PRIVATE				PRIVATE	PRIVATE \$1,000,000 \$1,000,000
<b>EXCESS/UMBRELLA LIABILITY</b> PRIVATE CLAIM MADE OCCASIONS PER YEAR				PRIVATE CLAIM MADE OCCASIONS PER YEAR	PRIVATE CLAIM MADE OCCASIONS PER YEAR
<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> EMPLOYERS LIABILITY EMPLOYERS LIABILITY SPECIAL PROGRAMS ONLY				EMPLOYERS LIABILITY EMPLOYERS LIABILITY SPECIAL PROGRAMS ONLY	EMPLOYERS LIABILITY EMPLOYERS LIABILITY SPECIAL PROGRAMS ONLY
OTHER					



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (EXCLUDES ONE ACCIDENT BY EMPLOYEE WHILE OFFICIAL REPRESENTATIVE)  
 Mack Day Inc. from May 29, 2004

<b>CERTIFICATE HOLDER</b> MAINS TRACK CLUB RONALD BROSSE P O Box 9008 PORTLAND ME 04104	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED OPERATIONS OR LOCATIONS BE CANCELLED OR DISCONTINUED, THE POLICY WILL BE CANCELLED TO THE DATE THEREOF, THE RESULTING PREMIUM WILL BE REVENDED TO THE POLICYHOLDER. NOTICE TO THE POLICYHOLDER WILL BE GIVEN BY MAIL. BUT WILL NOT BE SO SMALL IN AMOUNT AS TO BE NEARLY NEUTRAL TO THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>[Signature]</i>
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**From:** Ted Musgrave  
**To:** Lannie Dobson  
**Date:** 4/5/2004 3:22:58 PM  
**Subject:** Re: YMCA May 28th

yes, i have... ymca back bay 5k.  
plan to process a permit late april.  
im curious as to why you're asking....

>>> Lannie Dobson 4/5/2004 1:15:53 PM >>>

Have you received a request from the YMCA for May 28th for the Use of Back Cove Park? Thank you,  
Lannie Dobson