

Permit # 05-1314

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: <u>Back Cove Park (Picble Street)</u>		
Date of Tent setup: <u>9/1/05</u>	Date of Tent breakdown: <u>9/11/05</u>	
Tax Assessor's Chart, Block & Lot Chart#, <u>143</u> Block# <u>A</u> Lot# <u>001</u>	Owner: <u>A Plus Party</u>	Telephone: <u>883 - 4472</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>American Foundation For Suicide Prevention- Maine</u>	Fee: \$ 30.00
Whom should we contact when the permit is ready: <u>Kate Noon</u>		
Mailing address: <u>21 Wellington Rd, Portland</u>		
PHONE: <u>374-6986</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER WILL BE ISSUED AND A \$100.00 FINE LEVED 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 APROVE THIS 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: [Signature] Date: 9/1/05

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FAX to : 874 - 8716
Attention : Donna

This is the flammability Certificate
for the tent application for the Amer.
Foundation for Suicide Prevention's
Walk around Back Bay on 9/11/05.

342 U.S. Route #1 ♦ Scarborough, Maine 04074

Certificate of Flame Resistance

REGISTERED
FABRIC
NUMBER

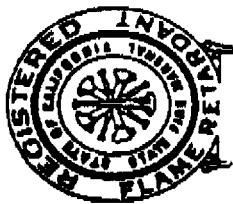
F121.4

Date Manufactured

07/30/02

Issued by

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



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

Name A-PLU RENTAL DIV

Address 242 US RT 1

City SCARBOROUGH

State ME

Zip 04074

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: PARTY 20x30 WHITE

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

TOPTec, INC.

Name of Production Superintendent

MODEL TTP203000

SERIAL # 223020

CERTIFICATE OF INSURANCE

1176695

ISSUE DATE (MM/DD/YY)
 9/08/05

PRODUCER PHONE (A/C): 1-800-426-2889
 K & K Insurance Group, Inc.
 1712 Magnavox Way
 P.O. Box 2338
 Fort Wayne, IN 46801

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.

COMPANIES AFFORDING COVERAGE

INSURED
 SPORTS, LEISURE & ENTERTAINMENT RPG
 D/B/A AMERICAN FOUNDATION FOR SUICIDE PR
 120 WALL STREET
 NEW YORK, NY 10005

COMPANY LETTER A NATIONWIDE MUTUAL INSURANCE CO
COMPANY LETTER B
COMPANY LETTER C

COVERAGES

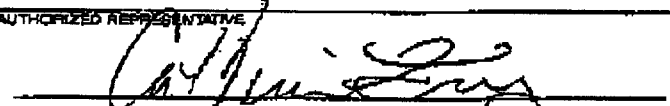
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (in thousands)	
A	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's & Contractors Prot.	RPG0001293800	12:01AM 9/11/05	12:01AM 9/12/05	General Aggregate	\$ 2000
					Products-Comp/Ops Aggregate	\$ 1000
					Personal & Advertising Injury	\$ 1000
					Each Occurrence	\$ 1000
					Frs Damage (Any one fire)	\$ 300
					Medical Expense (Any one person)	\$ 5
					Participant Legal Liability	\$ N/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 <input type="checkbox"/> Garage Liability				Combined Single Limit	\$
					Bodily Injury (per person)	\$
					Bodily Injury (per accident)	\$
					Property Damage	\$
	Excess Liability <input type="checkbox"/> Other than Umbrella form				Each Occurrence	Aggregate
					\$	\$
	Workers' Compensation and Employers' Liability				Statutory	
					\$	Each Accident
					\$	Disease-Policy Limit
	Participant Accident				\$	Disease-Each Employee
					AD&D	\$
					Primary Medical	\$
					Excess Medical	\$
					Weekly Indemnity	\$ X

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

NAME OF EVENT: OUT OF THE DARKNESS COMMUNITY WALK
 DATE: 9/11/05 LOCATION: PORTLAND, ME
 CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED

CERTIFICATE HOLDER
 CITY OF PORTLAND
 389 CONGRESS STREET
 PORTLAND, ME 04101

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE


City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-1314	Issue Date:	CBL: 443 A001001
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Location of Construction: 1000PREBLE ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone:

Past Use: ROS	Proposed Use: ROS tent for the AFSP event	Permit Fee:	Cost of Work: \$30.00	CEO District: 1
Proposed Project Description: Tent for the AFSP event		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>TENT</i> Type: <i>9/9/05</i>	
		Signature: _____		Signature: _____
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: 09/09/2005	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"/> Date: _____	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 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