

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION
PERMIT

PERMIT ISSUED

Permit Number: 061107

AUG - 8 2006

CITY OF PORTLAND

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

has permission to Tent for Cultural Survival Festival

AT 46 COMMERCIAL ST

444 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 of inspection must be given and written permission procured before this building or part thereof is opened or service closed-in. 4
OUR NOTICE REQUIRED

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

OTHER REQUIRED APPROVALS

Fire Dept. Jay Kelley PFD 8/2/06

Health Dept.

Appeal Board

Other

Department Name

William H. 8/3/06
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

Location of Construction: 46 COMMERCIAL ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Permit No: 06-107	Issue Date: AUG - 8 2006	CBL: 444 A001001
Business Name:	Contractor Name: n/a	Contractor Address: Portland	CITY OF PORTLAND		
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: WPDZ		

Past Use: Maine State Pier	Proposed Use: Maine State Pier tent for Cultural Survival Festival 8/4/06 thru 8/7/06	Permit Fee:	Cost of Work: \$30.00	CEO District: 1
Proposed Project Description: Tent for Cultural Survival Festival		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i> P.F.D. 8/2/06		INSPECTION: Use Group: <i>[Signature]</i> Type: <i>[Signature]</i> Signature: <i>[Signature]</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: 07/27/2006	Zoning Approval		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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 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>7/27/06</i> Date: _____		

File
Tent has already been erected & broken down.
8/8/06 GG

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 authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such work.

_____ ADDRESS	_____ DATE	_____ PHONE
_____ DATE	_____ PHONE	

OK, TITLE

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1107	Date Applied For: 07/27/2006	CBL: 444 A001001
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Location of Construction: 46 COMMERCIAL ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: n/ a	Contractor Address: Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: Maine State Pier tent for Cultural Survival Festival	Proposed Project Description: Tent for Cultural Survival Festival
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 07/27/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>

Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 08/03/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>

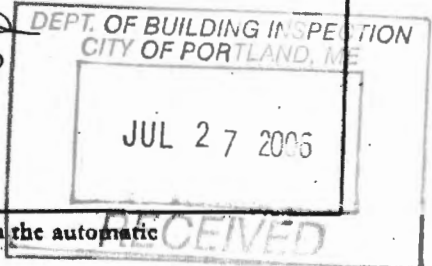
Dept: Fire	Status: Approved	Reviewer: Jay Kelley	Approval Date: 08/03/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>



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>Maine State Pier, Portland</u>		
Date of tent setup: <u>8/4/06</u>		Date of tent breakdown: <u>8/07/06</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Property Owner: <u>City of Portland</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Cultural Survival</u> <u>617-441-5410</u>	Applicant name, address & telephone: <u>215 Prospect St</u> <u>Cambridge MA 02139</u>	Fee: \$30.00 <u>Already sent</u> <u>7/20</u>
<p>The following must be included as submissions:</p> <ol style="list-style-type: none">1. Certificate of Flammability2. Letter of approval from property owner. If the City is the owner, please contact Ted Musgrave at Parks and Recreation. Phone: (207)874-8793 <u>Please call Ben Snow. He approved the set up.</u>3. Plot plan showing the following:<ol style="list-style-type: none">a. property linesb. parkingc. existing building locationsd. 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 <p><u>FAX when ready</u> <u>617-441-5417</u></p>		
Who should we contact when the permit is ready: <u>Agnes Portelewicz</u> Mailing address: <u>215 Prospect St</u> <u>Cambridge MA 02139</u>		Phone: <u>617-441-5410</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: [Signature] Date: 7/20/06

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

ACORD CERTIFICATE OF LIABILITY INSURANCECSR
CULTU-1

DATE (MM/DD/YYYY)

06/01/06

PRODUCER

REARDON INSURANCE AGENCY
1620 MASSACHUSETTS AVENUE
LEXINGTON MA 02420
Phone: 781-861-0200 Fax: 781-861-3840

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.

INSURERS AFFORDING COVERAGE

NAIC

INSURED

Cultural Survival, Inc.
215 Prospect Street
Cambridge MA 02139

INSURER A: Scottsdale Insurance Company
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	CL61244398	05/31/06	05/31/07	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Event @ Maine State Pier August 5-6, 2006

Certificate holder is an Additional Insured

CERTIFICATE HOLDER

CITYPOR

City of Portland Maine
Office of the City Clerk
189 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 0 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

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN NO.

CAL COMB F-419.01

ISSUED BY:
AZTEC TENTS
490 ALASKA AVENUE
TORRANCE, CA 90503
(310)328-5060

Date treated or
manufactured

03/2006

This is to certify that the materials described below hereof have been flame retardant treated (or are inherently nonflammable).

FOR EXETER RENT-ALL
CITY EXETER

ADDRESS 38 PORTSMOUTH AVENUE
STATE NH, 03833

Certification is hereby made that: (check "a" or "b")



- (a) The articles described below this certificate have been treated with a flame retardant chemical approved 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.
Name of chemical used Chem. Reg. No.
Method of application



- (b) The articles described below hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use; Fabric has been tested and passes NFPA701-96.
Trade name of flame-resistant fabric or material used Laminated Fabric Reg. No. F419.01

The Flame Retardant Process Used WILL NOT Be Removed by Washing
(will or will not)

David Bradley

Chuck Miller - President

Name of Applicator or Production Superintendent

Title

CUSTOMER ORDER NO. R159642

ITEMS MANUFACTURED:

1- 8'x4' (2 PC.) GABLE ENDS- ULTRA WHITE
10- 7'x20' SOLID WALL- ULTRA WHITE
10- 8'x20' SOLID WALL- ULTRA WHITE
20- 7'x20' PANORAMA WALL- ULTRA WHITE
20- 8'x20' PANORAMA WALL- ULTRA WHITE
3- 20'x20' (2 PC.) QWIK TOP ONLY- ULTRA WHITE
1- 20'x10' QWIK MIDDLE TOP ONLY- ULTRA WHITE
2- 20'x20' QWIK MIDDLE TOP ONLY- ULTRA WHITE
1- 20'x60' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
1- 20'x50' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
1- 30'x30' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
1- 30'x40' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
1- 30'x50' (1 PC.) QWIK TOP ONLY- ULTRA WHITE
1- 40'x20' QWIK MIDDLE TOP ONLY- ULTRA WHITE

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

F-419.0

ISSUED BY
Academy Tent & Canvas
5035 Gifford Ave.
Los Angeles, CA 90058
(323) 277-8368

Date treated or
manufactured

03/11/03

This is to certify that the materials described below hereof have been flame retardant treated (or are inherently nonflammable).

FOR THE EXETER TENT-ALL ADDRESS 32 PORTSMOUTH AVENUE
CITY EXETER STATE NH 03833

Certification is hereby made that: (Check "a" or "b")

- ☐ (a) The articles described below this certificate have been treated with a flame-retardant chemical approved 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.

Name of chemical used Chem. Reg. No.
Method of application

- ☒ (b) The articles described below hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use; Fabric has been tested and passes NFPA701-96.

Trade name of flame-resistant fabric or material used VINYL Reg. No. F-419.01...

The Flame Retardant Process Used Will Not Be Removed by Washing
(will or will not)

David Bradley

Name of Applicator or Production Superintendent

By Tom Shapiro - President

Title

THIS FABRIC WAS USED IN THE MANUFACTURING OF THE FOLLOWING

1EA 20X20 2PC QWIK TOP BLUE/U/W CANOPY W/LACE LINE

1EA 20X20 MIDDLE QWIK TOP BLUE/U/W CANOPY

2EA 20X20 2PC QWIK TOP RED/U/W CANOPY

CONTROL NO.

CUSTOMER ORDER NO. 56113

CUSTOMER INVOICE NO. 53090

YARDS OR QUANTITY

COLOR

STYLE 1EA 20X5 MIDDLE QWIK TOP U/W

DATE 2EA 15X10 MIDDLE QWIK TOP U/W

2EA 15X10 MIDDLE QWIK TOP U/W

1EA 10X15 1PC U/W QWIK TOP CANOPY

1EA 20X20 MIDDLE QWIK TOP REC/U/W CANOPY

2EA 20X10 MIDDLE QWIK TOP RED/U/W CANOPY

2EA 30X60 2PC QWIK TOP U/W CANOPY

2EA 30X40 1PC QWIK TOP U/W CANOPY

1EA 30X30 1PC QWIK TOP U/W CANOPY

3EA 40X40 MIDDLE QWIK TOP U/W CANOPY TOP

4EA 40X20 MIDDLE QWIK TOP U/W CANOPY TOP

1EA 40X10 MIDDLE QWIK TOP U/W CANOPY TOP

2EA 20X50 1PC QWIK TOP U/W CANOPY TOP

1EA 20X40 1PC QWIK TOP U/W CANOPY TOP

2EA 20X30 1PC QWIK TOP U/W CANOPY

2EA 12X18 2PC QWIK CANOPY TOP U/W

2EA 20X20 2PC QWIK TOP R/U/W CANOPY TOP

ALL MATERIALS ARE CERTIFIED BY THE CALIFORNIA STATE FIRE
MARSHALL AND MEET THE REQUIREMENTS OF THE NFPA 701 AND UL214***