

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that CITY OF PORTLAND

Located At 6 COMMERCIAL

Job ID: 2011-05-1202-SE

CBL: 444 - - A - 003 - 001 - - - -

has permission to INSTALL A TEMPORARY TENT.

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY

PENALTY FOR REMOVING THIS CARD

[Handwritten signature and date 6/13/11]

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

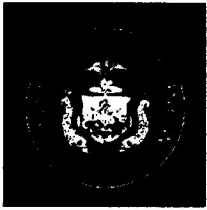
or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-05-1202-SE

Located At: 6 COMMERCIAL

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Conditions of Approval:

Fire

Tents shall have an approved fire resistant rating and maintain 10' between stake lines. No smoking or open flame allowed within 10'. Provide at least one 2A:10 BC fire extinguisher.

Capt. Gautreau

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-06-1347-SE	Date Applied: 6/9/2011	CBL: 444 - - A - 003 - 001 - - - - -	
Location of Construction: 6 COMMERCIAL ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 Congress ST PORTLAND, ME 04101	Phone:
Business Name:	Contractor Name: One Stop Party Shoppe	Contractor Address: 262 Main St., South Portland, ME 04106	Phone: 207-767-5966
Lessee/Buyer's Name:	Phone:	Permit Type: TENT	Zone: EWPZ
Past Use: Ocean Gateway Terminal	Proposed Use: Ocean Gateway Terminal – Tent for event for Ocean Renewable Power Co. – setup 6/10/11 & breakdown 6/17/11	Cost of Work:	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: Type: Tent
		Signature: CAPT. R. Gauthier	Signature: IBC 09
Proposed Project Description: 20' x 40' Tent Employee BBQ & on the 16th Luncheon		Pedestrian Activities District (P.A.D.)	

Permit Taken By:	Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p><input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM</p> <p>Date: OK 6/9/11 ABU</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: ABU</p>
	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 appication 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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHON
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CITY OF PORTLAND, MAINE
Department of Building Inspections

Original Receipt

6.9. 20 11

Received from Janine Mitchell

Location of Work Ocean Gateway -

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 30

Building (I1) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 20.F-1

Check #: Am Total Collected \$ 30

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy



EWZ 2011-06-1347

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: Corner of Franklin St. and Commercial St. Ocean Gateway, 14 Ocean Gate Pier, Portland, Maine 04101 6 Commercial		
Date of Set up/Event June 10, 2011	Date of Breakdown/ End of Event June 17, 2011	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 020 F001001 (Ocean Front)	Property Owner: Ocean Gateway	Telephone: 207-772-6327
Lessee/Buyer's Name (If Applicable) Ocean Renewable Power Company	Applicant name, address & telephone: Ocean Renewable Power Co. 120 Exchange St. Suite 508 Portland, Maine (207) 772-7707	Fee: \$30.00

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

RECEIVED
JUN - 9 2011
Dept. of Building Inspections
City of Portland, Maine

Who should we contact when permit is ready: Jaime Mitchell
Address: 120 Exchange St. Suite 508 Portland, Maine Telephone: 207-221-6250

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.

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:

Date:

6/7/11

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

444-A
003

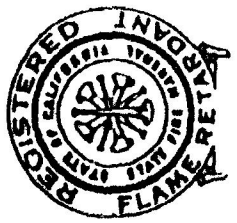
Certificate of Flame Resistance

REGISTERED
FABRIC
NUMBER

F53501

Date Manufactured
04/13/05

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 OEN STOP PARTY SHOP
Address 262 MAIN ST
City S PORTLAND State ME Zip 04106


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 20x40 BLACKOUT WHITE

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

TOPTEC, INC. MODEL TTF204005 SERIAL # 252155B

Name of Production Superintendent

Tent Installer Company Name

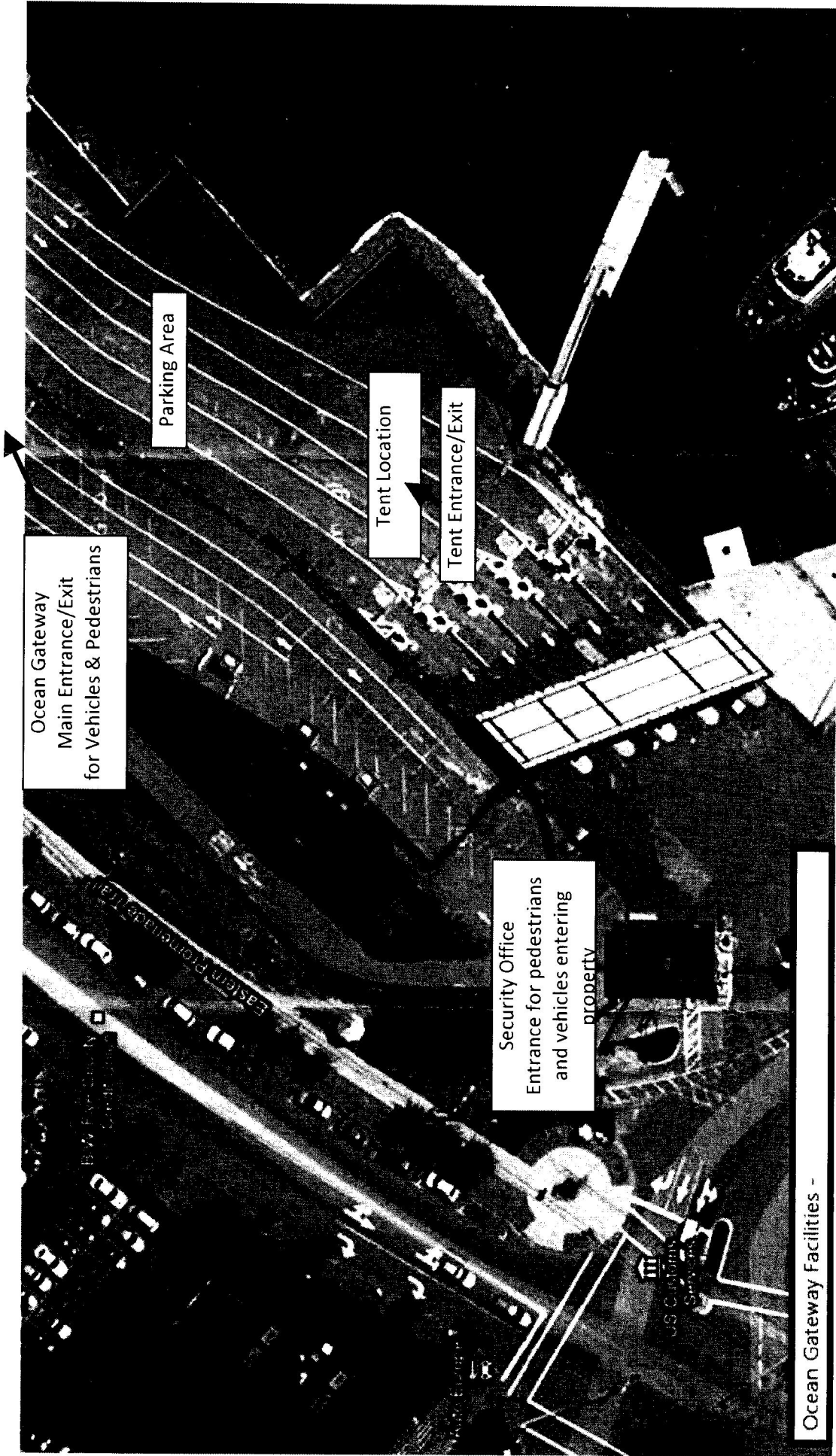
One Stop Party Shoppe

262 Main St.

South Portland, Maine 04106

Phone: 207-767-5966

Rental Consultant: Erin Panenka



Ocean Gateway
Main Entrance/Exit
for Vehicles & Pedestrians

Parking Area

Tent Location

Tent Entrance/Exit

Security Office
Entrance for pedestrians
and vehicles entering
property

Ocean Gateway Facilities -

The Tent is "temporary staging". White frame, 20' x 40' and will be secured by 500 pound weights and will not be staked into the ground.

Client#: 4409

OCEANREN

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/06/2011


PRODUCER William Gallagher Associates Insurance Brokers, Inc. 470 Atlantic Avenue Boston, MA 02210	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 Ocean Renewable Power Company, LLC 120 Exchange Street, Suite 508 Portland, ME 04101	INSURER A: Federal Insurance Company	20281
	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.

INSURANCE TYPE	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 type="checkbox"/> LOC	37113057	06/10/10	06/10/11	EACH OCCURRENCE \$1,000,000
					DAMAGE TO RENTED PREMISES (Ea. occurrence) \$1,000,000
					MED EXP (Any one person) \$10,000
					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 \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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
 Certificate holder is included as additional insured as regards General Liability coverage where required by written contract in respects to event held from 6/9/11 through 6/17/11.

CERTIFICATE HOLDER City of Portland, ME 389 Congress Street, Room 315 Portland, ME 04101	CANCELLATION 10 Days for Non-Payment 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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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.