

PERMIT APPLICATION

Name of Applicant: Melissa Walden Organization (if applicable): American Lung Association

Mailing Address: 122 State St. Augusta, ME 04330

Cycle the Seacoast

Contact Person: Melissa Walden

Contact Person who will be present at Event¹: Melissa Walden

Contact Person Phone Number: 207-624-0306

Contact Person will be present at Event Phone Number: 207-680-8118 (cell)

Contact Person Cell Number:

Contact Person will be present at Event Cell Number:

Description of Event (Please Attach Additional Sheets of Paper if description cannot fit in the space provided):
Fundraising Cycling event for the American Lung Association. This is a non-competitive event and goes through N. Hampton. A rest stop is located at the Town Green (see map).

Location of Event: Town Green (start + finish) Rest stop = N. Hampton Town Green

295 Atlantic Ave. N. Hampton

Date(s) of Event: 5/6/18

Hours: 8
 From: 7am End: 3pm

Estimated Attendance: 400

Minimum No.: 100

Maximum No.: 400

Types of Alcohol to be served: N/A

¹ Applicant must be reachable during the entire event at a moment's notice.

The following facilities will be available for the event:

Sanitation: <i>Portable Toilets</i>	No. of Units: <i>2</i>	Male:	Female:
Water supply from: <i>Provided by ALA volunteers</i>			
Food will be served from and/or by: <i>''</i>			
Beverages will be served from and/or by: <i>''</i>			
Illumination after dark will be provided by <i>N/A</i>			
Medical and First Aid Provided by: <i>Provided by ALA volunteers</i>			
Traffic Control Provided by: <i>N. Hampton Police</i>		No. of officers: <i>2</i>	
Parking for _____ is planned. <input type="checkbox"/> Attach plan of exact parking location and exact route to be kept open for emergency vehicles <input checked="" type="checkbox"/> Not applicable. Explain: <i>Cyclists will not park. If you need more info regarding volunteer parking at the rest stop, contact Melissa.</i>			

Name of Promoter or Applicant: <i>American Long Association</i>	
Mailing Address: <i>122 State St. Augusta, ME 04330</i>	Phone: <i>207-624-0306</i>
Email:	Cellular Phone: <i>207-680-8118</i>
<p><i>I, Melissa Walde</i>, do hereby accept all responsibility for the above-described event. I agree to adhere to all laws and regulations of the Town of North Hampton and the State of New Hampshire. I do hereby consent to the entry, at any time, in the course of his/her duties, any official of the Town in the performance of their official duties, including but not limited to inspection. I also agree to provide surety that the Town deems necessary. Under the penalty of perjury, I do hereby certify that the above is true.</p>	
Signature: <i>Melissa Walde</i>	Date: <i>9/27/18</i>
Name of Property Owner (The following MUST BE completed by the owner of the property involved):	
Mailing Address:	Phone Number:
Email:	Cell Phone Number:
<p>I _____, have thoroughly discussed the above event with the Promoter and am in agreement with him/her in all areas. I do hereby give my consent to use my property for this even. I do hereby consent to the entry, at any time, in the course of his/her duties, any town officer in the performance of his/her duties, including but not limited to inspection. I agree to adhere to all laws and regulations of the Town of North Hampton and the State of New Hampshire. Under the penalty of perjury I do hereby certify that the above application is true.</p>	
Signature:	Date:

DO NOT WRITE BELOW THIS SPACE. FOR TOWN USE ONLY

Departmental Approvals: Please attach any comments or special requirements to this application

Fire Chief Signature of Approval:

[Signature]

Date:

12/3/18

Building Inspector/Code Enforcement/Health Officer Signature of Approval:

[Signature]

Date:

12/3/18

Administrator of Planning & Zoning Signature of Approval:

[Signature]

Date:

11/29/18

Director of Public Works Signature of Approval:

[Signature]

Date:

12/4/18

Police Chief Signature of Approval:

[Signature]

Date:

12/11/18

Department comments or additional conditions:

PLANNING - SUGGEST APPLICANT GETS ON A SELECT BOARD AGENDA AT A TIME WELL IN ADVANCE OF THE EVENT TO RECEIVE PERMISSION TO USE BANDSTAND PROPERTY. RM

Applicant: I do hereby agree to the additional requirements:

Applicant's Signature:

Date:

PERMIT

Denied Reason:

Chief of Police

Date:

Approved

Chief of Police

[Signature]

Date:

4/2/19

Select Board Signatures: (If Required under Ordinance amended 3/11/2014)

Date:



TOWN OF NORTH HAMPTON

Temporary Structure Application
Zoning Ordinance Article V, Section 505

Name: Melissa Walden

Address: 122 State St. Augusta, ME 04330

Email/Phone Number: 207-624-0306

Location of Proposed Temporary Structure: N. Hampton Town Green

Period of Time for Temporary Structure: Jan 30 11:00am - 12:00pm

Proposed Use of Temporary Structure: Shelter for cycle the Seacoast Rest stop

Applicant Signature Melissa Walden Date 9/26/18

Property Owner Signature _____ Date _____

Please attach the following information with this application:

- Temporary structure details including:
 - a. type of temporary structure - 10x10 pop up tent (2) - type you buy @ Dick's Sporting Goods
 - b. size of temporary structure with length, width, and height measurements - 10x10 x 12 (height)
 - c. manner of attachment to fixed location - send bags if needed
 - d. if applicable, construction plans - see layout map
- Site sketch showing lot dimensions and proximity of temporary structure to boundary lines using precise measurements
- Letter of authorization from property owner if property owner signature not on application (including permission to use bathroom facilities, if applicable)
- If applicable, copy of approved State of NH inspections and licenses and/or Town of North Hampton Hawkers & Peddler's license
- Copy of insurance policy

Application Fee: \$50.00

Date Received _____ Check # or Cash _____ Initials _____

All temporary structures must receive Fire Department and Building Department approvals prior to occupancy or commencement of activities.

Fire Department Signature _____ Date _____

Building Inspector Signature _____ Date _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/31/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. 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).

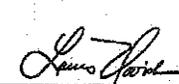
PRODUCER The Novick Group One Church Street Suite 400 Rockville MD 20850	CONTACT NAME: Ruth Spaid PHONE (A/C, No, Ext): (301) 795-6600 E-MAIL ADDRESS: rspaid@novickgroup.com	FAX (A/C, No): (301) 795-6610
	INSURER(S) AFFORDING COVERAGE	
INSURED American Lung Association 55 W. Wacker Drive Suite 1150 Chicago IL 60601	INSURER A: Philadelphia Indemnity	NAIC # 18058
	INSURER B: Chubb	20281
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** GL, AU, WC, UMB **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 OTHER:	Y		PHPK1846025	07/01/2018	07/01/2019	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			PHPK1846025	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB637309	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	7175-1644	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The Town of North Hampton is an Additional Insured with respect to claims arising out of the operations of the Named Insured at Cycle the Seacoast on 05/05/19.

CERTIFICATE HOLDER Town of North Hampton 233 Atlantic Avenue North Hampton NH 03862	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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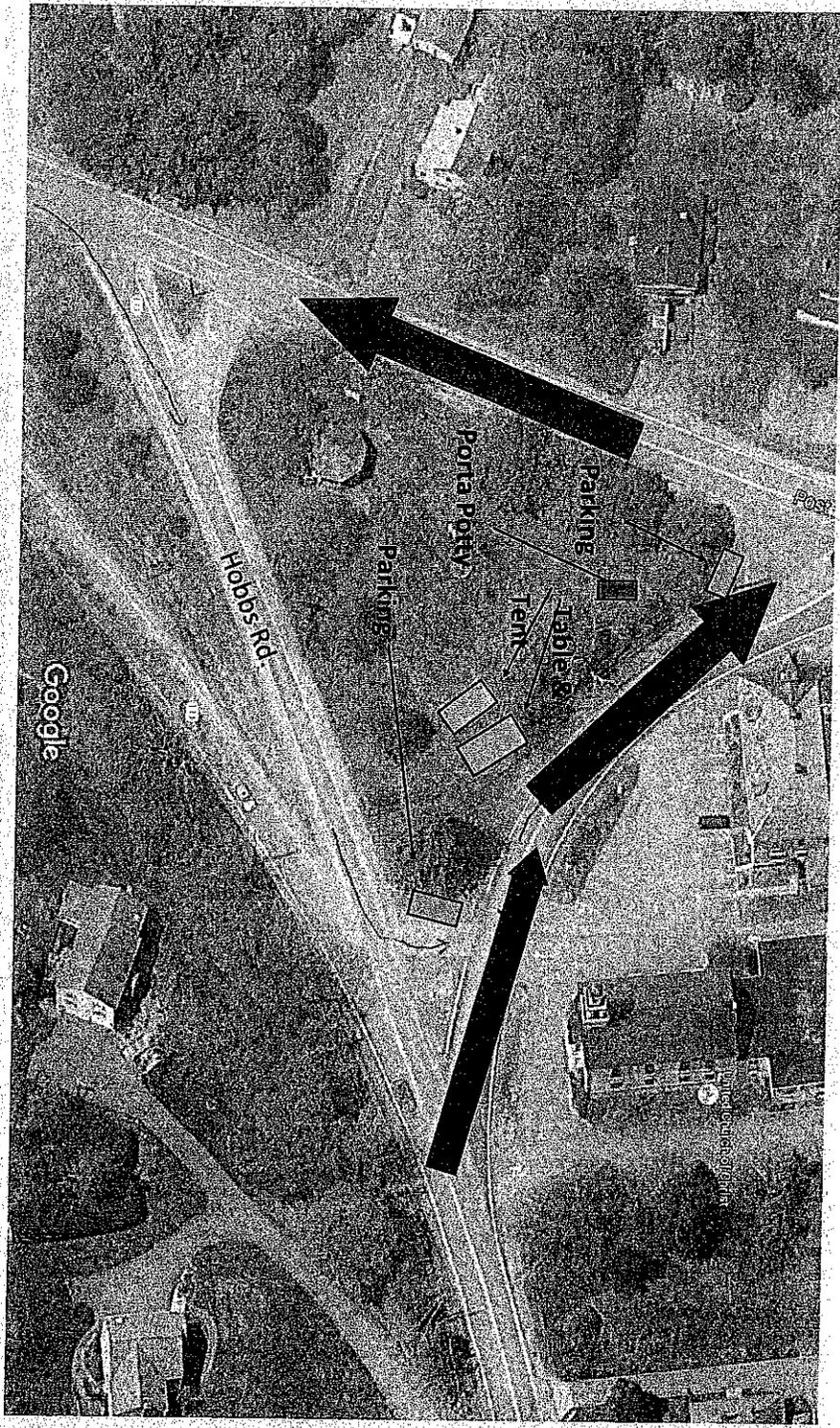
N. Hampton Gazebo Park
Corner of Atlantic and
Hobbs

N. Hampton, NH
Contact: Janet Facella
603-964-8087

Cycle the Seacoast

May 6, 2018

Rest Stop Lead: Elizabeth Pockl
Rest Stop Lead #: 603-438-4057
Trek Control #: 207-649-9803



0.5	Circle - 3rd exit onto 1A/Pioneer Rd	9.2	2 signs - Left Arrow before circle, Straight Arrow after	Rye
1.8	Pass Odiorne State Park	11.0		Rye
0.6	Rest Stop - Pebble Cove Motel	11.6	Rest Stop sign	Rye
3.1	CAUTION - HAIRPIN TURN	14.7	Caution - Hairpin turn	Rye
4.0	Right onto Rt 111/Atlantic Ave	18.7	Right Arrow	North Hampton
1.9	Mill Rd	20.6	Straight Arrow	North Hampton
1.4	Cross Rt 1	22.0	Straight Arrow	North Hampton
0.6	Police located at crooked intersection of Hobbs and Atlantic	22.6		North Hampton
0.1		22.7	Rest Stop sign with Right Arrow	North Hampton
0.0	REST STOP - N Hampton Town Green	22.7		North Hampton
0.0	Exit left from rest stop, on Rt 111 W	22.7	Left Arrow	North Hampton
0.2	Bear Right onto NH 111/Exeter Rd	22.9	Right Arrow	North Hampton
2.3	Important Sign - prior to Rt 101 onramp	25.2	Straight Arrow	Exeter
0.0	Important Sign - 50' up onramp	25.2	Stop - Wrong Way	Exeter
0.4	Right onto Hampton Rd	25.6	2 Right Arrows	Exeter
2.5	Straight at traffic light	28.1	Straight Arrow	Exeter
0.3	Continue on Water St	28.4	Straight Arrow	Exeter
0.2	Bear left to stay on Main St	28.6	Straight Arrow	Exeter
0.4		29.0	Caution - Railroad Tracks	Exeter
0.1	Left onto Winter St	29.1	Left Arrow	Exeter
0.2	Bear Right	29.3	Right Arrow	Exeter
0.1	Continue onto Front St	29.4	Straight Arrow	Exeter
1.5	Right onto Pickpocket Rd	30.9	Right Arrow	Exeter
2.5	Left onto Rt 111A/Middle St	33.4	Left Arrow	Brentwood

1.4	Cross Rt 1	1.4	-1.4	Straight Arrow		North Hampton
0.6	Police located at crooked intersection of Hobbs and Atlantic	2.0	-2.0		No. Hampton Police - 8:00-12:00	North Hampton
0.1		2.1	-2.1		<i>Place sign at triangle before rest stop</i>	North Hampton
0.0	REST STOP - N Hampton Town Green	2.1	-2.1			North Hampton
0.0	REST STOP - N Hampton Town Green	2.1	-2.1			North Hampton

September 26, 2018

Jessica Miehle
Town of N Hampton
237 Atlantic Avenue
N Hampton, NH 03862

Dear Jessica:

The 10th annual American Lung Association Cycle the Seacoast ride is scheduled for Sunday, May 5th, 2019. With close to 400 cyclists expected we are looking forward to a very exciting day.

The first riders will be leaving Cisco Brewers Portsmouth at 7:00 a.m. and the last rider will be in around 3:30 p.m. The route is being worked on but we anticipate it to remain the same as it was in 2018. I've included the 2018 route map with your town highlighted. If the final maps have any changes, I will be sure to forward a copy to you as soon as they're printed.

We will be supplying our own safety and first aid volunteers with the assistance of the Port City Amateur Radio Club. Enclosed is a copy of our insurance coverage where you are listed as an additional insured.

Please let me know if you have any suggestions for police support along the route. In 2018 we had a police officer at the intersection of Hobbs and Atlantic. Please do not hesitate to email me: Melissa.Walden@Lung.org or call 207-624-0306. We look forward to another safe and successful year. Thank you.

Sincerely,

Melissa Walden
Development Manager, American Lung Association

AMERICAN LUNG ASSOCIATION

CYCLE THE
SEACOAST
CYCLE FOR AIR



February 4, 2019

North Hampton Police Dept.
Attn: Jess Miehle
233 Atlantic Ave.
North Hampton, NH 03862

Dear Jess,

Cycle The Seacoast is coming through your area on, **May 5th, 2019!** We are notifying you of this special event so that you can be aware of an increased number of cyclists and vehicles (large trucks) on the road.

Cycle The Seacoast will take place during daytime hours, with no road closure necessary and cyclists will keep right as much as possible.

We are currently anticipating about 400 cyclists and over 100 volunteers for this event. The American Lung Association relies on community support so that we can continue to raise the needed funds to support our mission.

Someone from the American Lung Association will be contacting you soon about police detail locations.

Please contact me if you have any questions regarding this event. Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads 'George'.

George Eastman
Development
george.eastman@lung.org
207-215-7531
207-624-0318