

# PERMIT APPLICATION

Name of Applicant: <b>Melissa Walden</b>		Organization (if applicable): <b>American Lung Association <i>Cycle the Seacoast</i></b>	
Mailing Address: <b>122 State St. Augusta, ME 04330</b>			
Contact Person: <b>Melissa Walden</b>		Contact Person who will be present at Event <sup>1</sup> : <b>Melissa Walden</b>	
Contact Person Phone Number: <b>207-624-0306</b>		Contact Person will be present at Event Phone Number: <b>207-680-8118 (cell)</b>	
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):  <b>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).</b>			
Location of Event: <b>Townsmen (start + finish) Rest stop = N. Hampton Town Green</b>			
Date(s) of Event: <b>5/6/18</b>		Hours: <b>8</b>	
		From: <b>7am</b>	End: <b>3pm</b>
Estimated Attendance: <b>400</b>		Minimum No.: <b>100</b>	Maximum No.: <b>400</b>
Types of Alcohol to be served:  <b>N/A</b>			

<sup>1</sup> 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: <u>American Long Association</u>	
Mailing Address: <u>122 State St. Augusta, ME 04330</u>	Phone: <u>207-624-0306</u>
Email:	Cellular Phone: <u>207-680-8118</u>
<p>I, <u>Melissa Walde</u>, 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: <u>Melissa Walde</u>	Date: <u>9/27/18</u>
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 event. 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: 11:30 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 401 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 \_\_\_\_\_



**AMERICAN  
LUNG  
ASSOCIATION.**

**CYCLE THE  
SEACOAST**  
CYCLE FOR AIR

**Melissa Walden**  
Development Manager  
American Lung Association

*Jim Maggiori*  
Signature

Signature

4/9/19

Date \_\_\_\_\_

Cell Phone Number

964-8087

Home/Business Phone

Imageoire@northhampton.nh.gov



# 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).

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

**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	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		PHPK1846025	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			PHPK1846025	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			PHUB637309	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	7175-1644	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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****CANCELLATION**Town of North Hampton  
233 Atlantic Avenue

North Hampton

NH 03862

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**

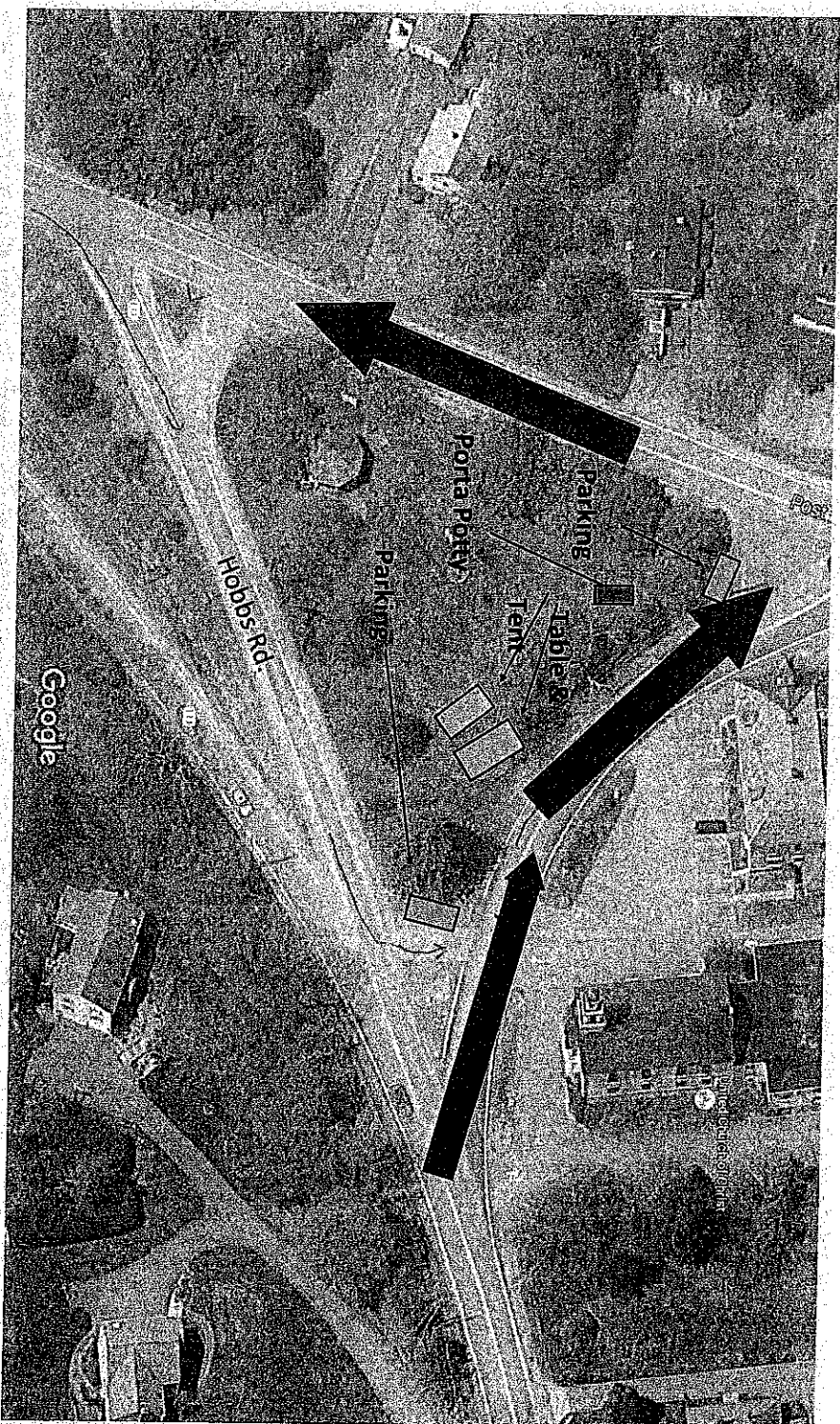
**N. Hampton, NH  
Contact: Janet Facella  
603-964-8087**

## **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		Place sign at triangle before rest stop	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 10<sup>th</sup> annual American Lung Association Cycle the Seacoast ride is scheduled for Sunday, May 5<sup>th</sup>, 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](mailto: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 5<sup>th</sup>, 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](mailto:george.eastman@lung.org)  
207-215-7531  
207-624-0318