



2016-02196



# Outdoor Dining 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.

Check all that apply:  New Application for Outdoor Dining  
 or  Renewal Application for Outdoor Dining  
 Application for dining on Private Property

Outdoor Dining in a Public Park  If Renewal, are there changes to previous permit?  
 Outdoor Dining in a Historic District  Yes  No  
 Petition for Exception for Special Circumstances  
 Liquor License required?

City Clerk signature for liquor license approval: \_\_\_\_\_  
~~OR Pending Council Date:~~ \_\_\_\_\_

Location Name & Address: 43 Washington Ave, Coffee by Design	Chart	Block	Lot
Owner Name: Mary Allen Lindeman	Total Square Footage of Proposed Outdoor Dining Area: <sup>1</sup>		
Owner Phone #: AM Spear 202-874-5400	Fee: \$80 (Public-Annual) \$125 (Private IX)		
Applicant *must* be owner or lessee	Total Sq. Ft.:		
Name: Mary Allen Lindeman	Sq. Ft. Fee: (sq ft x \$2) \$		
Address: 1 Diamond St.	(sq ft x \$6 for public parks)		
City, State & Zip: Portland ME 04801	Total Fees: \$		
E-Mail: mal@coffeebydesign.com	(Permit not issued until all fees are paid)		
Current use: Tables + Chairs			
Business name: Coffee By Design			
Seating area dimensions: _____			
How many chairs? 6	How many tables? 3		
<input type="checkbox"/> Yes Alcohol is served.			
<input checked="" type="checkbox"/> No Alcohol being served.			
Who should we contact: Kevin Gaspardi	Phone: 831-8309		
Address: 1 Diamond St, Portland	E Mail: Kevin@coffeebydesign		

66 St

Please submit all of the information outlined in the Outdoor Dining Application Checklist. Failure to do so will result in the automatic denial of your permit. New applications and renewals are reviewed on an annual basis and should be submitted no later than June 1<sup>st</sup>.

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](http://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: Mary Allen Lindeman Date: 1/25/17

<sup>1</sup> In no instance shall the total square footage of dining area equal more than 10% of park space, unless the applicant receives a waiver from the Director of Parks and Recreation or his or her designee.



Department of Permitting and Inspections

# OUTDOORDINING

## Permit Application & Checklist

Permits are required for expanding food service to the outside on *all properties*. For public properties, the annual fee for Outdoor Dining is \$80.00, with an additional fee of \$2.00 per square foot of dining area on *streets, sidewalks or other public ways* and \$6.00 per square foot of dining area in *city parks*. The total fee for private property placement is \$125.00 (\$25 application fee and \$100 for the Certificate of Occupancy). The fee is due when you drop off your permit application. The square footage fee may be paid when you pick up your permit. *For purposes of fee calculation, the area abutting the buildings which border Monument Square and extending ten (10) feet from the facade of said buildings shall be considered a sidewalk. The ten (10) foot area shall be measured from that portion of the facade that protrudes furthest into the sidewalk. The area beyond the ten (10) foot sidewalk shall be considered park space.*

Outdoor dining is permitted for the period April 1 - November 15. Barriers must be removed no later than November 15; however, furniture must be removed in inclement weather to allow for sidewalk snow removal. Requests to extend beyond the standard permit period require approval by the City Manager and should include explanation of installation and snow removal plan.

*Outdoor dining permits located on public property are only valid for a year.*

*Outdoor dining permits located on private property are valid permanently with the establishment.*

**Application Checklist:** All of the following information is required and must be submitted.

Outdoor Dining Permit Application Form

A plot plan that shows:

- The lot lines, where the building sits on the lot, and the lot and building dimensions
- The street location, and if it's a corner lot, the intersecting streets
- The sidewalk location, width, and curbing location
- The setback dimension from the sidewalk to the building
- The location of proposed outdoor dining area and its components (tables, chairs, barriers, planters, etc.) placement, including dimensions and total outdoor dining area (in square feet)

NA

(NOTE: Under no circumstances shall an outdoor dining installation prevent a clear passageway for pedestrians. See Outdoor Dining Conditions below for dimensional requirements.)

A drawing and/or specification of any proposed barrier solution

Proof of public liability insurance coverage (Not Required for Private Property): The permit holder is required to produce at the time of submission and maintain public liability insurance coverage in an amount of not less than four hundred thousand dollars (\$400,000) combined single limit for bodily injury, death and property damage, naming the City as an additional insured thereon.

All documents provided in electronic form according to established Electric Documents Submittal Process.



**Department of Permitting and Inspections**

**Electronic Signature and Fee Payment Confirmation**

Notice: Your electronic signature is considered a legal signature per state law.

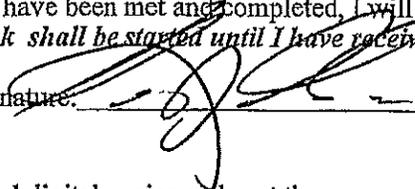
By digitally signing the attached document(s), you are signifying your understanding that this is a legal document and your electronic signature is considered a *legal signature* per Maine state law. You are also signifying your intent on paying your fees by the selections below.

1. Once the complete application package has been received by us, and entered into the system
2. You will receive an e-mailed invoice from our office which signifies that your electronic permit application and corresponding paperwork have been entered, ready for payment, to begin the process.
3. You then have the following four (4) payment options:

- provide an on-line electronic check or credit/debit card (we accept American Express, Discover, VISA, and MasterCard) payment
- call the Inspections Office at (207) 874-8703 and speak to an administrative representative to provide a credit/debit card payment over the phone
- hand-deliver a payment method to the Inspections Office, Room 315, Portland City Hall
- deliver a payment method through the U.S. Postal Service, at the following address:

City of Portland  
Department of Permitting and Inspections  
389 Congress Street, Room 315  
Portland, Maine 04101

By signing below, I understand the review process starts only once my payment has been received. After all approvals have been met and completed, I will then be issued my permit and it will be sent via e-mail. *No work shall be started until I have received my permit.*

Applicant Signature:  Date: 10/25/16

I have provided digital copies and sent them on: Date: 10/25/16

NOTE: All electronic paperwork must be delivered to [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov) or by physical means ie; a thumb drive or CD to the office.



COFFBYD-01



# CERTIFICATE OF LIABILITY INSURANCE

DATE  
11

Reviewed for Code Compliance  
Inspections Division  
Approved with Conditions  
Date: 01/25/17

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 POLICY 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(ies) 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> Clark Insurance 2385 Congress Street Portland, ME 04104	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (207) 774-6257      FAX (A/C, No): (207) 774-2994		
	<b>E-MAIL ADDRESS:</b> info@clarkinsurance.com		
<b>INSURED</b> Coffee By Design 1 Diamond Street Portland, ME 04101	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Acadia</b>		<b>31325</b>
	<b>INSURER B : Maine Employers Mutual</b>		<b>11149</b>
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		

## COVERAGES      CERTIFICATE NUMBER:      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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO: JECT <input type="checkbox"/> LOC OTHER:			BOA5124194-12	10/25/2016	10/25/2017	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAA5125145-12	10/25/2016	10/25/2017	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 DED    RETENTION \$			CUA5125146-12	10/25/2016	10/25/2017	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			1810068290	04/11/2016	04/11/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Outdoor Seating at 67 India St & Outdoor Seating at 43 Washington Ave

<b>CERTIFICATE HOLDER</b> City of Portland 389 Congress Street Portland, ME 04101	<b>CANCELLATION</b> 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 <i>Heather Carter-Talbot</i>
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