

380	y of Portland, Maine	•		1	26	CBL:	
	Congress Street, 04101	· · ·	, Fax: (207) 874-871			027 F003001	
Location of Construction: Owner Name:				Owner Address		Phone:	
· · · ·			NT SQUARE LLC		ENT SQ STE 600		
Business Name: Contractor Name Davids Restaut				Contractor Add	ress:	Phone	
			rant				
Less	ee/Buyer's Name	Phone:		Permit Type: Outdoor Sea	ting	Zone: B·3	
Past Use: Proposed Use:				Permit Fee:	Cost of Work:	CEO District:	
Dav	vid's Restaurant	Davids Restau	rant with outdoor	door \$728.00 \$		0 1	
	·		sidewalk for 5 tables	FIRE DEPT:	PECTION:		
Proposed Project Description:				$\mathcal{D}$	Denied	Group: O Type: Addoor Section	
out	door dining on the sidewall	tion 5 tables and 20 cm	ans 101 324 sq 11	Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (P/A.D.)			
				PEDESIRIAN	ACTIVITIES DISTRIC	1 (PA.D.)	
				Action: A	pproved Approve	d w/Conditions Denied	
				Signature:		Date:	
Pern	nit Taken By:	Date Applied For:			ing Approval		
-				Zor	nng Approvai		
Ld	obson	05/07/2009		Zor	nng Approvar		
		05/07/2009	Special Zone or Revie		Zoning Appeal	Historic Preservation	
	obson This permit application do Applicant(s) from meeting Federal Rules.	05/07/2009 bes not preclude the	Special Zone or Revie	ws		Historic Preservation	
1.	This permit application do Applicant(s) from meeting	05/07/2009 bes not preclude the g applicable State and		ws	Zoning Appeal		
1. 2.	This permit application do Applicant(s) from meeting Federal Rules. Building permits do not in	05/07/2009 bes not preclude the gapplicable State and aclude plumbing, if work is not started		ws	Zoning Appeal	Not in District or Landma	
1. 2.	This permit application do Applicant(s) from meeting Federal Rules. Building permits do not in septic or electrical work. Building permits are void	05/07/2009 bes not preclude the gapplicable State and acclude plumbing, if work is not started be date of issuance.	Shoreland Wetland	ws	Zoning Appeal riance	<ul> <li>Not in District or Landma</li> <li>Does Not Require Review</li> </ul>	
1. 2.	This permit application do Applicant(s) from meeting Federal Rules. Building permits do not in septic or electrical work. Building permits are void within six (6) months of th False information may inv	05/07/2009 bes not preclude the gapplicable State and acclude plumbing, if work is not started be date of issuance.	<ul> <li>Shoreland</li> <li>Wetland</li> <li>Flood 2one</li> </ul>		Zoning Appeal rriance iscellaneous nditional Use	<ul> <li>Not in District or Landma</li> <li>Does Not Require Review</li> <li>Requires Review</li> </ul>	
<u>Ld</u> 1. 2. 3.	This permit application do Applicant(s) from meeting Federal Rules. Building permits do not in septic or electrical work. Building permits are void within six (6) months of th False information may inv	05/07/2009 bes not preclude the gapplicable State and acclude plumbing, if work is not started be date of issuance.	<ul> <li>Shoreland</li> <li>Wetland</li> <li>Flood 2one</li> <li>Subdivision</li> </ul>		Zoning Appeal ariance iscellaneous anditional Use erpretation	<ul> <li>Not in District or Landma</li> <li>Does Not Require Review</li> <li>Requires Review</li> <li>Approved</li> </ul>	

#### 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 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
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

City of Portland, Maine	e - Building or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101	Tel: (207) 874-8703, Fax: (20	07) 874-871	6	05/07/2009	027 F003001
Location of Construction:	Owner Name:		Owner Address:		Phone:
22 MONUMENT SQ	22 MONUMENT SQUA	ARE LLC	22 MONUMENT	SQ STE 600	
Business Name:	Contractor Name:	Contractor Name:		Contractor Address:	
	Davids Restaurant				
Lessee/Buyer's Name	Phone:		Permit Type:	·	
			Outdoor Seating		
Proposed Use:		Propo	sed Project Description:		
Davids Restaurant with outdo and 20 chairs for 324 sq ft	oor dining on the sidewalk for 5 ta	bles outd	oor dining on the sid	ewalk for 5 tables a	nd 20 chairs for 324 sq
Note:	atus: Approved with Conditions ject to adjustment at any time from use.		r: Tammy Munson		Ok to Issue: 🗸
<ol> <li>This permit is being approved work.</li> </ol>	oved on the basis of plans submitt	ed. Any dev	iations shall require	a separate approval	before starting that
Dept: Building St	atus: Approved with Conditions	Reviewe	r: Tammy Munson	Approval I	Date: 05/12/2009
Note:			5	••	Ok to Issue: 🗸
	side seating only. Any alcohol or	entertainmer	it in this space requi	res licensing approv	
	t is approved for the area delineate E RENEWED ANNUALY	ed at the insp	ection and stated on	the permit, and mus	st be kept on site.
<ol> <li>This permit approves outs Clerk.</li> </ol>	side seating only. Any alcohol or	entertainmer	t in this space requi	res licensing approv	als from the City

#### Comments:

5/7/2009-Ldobson: insisted that we take the whole fee. Sent by mail. Said we pinned last year pins still visiable no change. Spoke w/ David Turin





# 27-F-3 090426

# 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.

Renewal Application for Outside Dining City Clerk signature for liquor license approval:       5.7.09 or Pending Council Date
Location/Address of Outdoor Seating:       Square Footage of Lot         Total Square Footage of Proposed Seating Area!       Square Footage of Lot         Tax Assessor's Chart, Block & Lot       Phone#:       Owner:         Chart#       Block#       Lot#       Phone#:       Owner:         Applicant *must be owner of Lessee/       Lessee/Buyer's Name:       Annual Fee: \$80         Name: Thé Diné RVME (W), In(, DGA       Lessee/Buyer's Name:       If Applicable)       Total Sq. Ft.         Address:       22       MONVMAT SQ.       Sq. Ft. Fee:       \$6,448 -         City, State & Zip:       PMT(WN, MEU4/W)       Total Fee:       \$728 *         PCS TAURANT       Total Fee:       \$728 *       Yuit
Total Square Footage of Proposed Seating Area <sup>1</sup> Square Footage of Lot         Tax Assessor's Chart, Block & Lot       Phone#:       Owner:         Chart#       Block#       Lot#       Phone#:       Owner:         Applicant *must be owner of Lesseer       Lessee/Buyer's Name:       Annual Fee: \$80         Name: Thé DINE RUIH CO. INC. DBA       Lessee/Buyer's Name:       Intel Sq. Ft.       32.4         Address:       22       MONVMAT SQ.       Sq. Ft. Fee:       \$\$6,448 -         City, State & Zip:       Phylon       Total Fee:       \$728 43         RCC TAULARS T       Phone#:       Total Fee:       \$728 43
Tax Assessor's Chart, Block & Lot       Phone#:       Owner:         Chart#       Block#       Lot#       Phone#:       Owner:         Applicant *must be owner of Lessee       Lessee/Buyer's Name:       Annual Fee: \$80         Name: Thé DINE RUH CO. IN(. DBA       Lessee/Buyer's Name:       Annual Fee: \$80         Address:       22       MONUMAT SU.       If Applicable)       Total Sq. Ft.         City, State & Zip:       PMTIAN), MEUYIOI       Total Fee: \$728 U       Total Fee: \$728 U
Chart# Block# Lot# Applicant *must be owner of Lessee Name: The DINE RUNK CO. INC. DBA Address: 22 MONVMATSJ. City, State & Zip: PRTUNN, MEUYIOI City, State & Zip: PRTUNN, MEUYIOI
Chart# Block# Lot# Applicant *must be owner of Lessee Name: The DINE RUNK CO. INC. DBA Address: 22 MONVMATSJ. City, State & Zip: PRTUNN, MEUYIOI City, State & Zip: PRTUNN, MEUYIOI
Applicant * must be owner of Lessee' Lessee/Buyer's Name: Name: Thé DINE RUAL CO. INC. DBA Address: 22 MONUMAT S.L. City, State & Zip: PRTIAN, ME 04/01 RCC TAURAN T
Name: Thé DINE RUIT CO. INC. DBA Address: 22 MONUMATSU. City, State & Zip: PRTION, MEUYIOI City CTAURANT
Name: Thé DINE RUIT CO. INC. DBA Address: 22 MONUMATSU. City, State & Zip: PRTION, MEUYIOI City CTAURANT
PIC TOURAS T
RETAILANT
Current use: RESTAVIANT
Current use: NC7 [AV//J]~[
Business name: DAVID'S RESTAURANT
Seating area dimensions: <u>91 × 36</u>
How many chairs? <u>70</u> How many tables? <u>5</u> <b>Ves</b> Alcohol is served. <b>No</b> Alcohol being served. <b>APR 3 0 2009</b>
$\Box \text{ No Alcohol being served.} $
Who should we contact for the pre-inspection: DAVID TURIN
Mailing address: 22 MUIVMETSK. PRTUN Phone: 773-4340

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.

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 <u>www.portlandmaine.gov</u>, 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: 4/28/09

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

Revised 04-16-09 gg



Permits are required for expanding food service establishments to the outside on City Property. The annual fee is \$80.00 plus \$2.00 per square foot of dining area on streets, sidewalks or other public ways and \$80.00 plus \$6.00 per square foot of dining area in city parks. 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 year round under the permit; however, furniture must be removed in inclement weather to allow for sidewalk snow removal. The permit must be renewed each year.

All of the following information is required and must be submitted. You will also be required to fill out an Outdoor Dining Permit Application.

#### A plot plan is required and must include:

- □ A drawing of the lot, where the building sits on the lot along with the lot and building dimensions
- □ The dimensional setback from the sidewalk to the building
- $\Box$  The location of the street, and if it's a corner lot, the intersecting streets
- □ The sidewalk along with its width and curbing location
- □ The location of the table and chair placement, including dimensions (NOTE: there must be a minimum of four feet of open sidewalk from the outer boundary of the seating area to the curb, and a minimum of five feet on corners, and egress from the building must be maintained free of obstruction per the building code and NFPA Life Safety Code).

#### **Additional Requirements:**

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 permits for outdoor dining are issued subject to the following conditions:

The tables and chairs must be placed within the permitted area on the sidewalk in such a manner as to allow the free and safe passage of pedestrian traffic. If the tables and chairs are moved and located outside of the permitted outdoor seating area, they must be relocated to within the permitted area. Failure to contain the tables and chairs to the permitted area may result in a reduced permitted area or a revocation of the permit. The permit holder is responsible for keeping the outdoor seating area clean. The sidewalk area where the tables and chairs are located must be kept neat and free from liter and debris.

No food shall be prepared outside.

If alcohol is to be served, the permit holder must notify the City's Business Licensing Office in room 203 of City Hall or by telephone at 874-8557 and obtain approval for the service of alcohol outdoors. Additionally, State law requires that any outdoor area serving alcohol be segregated from the rest of the public.

All tables and chairs shall be removed prior to a predicted snowfall and while any snow or ice exists within the designated outdoor seating area or within four feet from the boundaries thereof. The City will not be responsible for damage to any tables, chairs or other property that is not properly removed when the City is engaged in sidewalk maintenance activities.

The permit holder shall comply with all applicable rules and regulations implemented by the city regarding outdoor dining.

## Failure to comply with any of the above conditions will result in revocation or non-renewal of the permit.

I/We fully understand that the City of Portland, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm or damage to my/our person or property arising out of the establishment's occupancy of the sidewalk or park space. To the fullest extent permitted by law, I/We do hereby agree to assume all risk of injury, harm or damage to my/our person or property (including but not limited to all risk of injury, harm or damage to my/our property cause by the negligence of the City of Portland, its agents, officers or employees) arising out of the establishment's occupancy of the sidewalk or park space. I/We hereby agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the City of Portland, its agents, officers and employees, from and against all claims, damages, losses and expenses, just or unjust, including, but not limited to costs of defense and attorney's fees, arising out of the establishment's occupancy of the sidewalk or park space, provided that any such claims, damage, loss or expense (1) is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property including the loss of use there from, and (2) is caused in whole or in part by any negligent act or omission of the establishment, anyone directly or indirectly employed by it, or anyone for whose act it may be liable.

Signed and acknowledged:	Date: 4/28/09
Printed name DAVID TURIN	
Establishment DAVID'S RESTAUTANT	
Location 22 MUNUMENT SU. PATION, M	E 04/01

Revised 04-16-09 gg

### CITY OF PORTLAND DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

389 Congress Street Portland, Maine 04101

### **INVOICE FOR PERMIT FEES**

Application No: Project Name:	9-0426 outdoor dining	on t	he sidewalk for			IONUMENT	SQUARE LLC SQ
CBL: Invoice Date:	027 F003001 05/07/2009		Deve	lopment Type:			
Previous Balance	Payment - Received	+	Current Fees	Current - Payment	=	Total Due	Payment Due Date
\$0.00	\$0.00		\$728.00	\$728.00		\$0.00	On Receipt

**Previous Balance** 

\$0.00

Fee Description	Qty Fee/D	eposit Cha	rge	
Outside Seating Sidewalk	324	\$648.0	00	
Outside Seating	1	\$80.0	00	
		\$728.0	00	
	Total Curr	ent Fees:	+	\$728.00
	Total Current Pa	ayments:	-	\$728.00
	Amount D	ue Now:		\$0.00

 CBL
 027
 F003001

 Application No:
 9-0426

 Invoice Date:
 05/07/2009

 Bill to:
 22 MONUMENT SQUARE LLC
 Invoice No:
 34461

 .22 MONUMENT SQ STE 600
 Total Amt Due:
 \$0.00

 PORTLAND, ME 04101
 Payment Amount:
 \$728.00

Make checks payable to the City of Portland, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.

Chalmers Insurance Agency 100 Main Street PO Box 189 Bridgton, ME 04009 Phone: 207-647-3311 Fax: 207-647-3003 ssundborg@chalmers-ins.com

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## **Chalmers Insurance Agency** Business MEMO

Date: May 6, 2009

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To: Lannie fax 874-8716

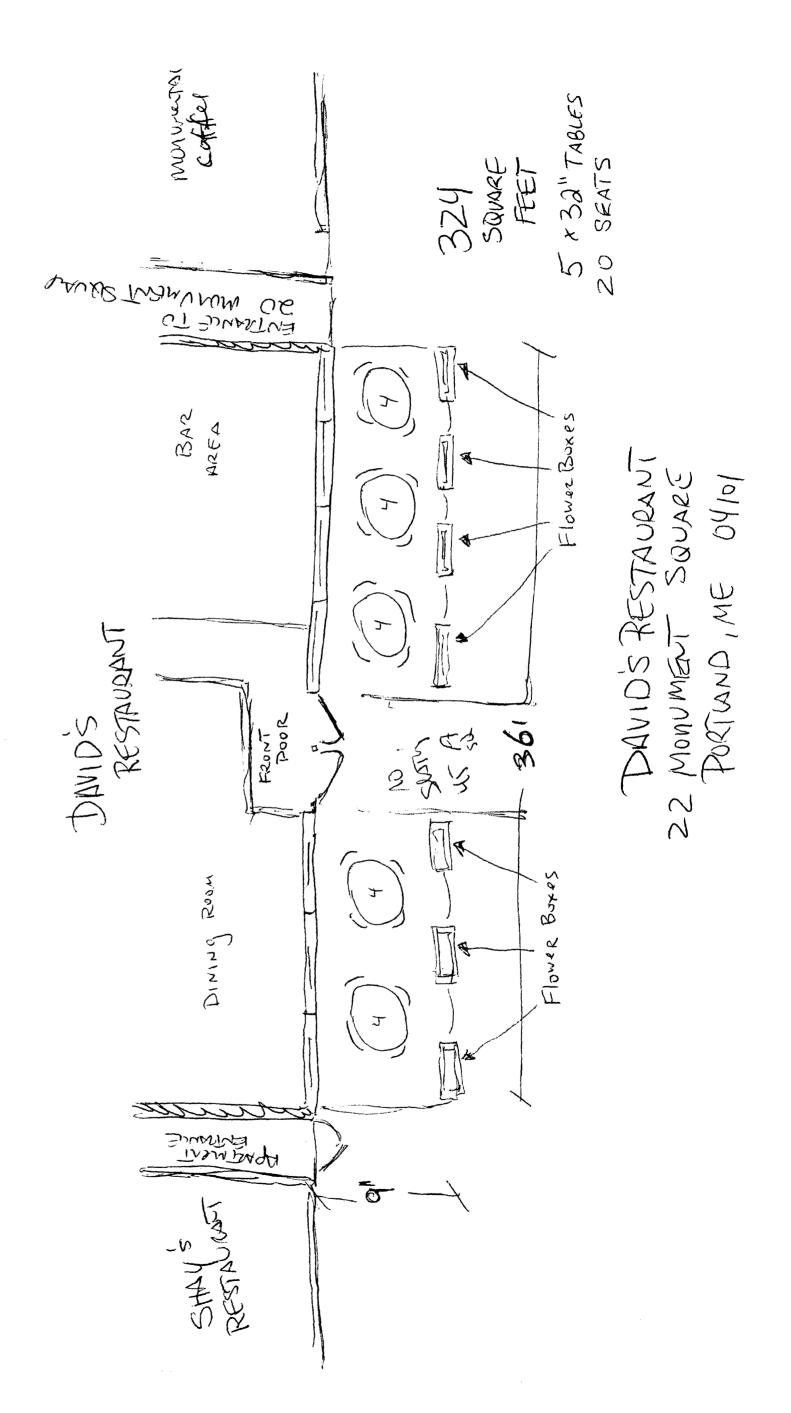
From: Sally Sundborg Insured: David's Restaurant Policy #: 710-01-00-60-0003 Subject: certificate .

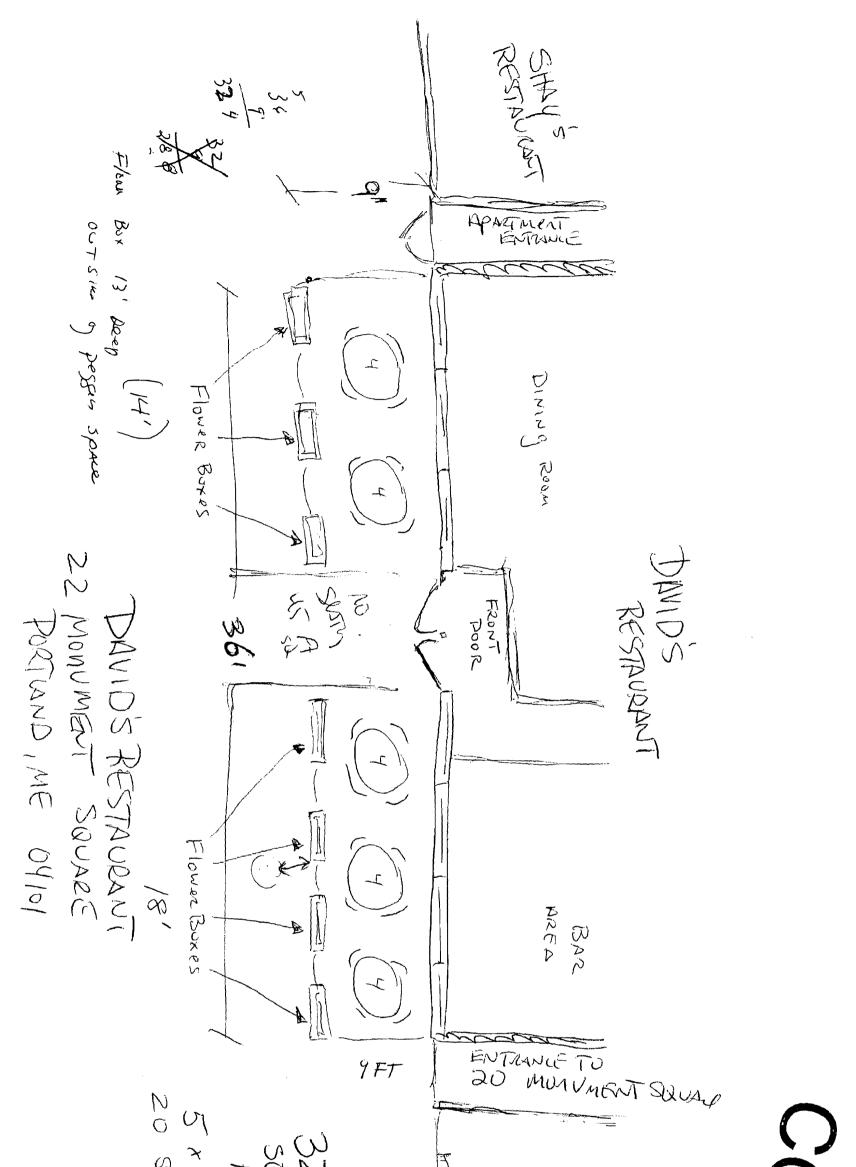
CERTIFICATE OF	LIABILITY	' INSUR	ANCE	DATE (MM/DD/YYYY) 5/6/2009
RODUCER (207)647-3311 FAX: (207)647-3003	THIS CER	TIFICATE IS IS	SUED AS A MATTER O	DE INFORMATION
halmers Insurance Agency Inc			NO RIGHTS UPON T	
00 Main Street			CATE DOES NOT AME AFFORDED BY THE P	
.0. Box 189				1
ridgton ME 04009-0189	INSURERS	AFFORDING CO	OVERAGE	NAIC #
SURED		eBeacon In		20521
avid's Restaurant	INSURER B:			
2 Monument Square	INSURER C:			
	INSURER D:			
ortland ME 04101	INSURER E:			
OVERAGES	INSUKER E.			<u>k</u>
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR C MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRI POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY	OTHER DOCUMENT WI IBED HEREIN IS SUBJEC ( PAID CLAIMS.	TH RESPECT TO CT TO ALL THE TE	WHICH THIS CERTIFICATE ERMS, EXCLUSIONS AND C	MAY BE ISSUED OR
R ADD'L R INSRD TYPE OF INSURANCE POLICY NUMBER	POLICY EFFECTIVE DATE (MWDD/YYYY	POLICY EXPIRATIO	DN LIM	15
GENERAL LIABILITY			EACH OCCURRENCE	\$ 1,000,00
			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,00
CLAIMS MADE X OCCUR 710-01-00-60-0003	9/1/2008	9/1/2009	MED EXP (Any one person)	s 10,00
			PERSONAL & ADV INJURY	s 1,000,00
			GENERAL AGGREGATE	\$ 2,000,00
GENIL AGGREGATE LIMIT APPLIES PER:			PRODUCTS - COMP/OP AGG	
X POLICY PRO- JECT LOC				
AUTOMOBILE LIABILITY ANY AUTO			COMBINED SINGLE LIMIT (Ea accident)	s
ALL OWNED AUTOS SCHEDULED AUTOS			BODILY INJURY (Per person)	s
HIRED AUTOS			BODILY INJURY (Per accident)	s
			PROPERTY DAMAGE (Per accident)	s
GARAGE LIABILITY			AUTO ONLY - EA ACCIDENT	S
ANY AUTO			EA ACC	-
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EXCESS / UMBRELLA LIABILITY			EACH OCCURRENCE	s
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DEDUCTIBLE				<u>s</u>
WORKERS COMPENSATION			WC STATU- OTH	<u>s                                    </u>
AND EMPLOYERS' LIABILITY Y / N			TORY LIMITS ER	
			E.L. EACH ACCIDENT	- <u>\$</u>
(Mandatory in NH)			E.L. DISEASE - EA EMPLOYE	
SPECIAL PROVISIONS below			E.L. DISEASE - POLICY LIMIT	\$
OTHER			e ·	
		1		
ESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY END ity of Portland is named as additional insured	DORSEMENT / SPECIAL PRO	IVISIONS		
ERTIFICATE HOLDER	CANCELLA			
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City of Portland	1		URER WILL ENDEAVOR TO MAIL	
Portland City Hall Rm 315		-	DER NAMED TO THE LEFT, BUT	
Portland, ME 04101	1		-	
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	REPRESENTA AUTHORIZED R	TIVES.		
	Robert Do		•	
				All rights reserved

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5 × 32" TABLES 20 SEATS SQUARE FEET Ç monumental D connect Sm At !