

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that * 22 MONUMENT SQUARE LLC

Located At 22 MONUMENT

Job ID: 2011-05-949-OSD

CBL: 027 - - F - 003 - 001 - - - -

has permission to 20 Chairs and 5 Tables 324 sq ft

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes 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

5/24/11

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-05-949-OSD	Date Applied: 4/26/2011	CBL: 027 - - F - 003 - 001 - - - - -	
Location of Construction: 22 MONUMENT SQUARE	Owner Name: * 22 MONUMENT SQUARE LLC	Owner Address: 22 MONUMENT SQ STE 600 PORTLAND, ME - MAINE 04101	Phone:
Business Name: David's Restaurant - David Turin	Contractor Name:	Contractor Address:	Phone: 773-4340
Lessee/Buyer's Name:	Phone:	Permit Type: OUTDOOR - Outdoor Seating	Zone: B-3
Past Use: Restaurant (1 st floor)	Proposed Use: Same: Restaurant - to allow outdoor dining for the 2011 season	Cost of Work:	CEO District:
		Fire Dept: <i>NA</i> Approved Denied Max	Inspection: Use Group: Type: <i>Outdoor Seating</i>
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
Proposed Project Description: 22 Monument Sq David's Restaurant - outdoor dining		Pedestrian Activities District (P.A.D.)	

Permit Taken By: Lannie **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: <i>5/24/11</i></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 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:</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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHON

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 OCCUOPIED.



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: 2011-05-949-OSD

Located At: 22 MONUMENT

CBL: 027 - - F - 003 - 001 - - - -

Conditions of Approval:

Building

This permit approves outside seating only. Any alcohol or entertainment in this space requires licensing approvals from the City Clerk.

The outside dining permit is approved for the area delineated at the inspection and stated on the permit, and must be kept on site.

THIS PERMIT MUST BE RENEWED ANNUALLY. The tables and chairs must not block any means of egress of any building, even during storage.



THE DINE RIGHT COMPANY, INC.

ZBP 8811504 00

CHALMERS INSURANCE AGENCY

Commercial General Liability Coverage Part Declaration

Audit Frequency:	Annual	
Limits of Insurance:		
General Aggregate Limit		\$2,000,000
Products-Completed Operations Aggregate Limit		\$2,000,000
Each Occurrence Limit		\$1,000,000
Personal and Advertising Injury Limit		\$1,000,000
Fire Damage Limit, Any One Fire		\$100,000
Medical Expense Limit, Any One Person		\$5,000
General Liability Deductible:		
Total Advance Commercial General Liability Premium		\$4,137.00

Forms Applicable to General Liability Coverage Parts:

<u>Form Number</u>	<u>Edition Date</u>	<u>Description</u>
421-0022	12/90	Asbestos Liability Exclusion
421-0080	01/03	Commercial General Liability Special Broadening Endorsement
421-0803	12/09	Broadened Coverage For Non-Owned Watercraft
421-0805	12/09	Broadened Coverage For Newly Acquired Or Formed Organizations
421-0818	12/09	Worldwide Coverage Territory
421-0820	12/09	Exclusion- Infringement Of Copyright, Patent, Trademark Or Trade Secret - Changes
421-0832	12/09	Broadened Property Damage - Rented Premises
CG 00 01	12/07	Commercial General Liability Coverage Form
CG 00 68	05/09	Recording And Distribution of Material or Information In Violation of Law Exclusion
CG 04 35	12/07	Employee Benefits Liability Coverage
CG 21 47	12/07	Employment - Related Practices Exclusion
CG 21 62	09/98	Exclusion - Year 2000 Computer Related And Other Electronic Problems With Exception for BI on Your Premises
CG 21 67	12/04	Fungi or Bacteria Exclusion
CG 21 70	01/08	Cap On Losses From Certified Acts Of Terrorism
CG 21 76	01/08	Exclusion of Punitive Damages Related To a Certified Act of Terrorism
CG 21 96	03/05	Silica or Silica-Related Dust Exclusion
CG 24 07	01/96	Products/Completed Operations Hazard Redefined

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 Chalmers Insurance Group 100 Main Street P.O. Box 189 Bridgton ME 04009-0189	CONTACT NAME: Alletta Kimball	
	PHONE (A.C. No. Ext): (207) 647-3311	FAX (A.C. No): (207) 647-3003
E-MAIL ADDRESS: akimball@ChalmersInsuranceGroup.com		
PRODUCER CUSTOMER ID #: 00019683		
INSURED David's Restaurant 22 Monument Square Portland ME 04101	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Hanover Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER: CL1142105818** **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 INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	ZBP8811504-00	9/1/2010	9/1/2011	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP 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) \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 City of Portland is named as additional insured

CERTIFICATE HOLDER City of Portland City Hall Room 315 Portland, ME 04101	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 Alletta Kimball/SALLY <i>Alletta M. Kimball</i>
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THE DINE RIGHT COMPANY INC
DBA DAVID'S RESTAURANT
22 MONUMENT SQUARE
PORTLAND, ME 04101

7546

52-150/112

DATE

4/20/11

PAY
TO THE
ORDER OF

City of Portland

seven hundred twenty eight and 00/100

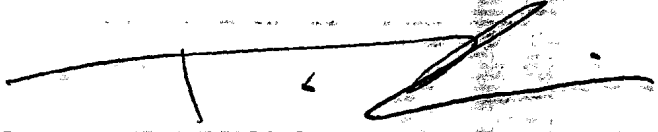
\$ 728 ⁰⁰

DOLLARS

 Security Features Details on Back.

MAINE BANK & TRUST

A division of Peoples United Bank



FOR

⑈007546⑈ ⑆011201500⑆ 0050504 8⑈



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.

<input type="checkbox"/> New Application for Outside Dining <input checked="" type="checkbox"/> Renewal Application for Outside Dining City Clerk signature for liquor license approval: <u>Katherine Jones</u> or Pending Council Date _____ Location/Address of Outdoor Seating: _____		
Total Square Footage of Proposed Seating Area ¹ <u>324</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>27</u> Block# <u>F</u> Lot# <u>3</u>	Phone#:	Owner:
Applicant * <u>must be owner or Lessee</u> Name: <u>THE DINE RIGHT</u> <u>DBA DAVID'S RESTAURANT</u> Address: <u>22 MONUMENT SQ</u> City, State & Zip: <u>PORTLAND, ME</u> <u>04101</u>	Lessee/Buyer's Name: (If Applicable)	Annual Fee: <u>\$80</u> Total Sq. Ft. <u>324⁰⁰</u> Sq. Ft. Fee: \$ <u>648⁰⁰</u> Total Fee: \$ <u>728⁰⁰</u>
Current use: <u>RESTAURANT</u> Business name: <u>DAVID'S RESTAURANT</u> Seating area dimensions: <u>9' x 36'</u> How many chairs? <u>20</u> How many tables? <u>5</u> <input checked="" type="checkbox"/> Yes Alcohol is served. <input type="checkbox"/> No Alcohol being served.		
Who should we contact for the pre-inspection: <u>DAVID TURIN</u> Mailing address: <u>22 MONUMENT SQ - PORTLAND</u> Phone: <u>773-4340</u>		

RECEIVED

APR 26 2011

Dept. of Building Inspections
City of Portland Maine

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 www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

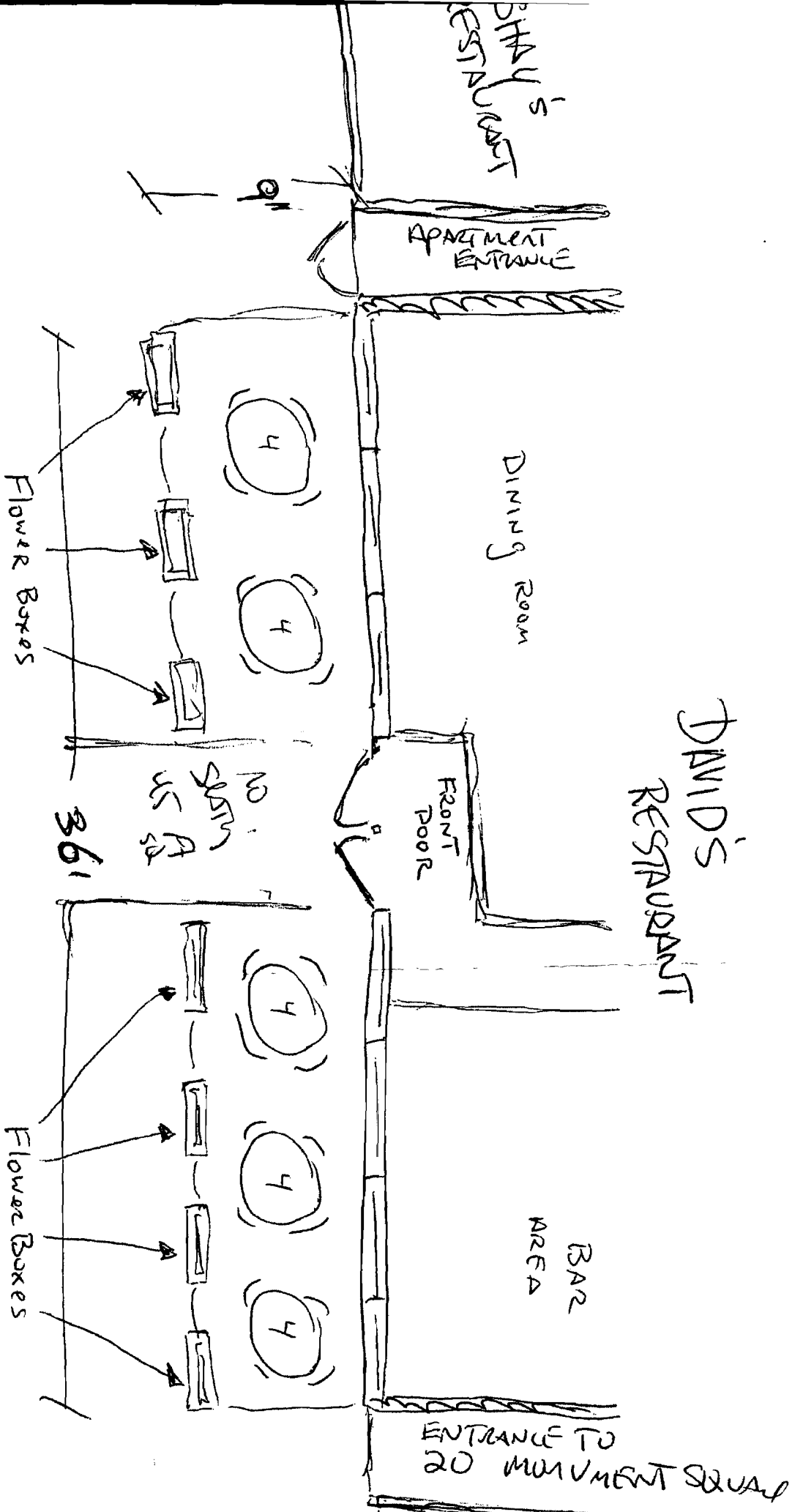
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: [Signature]

Date: 4/20/11

¹ 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.**

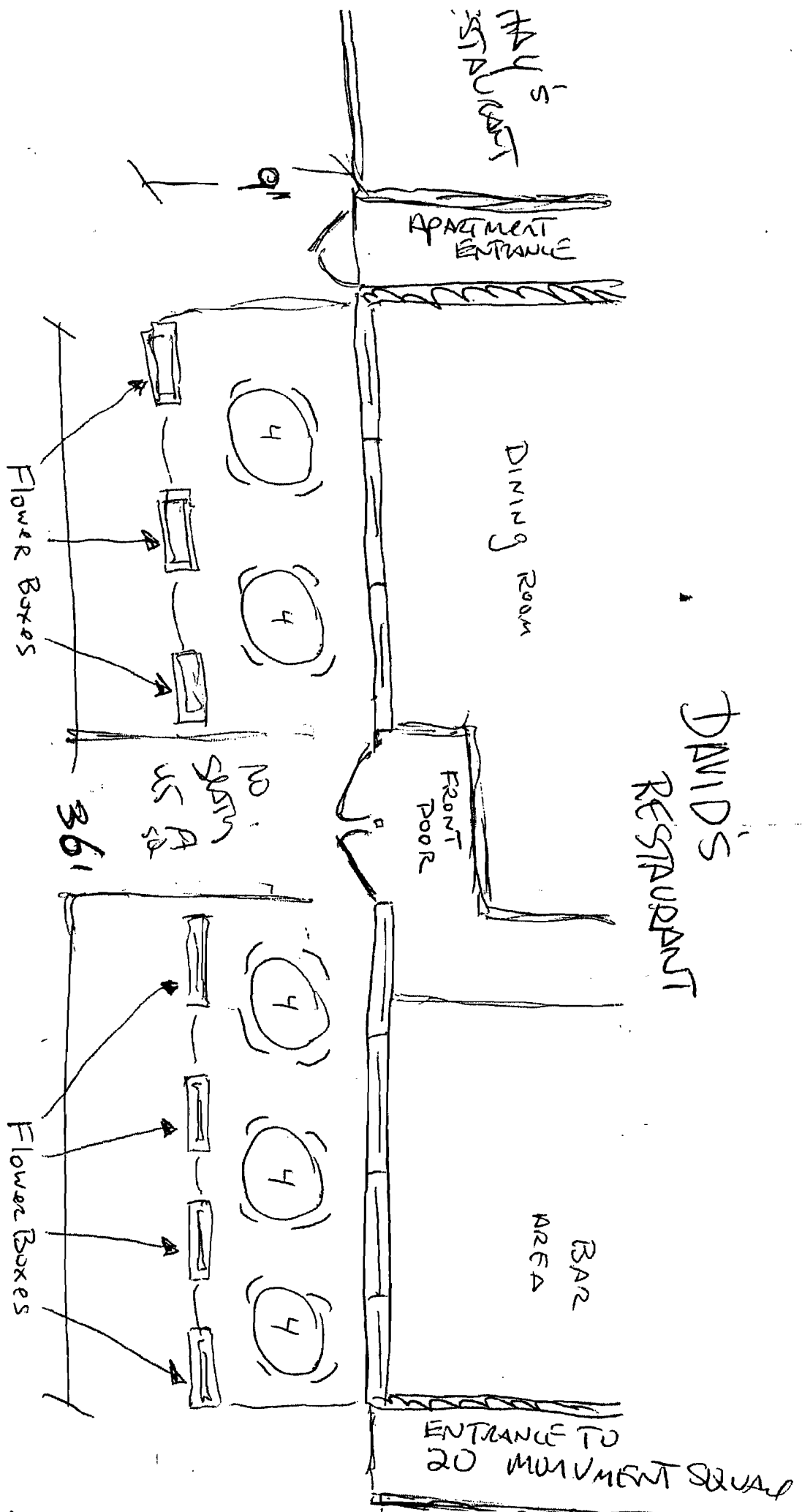
DAVID'S RESTAURANT



DAVID'S RESTAURANT
22 MONUMENT SQUARE
PORTLAND, ME 04101

5
20
911
53 ft
1550

DAVID'S RESTAURANT



DAVID'S RESTAURANT
22 MONUMENT SQUARE
PORTLAND, ME 04101

011
53 ft
ISS