

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 050496

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
MAY 17 2005
CITY OF PORTLAND

This is to certify that Venture Iii Holdings Llc / Applicant
has permission to Shays Grill Pub/ outside seating 6 tables and 24 chairs
AT 18 Monument Sq 027 F005001

provided that the person or persons, firm or corporation accepting this permit shall be responsible for 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 buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or closed-in. **HEAR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
DepartmentName

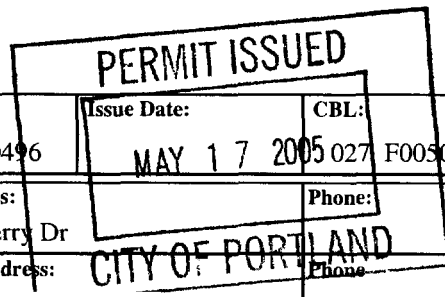
[Handwritten Signature]
5/11/05
Director, Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0496	Issue Date: MAY 17 2005	CBL: 027 F005001
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Location of Construction: 18 Monument Sq	Owner Name: Venture Iii Holdings Llc	Owner Address: 199 Elderberry Dr	Phone:
Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	Zone: B3

Past Use: Commercial Restaurant	Proposed Use: Shays Grill Pub/ outside seating 6 tables and 24 chairs	Permit Fee: \$75.00	Cost of Work: \$75.00	CEO District: 1
		FIREDEPT: <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: Use Group: <input checked="" type="checkbox"/> Type: <i>Seating</i>	
		Signature: <i>MA</i>	Signature: <i>[Signature]</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: Idobson	Date Applied For: 04/29/2005	Zoning Approval
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Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>5/19/05</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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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 - Building or Use Permit

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

Permit No: 05-0496	Date Applied For: 04/29/2005	CBL: 027 F005001
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Location of Construction: 18 Monument Sq	Owner Name: Venture Iii Holdings Llc	Owner Address: 199 Elderberry Dr	Phone:
Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	

Shays Grill Pub/ outside seating 6 tables and 24 chairs

Shays Grill Pub/ outside seating 6 tables and 24 chairs

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 05/09/2005**Note:** **Ok to Issue:**

- 1) All outdoor seating is subject to adjustment at any time from the City's traffic engineer who ensures that the City sidewalk is open and cleared for pedestrian use.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 05/11/2005**Note:** **Ok to Issue:**

- 1) The outdoor seating area is not allowed to block any required means of egress from any building.



Outdoor Seating 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.

Location/Address of Construction: 18 Monument Square Portland, Maine 04101

Total Square Footage of Proposed Structure <u>outside seating 324 sq. ft.</u>	Square Footage of Lot <u>outside seating 324 sq. ft.</u>
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Tax Assessor's Chart Block & tot Number Chart# <u>027</u> Block# <u>F</u> Lot# <u>005</u>	Owner: <u>Carrie McEneaney</u> <u>MCGONIGALS INC.</u>	Telephone#: <u>207-772-2626</u>
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Lessee/Buyer's Name (If Applicable) <u>McGonigals Inc. d/b/a Shays Grill Pub</u>	Owner's/Purchaser/Lessee Address: <u>18 Monument Sq Portland ME 04101</u>	Cost Of Work: <u>\$</u> Fee: <u>\$75.00</u>
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Current use: restaurant
 If the location is currently vacant, what was prior use: _____
 Approximately how long has it been vacant: _____
 Proposed use: restaurant seating (food & liquor)
 Project description: outside seating
 How many chairs 24 How many tables 6

Contractor's Name, Address & Telephone: _____
 Applicants Name, Address & Telephone: Carrie McEneaney
 Who should we contact when the permit is ready: Carrie McEneaney
 Telephone: 772-2626
 If you would like the permit mailed, what mailing address should we use: _____

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED.

AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

Certification

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: <u>Carrie A. McEneaney</u>	Date: <u>4/28/05</u>
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C/B/L: _____

CONDITIONS FOR SIDEWALK OCCUPANCY PERMIT

Written consent and agreement relating to occupancy of the City of Portland sidewalk in the front, side, and or rear of the building at the stated location: 18 Monument Square; in Portland, Maine, by the owner of the establishment being: MCGONIGALS INC., doing business as: Shays Grill Pub, hereby, to the fullest extent permitted by law, shall defend, indemnify and hold harmless the City of Portland, its 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, 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 therefrom, 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.

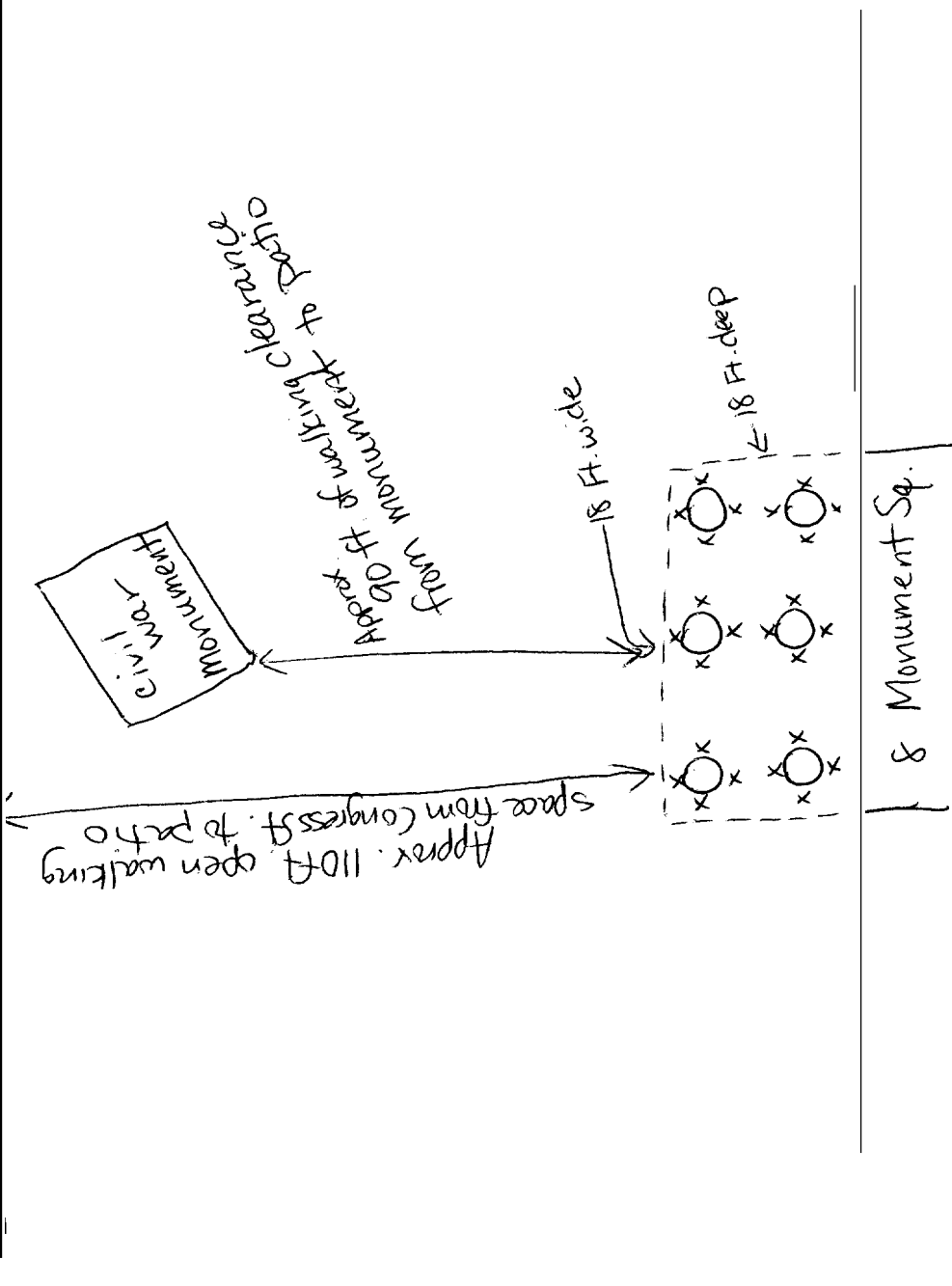
Signed and acknowledged: Carrie McEneaney
Establishment owner

Date: 4/28/05

Drawing for outside patio
Shady's Grill Pub
18 Monument Square

Elm St

Congress Street



Details of outside patio for Shays Grill Pub at 18 Monument Square Portland, ME 04101

Patio dining to consist of 6 teak wood tables and 24 teak wood chairs. All tables and chairs would be taken inside at the close of every evening. Entire patio space would be enclosed by stanchions and chains/ropes. Hours of operation would be 11:00 am to 10:00 pm Monday through Thursday, 11:00 am to 11:00 pm Friday and 5:00 pm to 11:00 pm Saturday. Shays Grill Pub currently has a city of Portland class 1 FSE license.

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:

ADDITIONAL INSURED
 CITY OF PORTLAND
 CONGRESS ST
 PORTLAND, ME 04101

INSURED:

MCGONIGALS INC
 DBA-SHAYS RESTAURANT
 18 MONUMENT SQUARE
 PORTLAND, ME 04101

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	\$1-PR-113616-3001	03-25-05	03-25-06	
<input checked="" type="checkbox"/> Liability and Medical Expense	NATIONWIDE MUTUAL			Any One Occurrence... \$ 1,000,000
<input checked="" type="checkbox"/> Personal and Advertising Injury	INSURANCE CO.			Any One Person/Org \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 100,000
				General Aggregate* \$ 2,000,000
				Prod/Comp Ops Aggregate* . \$
<input type="checkbox"/> Other Liability				
AUTOMOBILE LIABILITY				
<input type="checkbox"/> BUSINESS AUTO				Wily Injury (Each Person) \$
<input type="checkbox"/> Owned				(Each Accident) \$
<input type="checkbox"/> Hired				Property Damage (Each Accident) \$
<input type="checkbox"/> Non-Owned				Combined Single Limit \$
EXCESS LIABILITY				
<input type="checkbox"/> Umbrella Form				Each Occurrence \$
				Prod/Comp Ops/Disease Aggregate* \$
STATUTORY LIMITS				
<input type="checkbox"/> Workers' Compensation and Employers' Liability				BODILY INJURY/ACCIDENT ... \$
				Bodily Injury by Disease EACH EMPLOYEE \$
				Bodily Injury by Disease POLICY LIMIT \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS
 VEHICLES/RESTRICTIONS/SPECIAL ITEMS



Effective Date of Certificate: 03-25-2005
 Date Certificate Issued: 04-28-2005

Authorized Representative: PHILIP M. O'HEARN
 Countersigned at: NATIONWIDE INSURANCE
 1087 FOREST AVE PORTLAND