

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

DEPARTMENT OF BUILDING INSPECTION

PERMIT

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

Permit Number: 060812
JUN - 9 2006

RECEIVED

Please Read
Application And
Notes, If Any,
Attached

This is to certify that ONE MONUMENT WAY
has permission to outside seating - 4 tables & chairs
AT 34 CITY CTR L. 027 F011001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 when permission is procured before this building or part thereof is altered or closed-in. 24 HOUR 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 _____
Department Name _____

Thomas M. Manley, 6/7/06
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: _____ Issue Date: _____ CBL: _____
 D.P. O-BUILDING 1007 F011001
 CITY OF PORTLAND

Location of Construction: 34 CITY CTR	Owner Name: ONE MONUMENT WAY LLC	Owner Address: ONE MONUMENT WAY	Phone:
Business Name:	Contractor Name:	Contractor Address: JUN 9 2006	Phone:
Lessee/Buyer's Name	Phone:	Permit Type:	Zone: B-3
Past Use: Commercial/ Quizno's Subs	Proposed Use: Quizno's Subs- outside seating - 4 tables & 12 chairs	Cost of Work	CEO District:
Proposed Project Description: outside seating - 4 tables & 12 chairs		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R1 Type: SB ABC 2003 Signature: <i>Jan 6/7/06</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: 05/31/2006	Zoning Approval	
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1. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..	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"/> <i>OK with comment</i> Date: <i>6/1/06</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	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: 06-08 12	Date Applied For: 05/31/2006	CBL: 027 F011001
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Location of Construction: 34 CITY CTR	Owner Name: ONE MONUMENT WAY LLC	Owner Address: ONE MONUMENT WAY	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	

Proposed Use: Quizno's Subs- outside seating - 4 tables & 12 chairs	Proposed Project Description: outside seating - 4 tables & 12 chairs
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Dept: Building **Status:** Approved **Reviewer:** Tom Markley **Approval Date:** 06/07/2006
Note: **Ok to Issue:**

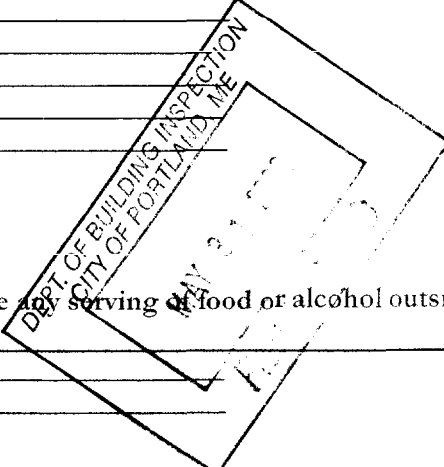
- 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
- 2) The tables and chairs must not block any means to egress the building



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: <u>1 Monumentway 34 City of</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>27</u> Block# <u>F</u> Lot# <u>11</u>		Owner: <u>One Monumentway 1 Monumentway Portland, ME 04101</u>
Lessee/Buyer's Name (If Applicable) <u>Quiznos Subs Box # 34 Port ME 04101</u>		Owner's/Purchaser/Lessee Address <u>221-5168</u>
		cost Of Work \$ _____ Fee <u>\$75.00</u>
Current use: <u>Quiznos Subs</u>		
Business name: <u>Coreith Inc.</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: _____		
Project description: Outside Seating		
How many cham? <u>12</u> How many tables? <u>4</u>		
Please contact the City Clerk's Office @ 874-8557 before you commence any serving of food or alcohol outside.		
Contractor's name: _____		
Address & telephone: _____		
Who should we contact when the permit is ready: <u>Don Domin</u>		
Mailing address: <u>Quiznos One Monumentway Suite #8 Portland, ME 04101</u> Phone: <u>207-229-1406</u>		



Please submit **all** of the information outlined in the Outdoor Seating 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.

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ONE MONUMENT WAY, LLC
One Monument Way
Portland, Maine 04101
Telephone (207) 773-0225
Facsimile (207)773-8832

May 25,2006

City of Portland
389 Congress Street
Portland, ME 04101

Dear Sir or Madam,

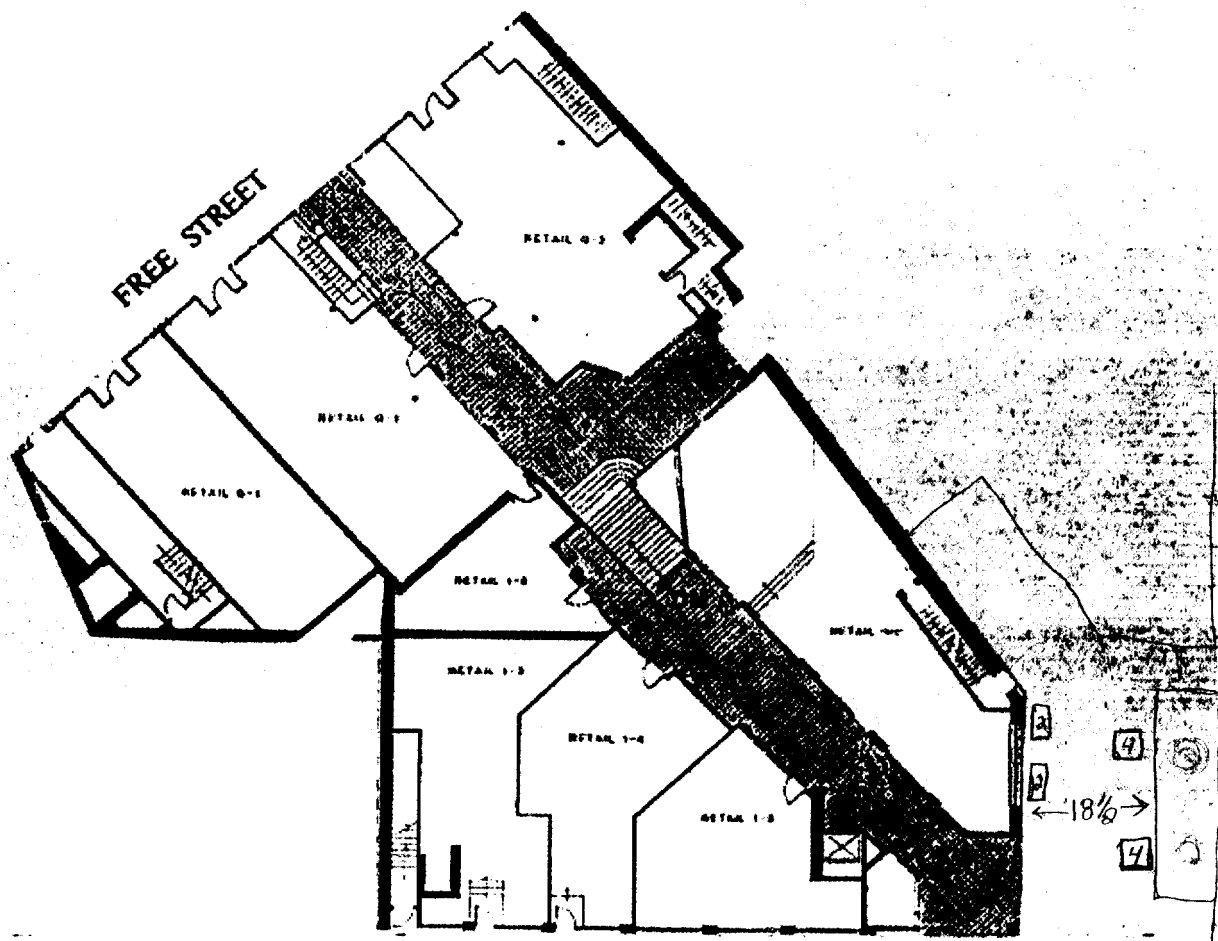
This letter is to confirm that Kim Volk of One Monument Way, LLC ("Lessor"), the owner of the building located at 6-15 Monument Square and 9-17 Free Street and referred to as One Monument Way, does hereby give permission to Coreith, Inc. dba Quiznos ("Lessee"), to have **two** sidewalk signs and have outdoor seating next to the building as long as it does not obstruct pedestrian foot traffic entering and leaving the One City Center Parking Garage, in a manner consistent with the City's recommendation.

Lessor reserves the right to approve sign design before installation.

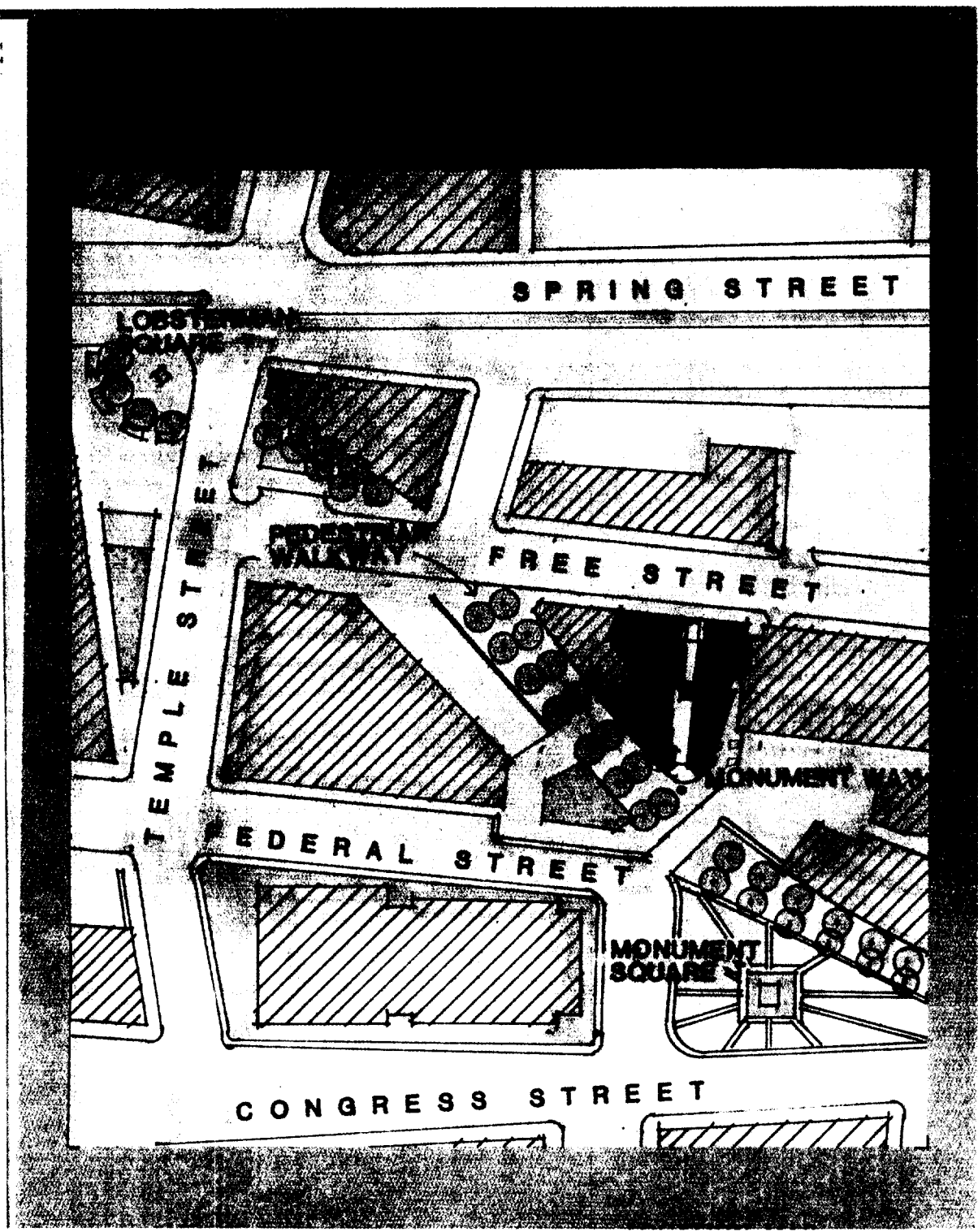
Sincerely,

A handwritten signature in black ink, appearing to read 'Kim Volk', with a long horizontal flourish extending to the right.

Kim Volk



GROUND FLOOR



SPRING STREET

LOBSTERMAN SQUARE

TEMPLE STREET

FEDERAL WALKWAY

FREE STREET

MONUMENT WAY

FEDERAL STREET

MONUMENT SQUARE

CONGRESS STREET

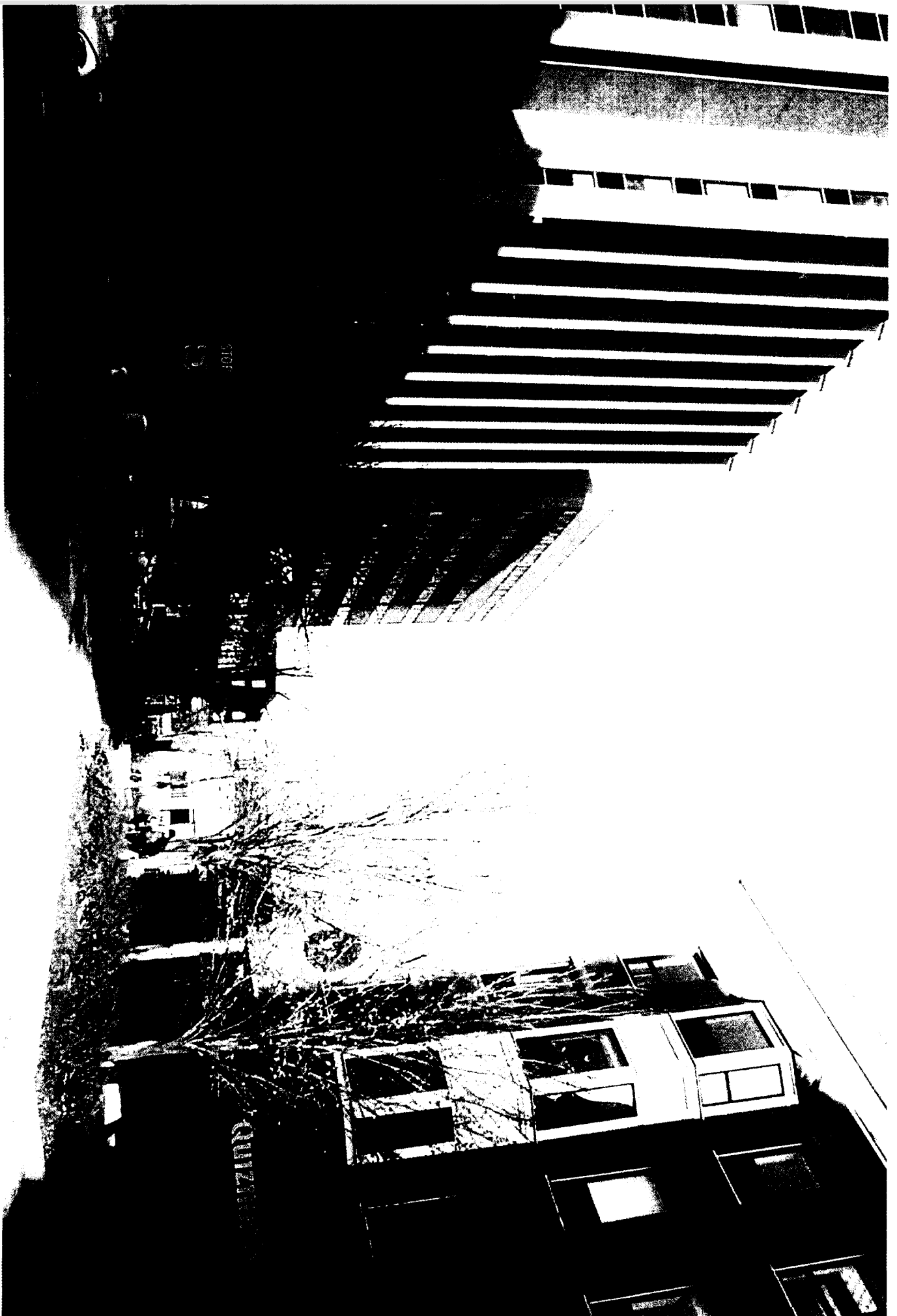
FOR LEASE!



Great restaurant space avail. in Monument Square!
2,200± upstairs @ \$16 mg • 3,300± down @ \$10 mg (can
share with active bakery). Can divide, build out neg.,
equip. available! Call Kim Volk 838-3939 or 774-1885.

Commercial Properties

Retail Sales • Leasing • Investment • Office • Land Development • Tenant Representation



ACORD CERTIFICATE OF LIABILITY INSURANCE

02/28/2006

PRODUCER (207)774-6257 FAX (207)774-2994 Clark Associates 2385 Congress Street P O Box 3543 Portland, ME 04104		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED COREITH INC 1 Monument Way #8 Portland, ME 04101		INSURERS AFFORDING COVERAGE	NAIC#
		INSURER A: Peerless Ins Co	24198
		INSURER B: Maine Employers Mutual	11149
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <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	BOP8086154	10/28/2005	10/28/2006	EACH OCCURRENCE \$ 1,000,000 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 - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BOP8086154	10/28/2005	10/28/2006	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC: \$ AGG: \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC: \$ AGG: \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	1810079743	11/29/2005	11/29/2006	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES | EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder is an additional insured with respects to general liability

CERTIFICATEHOLDER City of Portland 389 Congress Street Portland, ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Gregg Ritter/BMEL
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Outdoor Seating/Dining On Private and/or City Property

Permits are required for expanding eating facilities (tables and chairs) to the outside whether it is on private and/or City Property. The fee is based on the cost of work (which in most cases would be less than \$1,000 or, a fee of **\$75.00**). The permit is good for one year and covers the time period April 15th thru September 30* of that same year. **The permit must be renewed each year prior to commencing the activity.**

All of the following information is required and must be submitted. You will also be required to **fill** out an Outdoor Seating 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
- 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

Additional requirements include:

- The tables and chairs need to be placed on the sidewalk in such a manner as to allow the free and safe passage of pedestrian traffic. If the placement of the tables and chairs creates a public safety hazard, the municipality may require them to be removed or relocated to a more suitable location.
- The sidewalk area where the tables and chairs are located must be kept neat and free from litter and debris.
- You are required to produce and maintain public liability insurance coverage in an amount of not less than three hundred thousand (\$300,000) combine single limit for bodily injury, death and property damage. **If** the tables and chairs are on City property, the City will need to be named as **additional insured**
- No food shall be prepared outside.
- If alcohol is to be served, you will need to notify the City's Business Licensing Office in room **203** of City Hall or call 874-8557. Additionally, State law requires that any outdoor area serving alcohol be segregated from the rest of the public.
- If** the seating area is located on City Property, the owner of the establishment will need to sign the following indemnifying statement.

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: ONE MONUMENT WAY; in Portland, Maine, by the owner of the establishment being: ONE MONUMENT WAY LLC, doing business as: "SEBASTIANOS, TENANT, COM", 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 body 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:  Kim Volk Date: 5/30/06
 Establishment owner 838 3939