

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 050498

Please Read
Application And
Notes, If Any,
Attached

PERMIT ISSUED
MAY 17 2005
CITY OF PORTLAND

This is to certify that MALONE JOSEPH M & ANNE MARIE

has permission to Outdoor seating for 2 tables / 4 chairs

AT 45 MIDDLE ST

028 P016001

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 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 occupied or closed-in. **HEAVY 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

Jeanie Bourke 5/11/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-0498	Date Applied For: 05/02/2005	CBL: 028 P016001
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Location of Construction: 45 MIDDLE ST	Owner Name: MALONE JOSEPH M & ANN MA	Owner Address: 30 HIGHLAND ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	

Proposed Use: Commercial outdoor seating for 2 tables / 4 chairs	Proposed Project Description: Outdoor seating for 2 tables / 4 chairs
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Dept: Building**Status:** Approved with Conditions**Reviewer:** Rjeesidential Plan Revi**Approval Date:** 05/11/2005

City of Portland, Maine - Building or U

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

Permit No: 05-0498	Issue Date: MAY 17 2005	CBL: 028 P016001
Owner Address: 30 HIGHLAND ST	Contractor Address: CITY OF PORTLAND	Phone:
Permit Type: Outdoor Seating	Zone: B2b	

Location of Construction: 45 MIDDLE ST	Owner Name: MALONE JOSEPH M & ANN MA
Business Name:	Contractor Name:
Lessee/Buyer's Name	Phone:

Commercial	Commercial outdoor seating for 2 tables / 4 chairs
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\$75.00	\$0.00	1
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A-2 Type: outdoor seating	Signature: JMB 5/11/05
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Proposed Project Description:
Outdoor seating for 2 tables / 4 chairs

Permit Taken By: dmartin	Date Applied For: 05/02/2005	Zoning Approval	
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- Building permits do not include plumbing, septic or electrical work.
- 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"/> - <input type="checkbox"/> Denied Date: <i>5/5/05</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	Historic Preservation <input checked="" 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: <i>[Signature]</i>
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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 CLERK

Outdoor Seating Permit Application

At 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.

Idle Street

Total Square Footage of Proposed Structure <u>90 ft.</u>	Square Footage of Lot <u>sidewalk (= 180 ft)</u>
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Tax Assessor's Chart, Block & Lot Number	Owner: <u>Malone Joseph</u> <u>5 Maistr St.</u> <u>Portland, ME 04101</u>	Telephone#:
Chart# Block# Lot#		

Lessee/Buyer's Name (If Applicable) <u>Nancy Pugh</u>	Owner's/Purchaser/Lessee Address: <u>88 Middle St, Portland 04101</u>	Cost Of Work: <input checked="" type="checkbox"/> Fee: <u>\$75.00</u>
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Current use: sidewalk
 If the location is currently vacant, what was prior use: sidewalk
 Approximately how long has it been vacant: unknown
 Proposed use: outside seating
 Project description: outside seating

How many chairs 8 How many tables 2

Contractor's Name, Address & Telephone: Nancy Pugh, 88 Middle St, Portland 774-8538
 Applicants Name, Address & Telephone: Nancy Pugh, 88 Middle St, Portland 774-8538
 Who should we contact when the permit is ready: Nancy Pugh
 Telephone: 774-8538
 If you would like the permit mailed, what mailing address should we use: 88 Middle St, Portland, ME 04101

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.

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

Signature of applicant: [Signature] Date: 4/4/05

APR 20 2005
RECEIVED



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: 43 Middle Street; in Portland, Maine, by the owner of the

establishment being: Nancy Puah, doing business

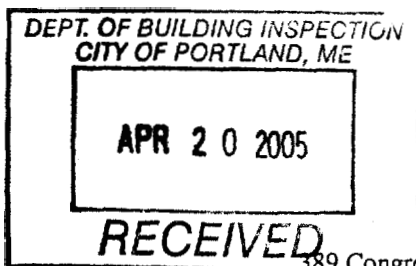
as: Duckfat, Inc, hereby, to the fullest extent permitted by law,

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: _____

Establishment owner

Date: 4/6/05



PORTLAND
GLASS

PARKING LOT
RESTAURANTS
VARIOUS
BUSINESSES

10' sidewalk

NDRMS

DUCKEAT
(2 18' x 40' L)

RIBOLITA

43 MIDDLE ST.

5' x 5' x 5'

PARKING LOT
PORTLAND
GLASS

MIDDLE STREET

CURB

CURB

CURB

INDIA STREET

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

APR 20 2005

RECEIVED

Duckfat
Certificate of Insurance

43 Middle St
Portland

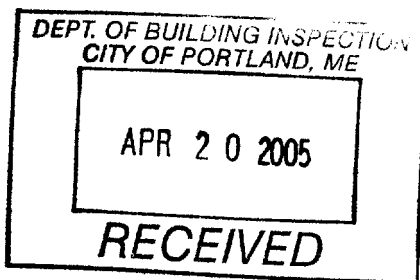
Hi Amanda,

My Insurance Company is sending the information showing the "City of Portland" as an additional insured for 400,000. - I will personally drop that by so it can go into the correct folder. - Thank you - Please call if you have any questions

Nancy Pugh

Cell # 207-749-8564

or 207-774-8538



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/15/2005

PRODUCER (603) 436-2275 FAX (603)436-8766
D.B. Warlick & Co.
2069 Lafayette Road
Portsmouth, NH 03801

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 Duck Fat, Inc
43 Middle Street
Portland, ME 04101

DUCK FAT

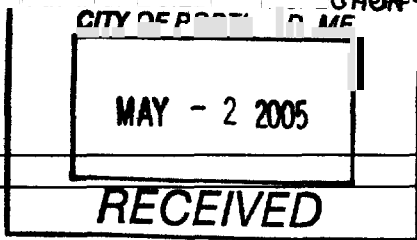
INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Travelers Insurance	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

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.

ISR ADD'L TR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	I6805276B186IND04	11/24/2004	11/24/2005	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				EA ACC \$
					OTHER THAN AUTO ONLY. AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS; OTH-ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E L EACH ACCIDENT \$
					E L DISEASE - EA EMPLOYEE \$
					E L DISEASE POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OCCURRENCE: Certificate Holder is A... LOCATION: CITY OF PORTLAND, ME... SPECIAL PROVISIONS: None to outdoor seating at Duck Fat.



CERTIFICATE HOLDER

City of Portland ME
Congress St
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 10 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
David Warlick/CJD

David B. Warlick

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.