Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BU

Permit Number 1 OPSSUED

This is to certify that SCARECROW HOLDINGS LI Ribolli has permission to Outside seating 4 Tables & 8 C s 126 sc AT _41 MIDDLE ST CP 028 P022001	vith a	t h :
0.00		
		- -
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and of the

provided that the person or persons, file of the provisions of the Statutes of Mathe construction, maintenance and use this department.

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

Noti ltion of spectio hust be give hd writte ermissiq rocured befo his buil ereof is g or pay lath or oth ed-in. 24 NOTICE IS REQUIRED. HOU

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

OTHER REQUIRED APPROVALS

Department Name

PENALTY FOR REMOVING THIS CARD

Director - Building & Inspection Services

ces of the City of Portland regulating

buildings and structures, and of the application on file in

•	laine - Building or Use Permit 4101 Tel: (207) 874-8703, Fax: (2		Permit No: 10-0480	Date Applied For: 05/06/2010	CBL: 028	P022001
Location of Construction:	Owner Name:		Owner Address:	<u> </u>	Phone:	
41 MIDDLE ST	SCARECROW HOLD	DINGS LLC	30 HIGHLAND S	Τ		
Business Name:	Contractor Name:	-	Contractor Address:		Phone	
	Ribollita				ļ.	
Lessee/Buyer's Name	Phone:		Permit Type:			
			Outdoor Seating			
Proposed Use:		Propose	d Project Description:			
ft						0.5/10/2010
Dept: Zoning	Status: Approved	Reviewer:	Marge Schmucka	al Approval Da		05/12/2010
Note:					Ok to	Issue:
Dept: Building	Status: Approved with Condition	is Reviewer :	Tammy Munson	Approval Da	ate:	05/24/2010
Note:					Ok to	Issue: 🗸
1) The tables and chair	s must not block any means of egress	of any building	, even during stora;	ge.		
, · · · · · · · · · · · · · · · · · · ·	permit is approved for the area delines ST BE RENEWED ANNUALY	ated at the inspe	ction and stated on	the permit, and must	be kept	t on site.
3) This permit approve Clerk.	es outside seating only. Any alcohol o	or entertainment	in this space requir	es licensing approva	ls from	the City

Comments:

5/12/2010-mes: gave back to Lannie

PERMIT ISSUED

MAY 2 8 2010

City of Portland





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.

Nov. A-Vission for Out	.id- Dining		
New Application for Outs Renewal Application for O	-		
City Clerk signature for liquor license a	approval: N. 5.4.10	ONA or Pending Council De	ite
Location/Address of Outdoor Seating:	ipprovan.	of I chang council Da	
Total Square Footage of Proposed Seating	og Area ¹ Square Foo	otage of Lot	
	-8	8	
Tax Assessor's Chart, Block & Lot	Phone#:	Owner:	
Chart#29 Block# Lot#22	772-2422	Joseph Mula	3~6
Applicant *must be owner or Lessee	Lessee/Buyer's Name:	Annual Fee: \$80	
Name: Kein Quich	(If Applicable)	Total Sq. Ft.	
Address: 14 Slocam Dr.		C. E. E. O	
City, State & Zip: Falmouth ME	•	Sq. Ft. Fee: \$	
City, State & Zip: V		Total Fee: \$ 332	$\hat{}$
Current use: Restaura	~+	K	7
Business name: 12:13:11:4	sa.	4	
Seating area dimensions:		20	6 6 7s
	nany tables?	A 3	. 6 d
Yes Alcohol is served.	•	A. M.	10,50
☐ No Alcohol being served.		126 557+	1 0,00
Who should we contact for the pre-inspec	ction: Kevia	· Quet of	102
Mailing address: 41 M. ddle	2 t Phon	ne: 7771-L	471
		<u> </u>	

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.

licant: Date: 5-3-	۰۷۶
5-3	•

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.

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OUTDOOR DINING PERMIT CHECKLIST

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 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).
Ad	ditional 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.

ACORD CERTIFICATE OF	LIABILITY INSURANCE OF ID JH	05/04/10
PRODUCER Turner Barker Insurance 160 Preble Street	THIS CERTIFICATE IS ISSUED AS A MATTER ONLY AND CONFERS NO RIGHTS UPON THE HOLDER. THIS CERTIFICATE DOES NOT AM ALTER THE COVERAGE AFFORDED BY THE	E CERTIFICATE END. EXTEND OR
Portland ME 04101 Phone: 207-773-8156 Fax: 207-773-6647	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER A MMG Insurance Company	
	INSURER B: Maine Employers Mutual	
Ribollita, Inc. Kevin Quiet	INSURER C:	
Kevin Quiet 41 Middle Street Portland ME 04101	INSURER D:	
		1

INSURER E:

EDA	AFO

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.

NSR	-	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPERATION DATE (MM/DDYYYYY)	LIMART	8
<u> </u>		GENERAL LIABILITY				EACH OCCURRENCE	*1000000
A	x	X COMMERCIAL GENERAL LIABILITY	BP0415088	01/07/10	01/07/11	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 250000
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 5000
	l					PERSONAL & ADV INJURY	\$1000000
		X HENOA / LIQUOR				GENERAL AGGREGATE	\$ 2000000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMPAOP AGG	\$1000000
		POLICY PRO- JECT LOC					
		AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (En accident)	\$
		ALL OWNED AUTOS				BODILY INJURY	
		SCHEDULED AUTOS				(Per person)	\$
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	3
						PROPERTY DAMAGE (Per accident)	3
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		OTUA YMA				OTHER THAN EA ACC	\$
		_				AUTO ONLY: AGG	\$
! '		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
i I		OCCUR CLAIMS MADE				AGGREGATE	\$
							3
		DEOUCTIBLE					3
		RETENTION \$ KERS COMPENSATION				WC STATU- OTH-	\$
	AND	EMPLOYERS' LIABILITY Y/N				TORY LIMITS ER	
B	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	1810066703	12/02/09	12/02/10		\$100000
(Ma		(Nandatory in NH) If yes, describe under	the under			E.L. DISEASE - EA EMPLOYES	
	SPEC	CIAL PROVISIONS below			_	E.L. DISEASE - POLICY LIMIT	\$ 500000
	QIN:	ca.					
		ON OF OPERATIONS / LOCATIONS / VEHIC					
CT	ty ·	of Portland is an add cts to the named insu	litional insured or	the general	liability	with	
	_	cts to the named insu act.	meda oberacions or	iry, ir redui	red på mir	Cen	
							
		20101000		0.4.44.0.			

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City of Portland City Hall

CANCELLATION

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAE. 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL. IMPOSE HO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

DATE (MM/DD/YYYY)

REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

Turner Barker Insurance

389 Congress Street
Portland ME 04101
ACORD 25 (2009/01)

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