

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached

This is to certify that Witt-t Llc/Shea Egbert  
has permission to Outdoor seating for 2003  
AT 8 Milk St/37 Silver St.

provided that the person or persons, firm or corporation of the provisions of the Statutes of Maine and of the construction, maintenance and use of buildings and structures of this department.

Permit Number: 030588

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

Notification inspection must be given and work on permit procured before this building or part thereof is closed-in. **NO NOTICE IS REQUIRED.**

029 B001001  
Accepting this permit shall comply with all ordinances of the City of Portland regulating structures, and of the application on file in

OTHER REQUIRED APPROVALS  
Fire Dept.  
Health Dept.  
School Board

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

PENALTY FOR RE...

Department Name

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 03-0588	Issue Date:	CBL: 029 B001001
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Location of Construction: 8 Milk St/37 Silver St.	Owner Name: Witt-t Llc	Owner Address: 317 River Rd	Phone: 772-8708
Business Name:	Contractor Name: Shea Egbert	Contractor Address: 8 Milk St Portland	Phone: 2077497387
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	Zone: <b>B3</b>

Past Use: Coffee shop	Proposed Use: Coffee shop with outdoor seating: 4 tables, eight chairs	Permit Fee: \$75.00	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description: Outdoor seating for 2003		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <b>OUTSIDE SEATING: NA</b> <b>6/2/03</b> 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: kwd	Date Applied For: 05/29/2003	<b>Zoning Approval</b>	
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<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 information may invalidate a building permit and stop all work..</p>	<p><b>Special Zone or Reviews</b></p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan  <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM <input type="checkbox"/> Denied <i>OK with conditions</i> Date: <b>5/30/03</b>	<p><b>Zoning Appeal</b></p> <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: _____	<p><b>Historic Preservation</b></p> <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 \_\_\_\_\_

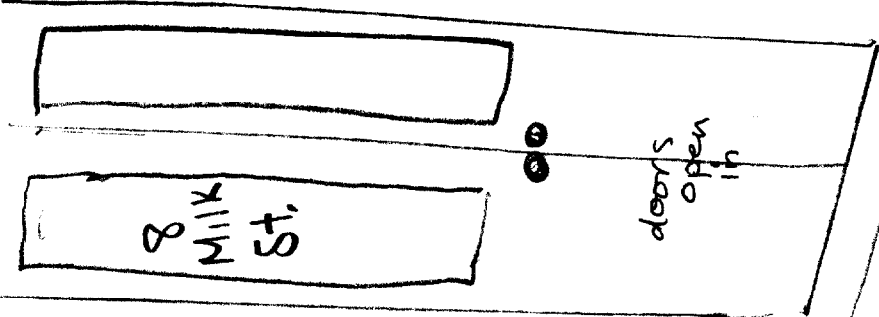
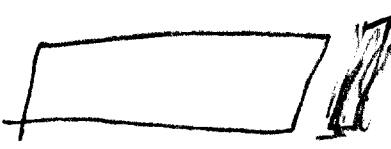
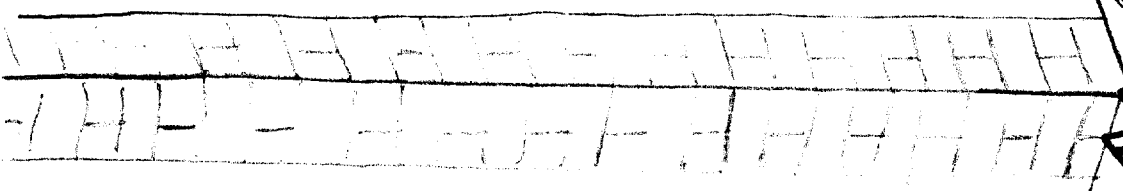
The Crooked Mile

2' dia.

2' dia.

Tables with 2 chairs

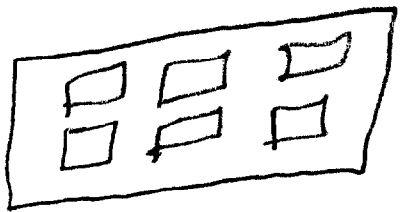
Silver St.



doors open in

8 Milk St.

62'

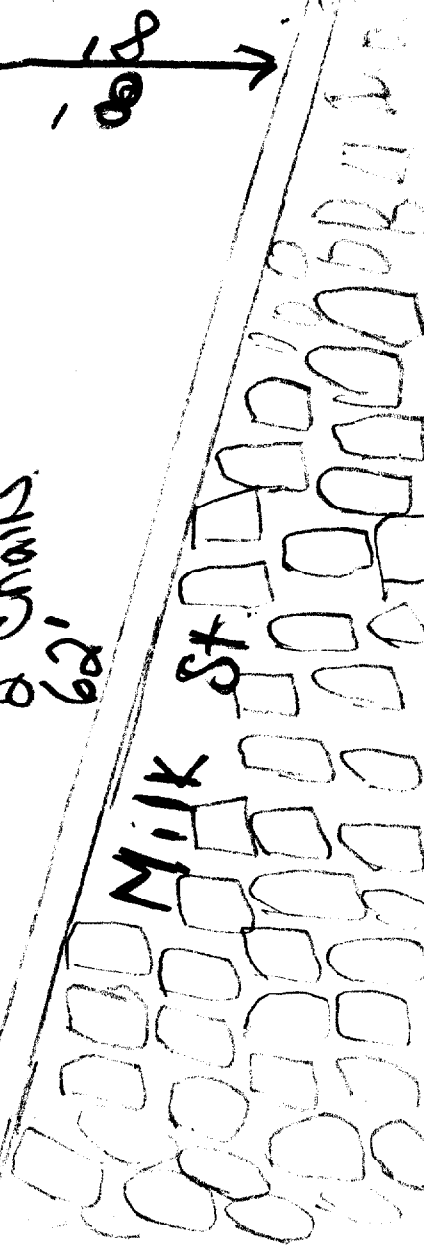


2' dia.

2' dia.

4' to door

8 small tables with 2 chairs



8 Milk St.

62'

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 03-0588	<b>Date Applied For:</b> 05/29/2003	<b>CBL:</b> 029 B001001
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<b>Location of Construction:</b> 8 Milk St/37 Silver St.	<b>Owner Name:</b> Witt-t Llc	<b>Owner Address:</b> 317 River Rd	<b>Phone:</b> ( ) 772-8708
<b>Business Name:</b>	<b>Contractor Name:</b> Shea Egbert	<b>Contractor Address:</b> 8 Milk St Portland	<b>Phone:</b> (207) 749-7387
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Outdoor Seating	

<b>Proposed Use:</b> Coffee shop with outdoor seating: 4 tables, eight chairs	<b>Proposed Project Description:</b> Outdoor seating for 2003
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 05/30/2003

**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.

**Dept:** Building      **Status:** Pending      **Reviewer:**      **Approval Date:**

**Note:**      **Ok to Issue:**

# 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: 8 Milk St. Portland Maine 04101

Total Square Footage of Proposed Structure	Square Footage of Lot
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Tax Assessor's Chart, Block & Lot Number Chart# <u>029</u> Block# <u>B</u> Lot# <u>001</u>	Owner: <u>Shea Egbert</u>	Telephone#: <u>207-772-8708</u>
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Lessee/Buyer's Name (If Applicable) <u>Shea Egbert</u>	Owner's/Purchaser/Lessee Address:	Cost Of Work: \$ Fee: <u>\$75.00</u>
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Current use: coffee shop  
 If the location is currently vacant, what was prior use: same  
 Approximately how long has it been vacant: \_\_\_\_\_  
 Proposed use: \_\_\_\_\_  
 Project description: outside seating  
 How many chairs 8 How many tables 4

Contractor's Name, Address & Telephone:  
 Applicants Name, Address & Telephone:  
 Who should we contact when the permit is ready: Shea Egbert  
 Telephone: 207-749-7387  
 If you would like the permit mailed, what mailing address should we use: 8 Milk St. Portland, Me. 04101

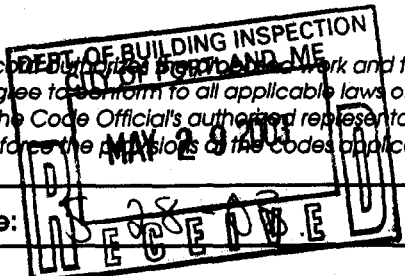
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED.

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 has authorized me to do this 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: Shea Egbert Date: \_\_\_\_\_





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: 8 Milk St.; in Portland, Maine, by the owner of the

establishment being: Shea Egbert, doing business

as: The Crooked Mile, 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: \_\_\_\_\_

Shea Egbert  
Establishment owner

Date: \_\_\_\_\_

5-29-03

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
06/02/03

<b>PRODUCER</b> HOLDEN AGENCY  P O BOX 10610 PORTLAND MAINE 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.
<b>INSURED</b> THE CROOKED MILE SHEA EDBERT DBA 8 MILK STREET PORTLAND ME 04101		<b>COMPANIES AFFORDING COVERAGE</b> COMPANY A ZURICH N.A. SMALL BUSINESS COMPANY B <i>029 B001</i> COMPANY C COMPANY D

**COVERAGE**  
 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.

CD LTR	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 OWNER'S & CONTRACTOR'S PROT	PAS40606874	05/31/03	05/31/04	GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$1,000,000 MED EXP (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$
	OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 PRSMISES LIABILITY

<b>CERTIFICATE HOLDER</b>  CITY OF PORTLAND, MAINE ATT: KERAN DUNFEY 389 CONGRESS STREET PORTLAND, MAINE 04101	<b>IMMEDIATELY</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 ON LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE Eric Wright <i>Eric Wright</i> EW A
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