



DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND BUILDING PERMIT



This is to certify that Soley Wharf Inc

Located At 100 COMMERCIAL ST

Job ID: 2012-06-4260-OSD

CBL: 030- C-001-001

has permission to OSD 5' x 59' 18 chairs and 9 Tables "Spread"

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

**Fire Prevention Officer**

**Code Enforcement Officer / Plan Reviewer**

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD**



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

Acting Director of Planning and Urban Development  
Gregory Mitchell

Job ID: 2012-06-4260-OSD

Located At: 100 COMMERCIAL  
ST

CBL: 030- C-001-001

## **Conditions of Approval:**

### **Building**

This permit approves outside seating only. Any alcohol or entertainment in this space requires licensing approvals from the City Clerk.

The outside dining permit is approved for the area delineated at the inspection and stated on the permit, and must be kept on site.

**THIS PERMIT MUST BE RENEWED ANNUALLY.**

The tables and chairs must not block any means of egress of any building, even during storage. The outdoor seating may NOT be used until the permit is issued and posted on site.



# 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.

B-3

<input checked="" type="checkbox"/> New Application for Outside Dining <input type="checkbox"/> Renewal Application for Outside Dining		
City Clerk signature for liquor license approval: <u>[Signature]</u>		Pending Council Date <u>7/2/2012</u>
Location/Address of Outdoor Seating: <u>100 Commercial St</u>		
Total Square Footage of Proposed Seating Area <sup>1</sup> <u>295 sf (5459)</u>		Square Footage of Lot <u>15,240 sf</u>
Tax Assessor's Chart, Block & Lot Chart# <u>30</u> Block# <u>C</u> Lot# <u>1-8</u>	Phone#: <u>917 916 9803</u>	Owner: <u>Soley Chart LLC</u>
Applicant *must be owner or Lessee Name: <u>100 Commercial, Inc</u> <u>D/B/A Spread</u> Address: <u>100 Commercial St</u> <u>Suite 100</u> City, State & Zip: <u>Portland ME 04101</u>	Lessee/Buyer's Name: (If Applicable) <u>Jung Hur</u>	Annual Fee: <u>\$80</u> Total Sq. Ft. <u>          </u> Sq. Ft. Fee: \$ <u>          </u> Total Fee: \$ <u>          </u>
Current use: <u>Restaurant</u> Business name: <u>Spread Restaurant</u> Seating area dimensions: <u>5' x 59'</u> How many chairs? <u>18</u> How many tables? <u>9</u> <input checked="" type="checkbox"/> Yes Alcohol is served. <input type="checkbox"/> No Alcohol being served.		
Who should we contact for the pre-inspection: <u>Jung Hur</u> Mailing address: <u>100 Commercial St</u> Phone: <u>917 916 9803</u> <u>Suite 100, Portland, ME 04101</u>		

RECEIVED

JUN 15 2012  
Dept. of Building Inspections  
City of Portland Maine

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](http://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.

Signature of Applicant:

[Signature]

Date: 5/25/12

<sup>1</sup> 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.

Braed



# CITY OF PORTLAND, MAINE

Department of Building Inspections

## Original Receipt

Received from 6/15 2012

Location of Work Spread Rest.

Cost of Construction \$ 100 commercial

Permit Fee RECEIVED Building Fee: \_\_\_\_\_

Site Fee: \_\_\_\_\_

Dept. of Building Inspections  
City of Portland Maine

Building (IL) \_\_\_\_\_ Plumbing (15) \_\_\_\_\_ Electrical (12) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: \_\_\_\_\_

Check #: Ca.

Total Collected \$ 80

Total: 80.00

No work is to be started until permit issued.  
Please keep original receipt for your records.

Taken by: (185)

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy



## OUTDOOR DINING PERMIT

LIST

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.**

- ☐ The permit holder is responsible for keeping the outdoor seating area clean. The sidewalk area where the tables and chairs are located must be kept neat and free from litter and debris.
- ☐ No food shall be prepared outside.
- ☐ If alcohol is to be served, the permit holder must notify the City's Business Licensing Office in room 203 of City Hall or by telephone at 874-8557 and obtain approval for the service of alcohol outdoors. Additionally, State law requires that any outdoor area serving alcohol be segregated from the rest of the public.
- ☐ All tables and chairs shall be removed prior to a predicted snowfall and while any snow or ice exists within the designated outdoor seating area or within four feet from the boundaries thereof. The City will not be responsible for damage to any tables, chairs or other property that is not properly removed when the City is engaged in sidewalk maintenance activities.
- ☐ The permit holder shall comply with all applicable rules and regulations implemented by the city regarding outdoor dining.

**Failure to comply with any of the above conditions will result in revocation or non-renewal of the permit.**

I/We fully understand that the City of Portland, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm or damage to my/our person or property arising out of the establishment's occupancy of the sidewalk or park space. To the fullest extent permitted by law, I/We do hereby agree to assume all risk of injury, harm or damage to my/our person or property (including but not limited to all risk of injury, harm or damage to my/our property cause by the negligence of the City of Portland, its agents, officers or employees) arising out of the establishment's occupancy of the sidewalk or park space. I/We hereby agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the City of Portland, its agents, 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 or park space, 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 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: *[Signature]* Date: 6/14/12  
 Printed name Jung Hur  
 Establishment Spread Restaurant  
 Location 100 Commercial St.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/6/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

<b>PRODUCER</b> Cross Insurance-Portland 2331 Congress Street PO Box 567 Portland ME 04112		<b>CONTACT NAME:</b> Jodi Odlin, ACSR <b>PHONE (A/C No. Ext):</b> (207) 780-1677 <b>FAX (A/C No.):</b> (207) 780-6377 <b>E-MAIL ADDRESS:</b> jodlin@crossagency.com	
<b>INSURED</b> Jung Hur, DBA: Spread 100 Commercial St Portland ME 04101		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Peerless Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: CL126667157

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		BINDER	5/30/2012	5/30/2013	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			BINDERCU	5/30/2012	5/30/2013	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		BINDERWC	5/30/2012	5/30/2013	E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Refer to policy for exclusionary endorsements and special provisions. Certificate Holder is an Additional Insured with respect to Commercial General Liability only.

**CERTIFICATE HOLDER****CANCELLATION**

City of Portland  
389 Congress Street  
Portland, ME 04101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jodi Odlin, ACSR/AD5

*Jodi Odlin*

**100 Commercial Street**

**Spread Restaurant Outside Seating**

**Sidewalk Width: 13'7"**

**Tree Box Width: 4'7"**

**Passage Way Width: 4'**

**Seating Area Width: 5'**

**Seating Area Length: 59'**

**Square Footage of Seating: 295 SF**

**Tables: 2'x2'**



# PORTLAND MAINE

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## Receipts Details:

**Tender Information:** Check , Check Number: 428024

**Tender Amount:** 490.00

## Receipt Header:

**Cashier Id:** bsaucier

**Receipt Date:** 7/11/2012

**Receipt Number:** 45856

## Receipt Details:

Referance ID:	7225	Fee Type:	BP-ODS
Receipt Number:	0	Payment Date:	
Transaction Amount:	490.00	Charge Amount:	490.00
Job ID: Job ID: 2012-06-4260-OSD - OSD 5' x 59' 18 chairs and 9 Tables "Spread"			
Additional Comments: OSD 100 Commercial			

Thank You for your Payment!





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Applicant *must be owner or Lessee Name: <u>100 Commercial, Inc</u> D/B/A <u>Spread</u> Address: <u>100 Commercial St</u> City, State & Zip: <u>Portland ME 04101</u>	Lessee/Buyer's Name: (If Applicable) <u>Jung Hur</u>	Annual Fee: <u>\$80</u> Total Sq. Ft. _____ Sq. Ft. Fee: \$ _____ Total Fee: \$ _____
Current use: <u>Restaurant</u> Business name: <u>Spread Restaurant</u> Seating area dimensions: <u>5' x 59'</u> = <u>5x49 feet = 245 sq ft</u> How many chairs? <u>18</u> How many tables? <u>9</u> <input checked="" type="checkbox"/> Yes Alcohol is served. <input type="checkbox"/> No Alcohol being served.		
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