

















Form # P 04

### DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

### CITY OF PORTLAND

than La

or co

Please Read Application And Notes, If Any, Attached

PERMIT

Permit Namber 898619

This is to certify that \_\_

FLATBREAD WHARF LLC /J

has permission to \_\_\_\_\_\_ Decking- replacing deck boards

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buildings and stru

on ac

JUN 1 9 2009

ting this permit shall comply with all

res, and of the application on file in

ces of the City of Portland regulating

OSO DOGSTATION DE PURTLAND

AT 70 COMMERCIAL ST

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

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

Noti ition of spectio nust be give nd writte ermissid rocured befo his bui g or pa hereof is ed-in. 24 lathe or oth HOU NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

CAPT. 2

Health Dept.

Appeal Board

Other

Fire Dept.

Department Name

PENALTY FOR REMOVING THIS CARD

City of Portland, M	laine - Bui	lding or Use	Permi	t Applicatio	n Permit No:	Issue Date:		CBL:		
389 Congress Street, 0		•			1			030 D0	03001	
Location of Construction: Owner Name:			Owner Address:				Phone:			
70 COMMERCIAL ST FLATBREAU		O WHARF LLC		7 MARKET SQ						
		Contractor Name	::		Contractor Address	<u> </u>		Phone		
		Jonathan Lars	on		67 Washburn Po		20771273	366		
Lessee/Buyer's Name Phone:					Permit Type:	-		Zone:		
					Alterations - Co	mmercial			WCZ	
Past Use:		Proposed Use:	<u> </u>		Permit Fee: Cost of Work:			CEO District:		
Commercial - Flatbread - Decking   Commercial -			Flatbread - Decking- c boards one by one		\$160.00	\$160.00 \$13,850.0		1		
					FIRE DEPT: Approved INS			SPECTION:		
						Denied	Use Group	: A/U BC ZOO	Type:	
					_		_	0	_	
					# See Co.	nditions	1	BC ZOC	73	
Proposed Project Description	n:	•			1			-1.1	l.	
Decking- replacing deck	k boards one	by one			Signature: (Ki	<u> </u>	Signature:			
					PEDESTRIAN ACTIVITIES DISTRIC			CT (P.A.D)		
					Action: Appro	ved  App	roved w/Co	d w/Conditions Denied		
			T		Signature:		D	)ate: 		
Permit Taken By: Ldobson	1	pplied For: 2/2009			Zoning	g Approva	l			
			Spe	cial Zone or Revi	ews Zoni	ws Zoning Appeal			Historic Preservation	
1. This permit applica Applicant(s) from r			Shoreland		☐ Variance			Not in District or Landmar		
Federal Rules.	nooning appro	ousio state una					"			
2. Building permits do	not include	plumbing,	□ w	etland	☐ Miscell	Miscellaneous		Does Not Require Review		
septic or electrical										
3. Building permits ar			Flood Zone		Conditional Use			Requires Review		
within six (6) months of the date of issuance. False information may invalidate a building										
permit and stop all	•	e a building	Subdivision		☐ Interpretation			Approved		
permit and stop an	WOIK							7 <b></b>	(C4):::	
The second secon	Carles and American	i		te Plan		red		Approved w/	Conditions	
PERMITISSUED  JUN 1 9 2009			Maj Minor MM OKWI CONTINA					Denied		
							n.	<i>₹</i> <b>₩</b>		
			Date:	6116 109 AR	Date:	/ Date.			Date:	
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			(	ERTIFICATI	ON					
I haraby cartify that I am	the owner of	fragard af the no				a authorized	by the ou	unar of raca	rd and that	
I hereby certify that I am I have been authorized by										
jurisdiction. In addition,										
shall have the authority t										
such permit.										
SIGNATURE OF APPLICANT				ADDRES	S DATE			PHO	ONE	
The state of the Liefth				. 251100		5.116		1110	· <del></del>	
RESPONSIBLE PERSON IN	CHARGE OF V	VORK, TITLE				DATE		PHO	NE	

#### **BUILDING PERMIT INSPECTION PROCEDURES**

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

X Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

**CBL:** 030 D003001 **Building Permit #:** 09-0613

Signature of Inspections Official

City of Portland, Maine - Building or Use Permit				Permit No:	Date Applied For:	CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716				09-0613	06/12/2009	030 D003	3001	
Location of Construction:		Owner Name: Ov			Owner Address:	Phone:		
70 COMMERCIAL ST		FLATBREAD WHAR	FLATBREAD WHARF LLC 7			7 MARKET SQ		
Business Name:		Contractor Name: Co			Contractor Address:	Phone		
		Jonathan Larson			67 Washburn Port	land	(207) 712-7	366
Lessee/Buyer's Name		Phone: P		Permit Type:				
					Alterations - Commercial			
Proposed Use:				Propose	d Project Description:			
Commercial - Flatbread	- Decking-	replacing deck boards one	by one	Deckir	ng- replacing deck	boards one by one		
	C	, ,	J	ľ		,		
				1				
Dept: Zoning	Status:	Approved with Condition	s Re	viewer:	Ann Machado	Approval D	ate: 06/16	/2009
Note:		••				••	Ok to Issue:	<b>✓</b>
1) This permit is being		repair of the deck only. The kway beside the building a		•		en determined at this	s time. This is	not
2) This permit is being work.	approved o	on the basis of plans submit	tted. An	y deviat	ions shall require a	separate approval b	efore starting	that
Dept: Building	Status:	Approved with Condition	s Re	viewer:	Tammy Munson	Approval D	ate: 06/19	/2009
Note:		••			·		Ok to Issue:	<b>✓</b>
	ek hoorde e	only. If any additional rot is	e discove	ered dur	ing replacement, th	uis nermit must he an	•	
1) This permit is for de	ck boards (	omy. If any additional for is	s discove	sica aui	ing replacement, in	ns permit must be an	ichaca.	
Dept: Fire	Status:	Approved with Condition	s Re	viewer:	Capt Keith Gautr	eau Approval D	ate: 06/16	/2009
Note:					•		Ok to Issue:	<b>✓</b>
							OK to issue.	L

#### **Comments:**

6/16/2009-amachado: Spoke to Bob Leeman. He has seen the plans and has given a verbal OK. He will send a follow up in writing giving his OK.

6/16/2009-Ldobson: 6/16/2009 11:39:49 AM I approve the plans and method of repair that Flatbread Restraunt has submitted for repairs to the deck at the entrance.

Thanks Bob

Sent by Blackberry

From:

Bob Leeman

To:

Lannie Dobson

Date:

6/16/2009 11:39:49 AM

Subject:

Flat bread

I approve the plans and method of repair that Flatbread Restraunt has submitted for repairs to the deck at the entrance.

Thanks

Bob

Sent by Blackberry

# General Building Permit Application

Tyon of the property owner ower readestake of personal property taken of ascillenarges on any property within the Chy province arrangement, much be taken perturbed of any anice are accepted.

Total Square Footage of Proposed Structure/	76 Area	Comme. Square Foo	tage of Lat	Nun	iber of Stories
		1065	Street	a	ound level
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#		1 1 1 1	t, Lessee or Buye	r' Te <b>)</b> e	phone: 712-7361
30 D 3	1 William	lat Drend.	Inc lord	aiu	
		ommer Cia	DT W		
	City, State	& Zipforford	le 6411	OI	
Lessee/DBA (If Applicable)	Owner (if	different from a	Applicant)	Cost Of	
JUN 1 2 2009	Name -			Work: \$_	
:	Address			CofOF	ee: \$
·	City, State	& Zip		Total Fee	· 13,850
,			•	TOTAL LIGH	* 1 2/000
Comment level use (i.e. single family)	aby t	/(15 thurn	J . per of Residential	Linute	$\cap$
Current legal use (i.e. single family)  If vacant, what was the previous use?				Oms	
Proposed Specific use: Site Sc	tincy	<u> </u>			
Is property part of a subdivision?  Project description: Replacing d	ect 1	Dourds (	one by	Onc	-
$L^{\prime}\mathcal{H}^{\prime}$			•		
Contractor's name:	MIN				
Address: 6/ Washbirn					
City, State & Zip Portland 1	C O	1102	Tele	ephone:	712-1564
Who should we contact when the permit is ready	Joneth			phone:	-0
Mailing address: 4 Vash Duy	$\sim$				
Please submit all of the information o	utlined or	the applica	ble Checklist	Failure	to
do so will result in the a					
		•	•		
order to be sure the City fully understands the ful					
ay request additional information prior to the issur iis form and other applications visit the Inspections					
ivision office, room 315 City Hall or call 874-8703.				,	
nereby certify that I am the Owner of record of the nam	ed property, o	or that the owner	of record authorize	es the prope	osed work and
at I have been authorized by the owner to make this app we of this jurisdiction. In addition, if a permit for work d	lescribed in th	is application is is	sued, I certify that	the Code (	Official's
thorized representative shall have the authority to enter- ovisions of the codes applicable to this permit.	all areas cove	ted by this permit	at any reasonable	hour to enf	orce the
		0 [	J'	(I)	
gnature:	Date:	613	16,9		
		~ ~ ( )	1 ( / 1		1
This is not a permit; you may not	commence	ANY work un	til the permit is	issue	
This is not a permit; you may not	commence	ANY work ur	til the permit is	issue	



Strengthening a Remarkable City, Building a Community for Life www.portlandmaine.gov

Corporation Counsel Gary C. Wood

Associate Counsel Mary E. Costigan Danielle P. West-Chuhta Ann M. Freeman

June 12, 2009

Bob Morgan Flatbread Company 72 Commercial Street Portland, ME 04101

Re: Repair of Walkway

Dear Bob:

I am writing in regard to your request for a license for the walkway adjacent to your building which is believed to be located on City property. Please be advised that the City is researching the property history relating to this location and intends to issue a license to Flatbread Company for the walkway if it is ultimately determined that the walkway is located on City property.

In your letter of May 20<sup>th</sup> in which you requested a license, you also indicated that the walkway is in need of repairs. Due to the safety issues relating to the condition of the walkway, Flatbread has the City's permission to go forward with repairs to the walkway as the details of the property ownership and need for a license are worked through.

In order to protect the City's property interest, we would request that any plans for walkway repairs first be submitted to Bob Leeman, the City's Director of Building Facilities, prior to any work being performed on site. Bob can be reached at 233-0350.

If you have any questions, please feel free to contact me.

Sincerely,

Mary E. Costigan

Associate Corporation Counsel

Bob Leeman cc:

O:\OFFICE\MARY C\letters\flatbread 6.12.09.doc

## FLATBREAD PIZZA

The following is a proposal for the edemolition (A), materials (B), and labor (c) regulared to replace the existing decking at Flatbread Pizzer Company's Commercial Street, Portland location.

A) DEMOLITION: The demolition on this job will be done gradually, and never exceed that which can be replaced by the end of each work day. COST FOR DENO = \$3,000.00

DISPOSA: The bulk of removed timbers are to be disposed of at the end of each work day.

COST FOR DISPOSAL=\$1,000.00

TOTAL COST FOR DEMO + DISPOSAL = A = 44,000.00

B) MATERIALS: The lumber required for replacement decking is pressure treated 3" X8" x 16 planking.

COST FOR DECKING = 5,100.00

The cost for the 6" GRK Fasteners required to fix the new decking in place is, COST FOR FASTENERS = 1,400.00

Specialty bits required to drive prediscribed fasteners COST FOR SPECIALTY BITS= \$5000

There is also an alotment for saw blades

COST FOR SAW BLADES = \$300.00

TOTAL COST FOR MATERIALS = B=16,850,00

C) LABOR: This cost covers 100% of labor required for the job.

TOTAL COST FOR LABOR = C= 3,000.00

TOTAL COST FOR JOB CONES TO \$13,850.00 to be paid as follows on page 2.

### FLATBREAD PAYMENT SCHEDULE

AMOUNT DUE

DATE DUE

a \$6497.16

due open signing of contrac-

6 \$2,000.00

due by the end of busines on 6/15/09

3 2,000°

on 6/22/09

@ 3,35d.84

due upon successful completion of the job, no later than the end of business on 6/29/09

By signing below both parties; contractor + client are binding a contractual agreement to the after mentioned terms.

contractor s	lignatu (è	Jonathan	Larson
cliente sign	oture _	Robert Mo	Man

File Telnet FTP Window Help



File Edit Page Reports Layout Options Window Help Enter Payments for Order #: 81037151

Total Merch: Total Other 6187.77 309.39

Total: 6497.16

PC Desc

Check#/CC#

Total Invoiced

Amount Tendered Avail Deposit

6497.16 6497.16 0.00 0.00

BALANCE/CHANGE DUE:

Exp Date Ref

AT 00

0.00

Amount

X

CHECK

4607/flatbread co. 00

1130538

Customer: JONATHAN LARSON (1130538-0-0

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F9>

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(0-10-09 B7G. File Edit Page Reports Layout Options Window Help Whs#: POR - Order Entry - View an Order Ent By: TJM TIM MANCINE x121 AUB --- Ship#1 Total ---Cust #: 1130538 Name: JONATHAN LARSON Non-Tax Other: 0.00Taxable Other: 0.00 Address: 67 WASHBURN ST, PORTLAND Status: OPEN Order #: 81037151 Shipment #: 1 Date: 06/10/09 Total Merch: 6187.77 Confirmed: NO Inv Status: NO Total Other: 0.00 [X] Cash Ship Date: 309.39 Tax: JONATHAN LARSON Ship To: ? Cust PO#: Total Amount: 6497.16 Sales Rep: TJM TIM MANCINE x121 AUB Terms: 100 10% disc (Chas due by 10th) Invoiced: 0.00 Deposits: Maine - Taxable Tax Code: MEY 6497.16 Break: 1 Retail Sales Bal Due: 0.00 Sls Type: W Warehouse Face Disc Pct: 0.00 GM%: 31.05 Price Base: N RBNLCR <Zoom F3> <Restart F4> <Misc F5> <Inq F6> <Pick F8> <Inv F9> <Pg 2 F11> CHLC Enter the customer PO #.

Falcon - h1360.hamm...

File Edit Page Reports Layout Options Window Help Whs#: POR - Enter SKUs for: 1130538 JONATHAN LARSON Stock #: Ord #: 81037151 Ship#: 1 TOT: 6497.16 GM: 31.05 Brk: 1 OH: 0.00 CS: 0.00 AV: 0.00 00: 0.00 Description/SKU U/M Ordered Ship/RTS Backorder U/M Price Ln # BS 30 10 PRESSURE TREATED 0.00 EA 112.00 112.00 43.060 N 15 5/16"X6" REISSER 2200.00 2200.00 0.00 0.600 N EΑ 20 GRK T-30 1"BIT FI 17.00 17.00 0.00 CRD 2.650 N O F3> <Save F2> <Misc F5> <Inq <Zoom <Clr F9>> < P g F6> F11> cHLC Enter the Stock #. Falcon - h1360.hamm...









