

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

BUILDING DEPARTMENT

## PERMIT

Please Read Application And Notes, If Any, Attached

**PERMIT ISSUED**  
Permit Number: 050315  
**APR - 4 2005**  
**CITY OF PORTLAND**

This is to certify that Wellin & Co/n/a  
has permission to Create outdoor seating w/ 8 tables and 2 chairs  
AT 85 Exchange St 032 D004001

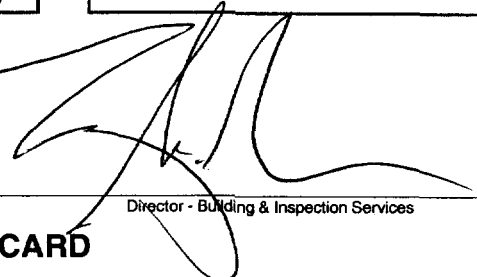
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in 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 when permission procured before this building or part thereof is laid or closed-in. **48 HOUR 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

  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

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

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

Permit No: 05-0315	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Issue Date: <b>APR - A 2005</b>                  CBD: 032 DO#4001             </div>	
Owner Name: Wellin & Co	Owner Address: Po Box 533	Phone:
Business Name:	Contractor Name: n/a	Contractor Address: n/a Portland
Lessee/Buyer's Name: <i>O'Naturals</i>	Phone:	Permit Type: Outdoor Seating
		Zone: <b>B-3</b>

Past Use: Commercial	Proposed Use: Commercial create outdoor seating
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Permit Fee:	Cost of Work: \$75.00	CEO District: 1
FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>[Signature]</i>		INSPECTION: Use Group: <i>[Signature]</i> Type: <i>Cracking</i>

**Proposed Project Description:**  
Create outdoor seating w/ 8 tables and 24 chairs

Signature: \_\_\_\_\_

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action:  Approved  Approved w/Conditions  Denied

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

Permit Taken By: dmartin	Date Applied For: 03/29/2005	<b>Zoning Approval</b>
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.  2. Building permits do not include plumbing, septic or electrical work.  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..	<b>Special Zone or Reviews</b> <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"/> <i>OK with condi</i> Date: <i>3/4/05</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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 <i>any exterior work</i> Date: <i>Requires A Separate review and approval</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 of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 05-03 15	<b>Date Applied For:</b> 0312512005	<b>CBL:</b> 032 D004001
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<b>Location of Construction:</b> 35 Exchange St	<b>Owner Name:</b> Wellin & Co	<b>Owner Address:</b> Po Box 533	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> n/a	<b>Contractor Address:</b> n/a Portland	<b>Phone:</b>
<b>Applicant/Owner/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Outdoor Seating	

<b>Proposed Use:</b> Commercial create outdoor seating	<b>Proposed Project Description:</b> Create outdoor seating w/ 8 tables and 24 chairs
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 04/01/2005

**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.
- 2) ANY exterior work requires a separate review and approval thru Historic Preservation
- 3) Separate permits shall be required for any new signage.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 04/01/2005

**Note:** **Ok to Issue:**

- 1) This permit DOES NOT authorize any construction activities. The seating area must NOT block any means of egress from any buildings.

**Dept:** Zoning      **Status:** Pending      **Reviewer:**      **Approval Date:**      **Ok to Issue:**

**Dept:** Building      **Status:** Pending      **Reviewer:**      **Approval Date:**      **Ok to Issue:**

MAR 25 2005

# RECEIVED 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.

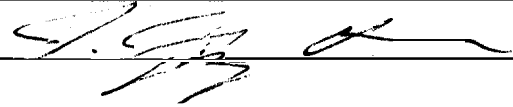
Location/Address of Construction: <u>83 Exchange St</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Number	Owner:	Telephone#:
Chart# <u>32</u> Block# <u>D 004</u> Lot#	<u>Wellin Co</u>	
Lessee/Buyer's Name (If Applicable)	Owner's/Purchaser/Lessee Address:	Cost Of Work:      Fee:
	<u>83 Exchange St, #305 Portland, ME 04101</u>	\$ <u>0</u> \$ <u>75.00</u>
Current use: <u>O'Neals Restaurant</u> If the location is currently vacant, what was prior use: <u>n/a</u> Approximately how long has it been vacant: <u>n/a</u> Proposed use: <u>outside seating</u> Project description: <u>outside seating</u> How many chairs <u>24</u> How many tables <u>8</u> ....		
Contractor's Name, Address & Telephone: Applicants Name, Address & Telephone: <u>O'Neals, St, #305    207.874.4911</u> <u>Portland, ME 04101</u> Who should we contact when the permit is ready: _____ Telephone: <u>874-4911</u> If you would like the permit mailed, what mailing address should we use:		

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.

Signature of applicant: 	Date: <u>3/18/05</u>
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Inspection Services  
Michael J. Nugent, Manager



Department of Urban Development  
Joseph Gray, Jr. Director

## CITY OF PORTLAND

### OUTSIDE DINING ON PRIVATE AND/OR CITY PROPERTY

Permits are required for expanding eating facilities (tables and chairs) to the outside whether it is on private and/or City Property. The fee is based on the cost of work (which in most cases would be less than \$1,000 or a fee of **\$75.00**). The permit after obtained is covered from April 15<sup>th</sup> thru September 30\* of that same year. **This is a permit that you must renew every year prior to commencing the activity.**

The following will have to be included as part of your submissions. Please note that you will also fill out a standard building permit. We have deleted many of the unnecessary requirements that are related to a structural building permit hoping to make the process easier for the applicant.

A plot plan showing the following:

- A drawing of the lot and where the building sits on the lot along with the lot and building dimensions
- Show the dimensional setback from the sidewalk to the building
- The location of the street, and if it's a corner lot intersecting streets
- **Show** the sidewalk on the drawing along with its width and location of curbing
- Show the location of the table and chair placement

The tables and chairs shall be placed on the sidewalk in such a manner as to allow the free and safe passage of pedestrian traffic. If the placement of the tables and chairs creates a public safety hazard, the establishment shall comply with the request of the Municipality to relocate the chairs and tables to a more suitable location.

The establishment shall keep the sidewalk area where the tables and chairs are located neat and free from litter and debris.

The establishment shall produce and maintain public liability insurance coverage in an amount of not less than three hundred thousand (\$300,000) combine single limit for bodily **injury**, death and property damage. The City will be named as an additional insured thereon if the chairs and tables on City property.

**No food shall be prepared outside.** If alcohol is to be served, we need to be notified. State law requires that the area be segregated from the rest of the public. **Please contact the Licensing Department at 207-874-8557 before you commence any serving of alcohol outside.**

If the establishment is to be on City Property an indemnifying statement shall be signed by the establishment (owner). Please read the attached and sign.



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

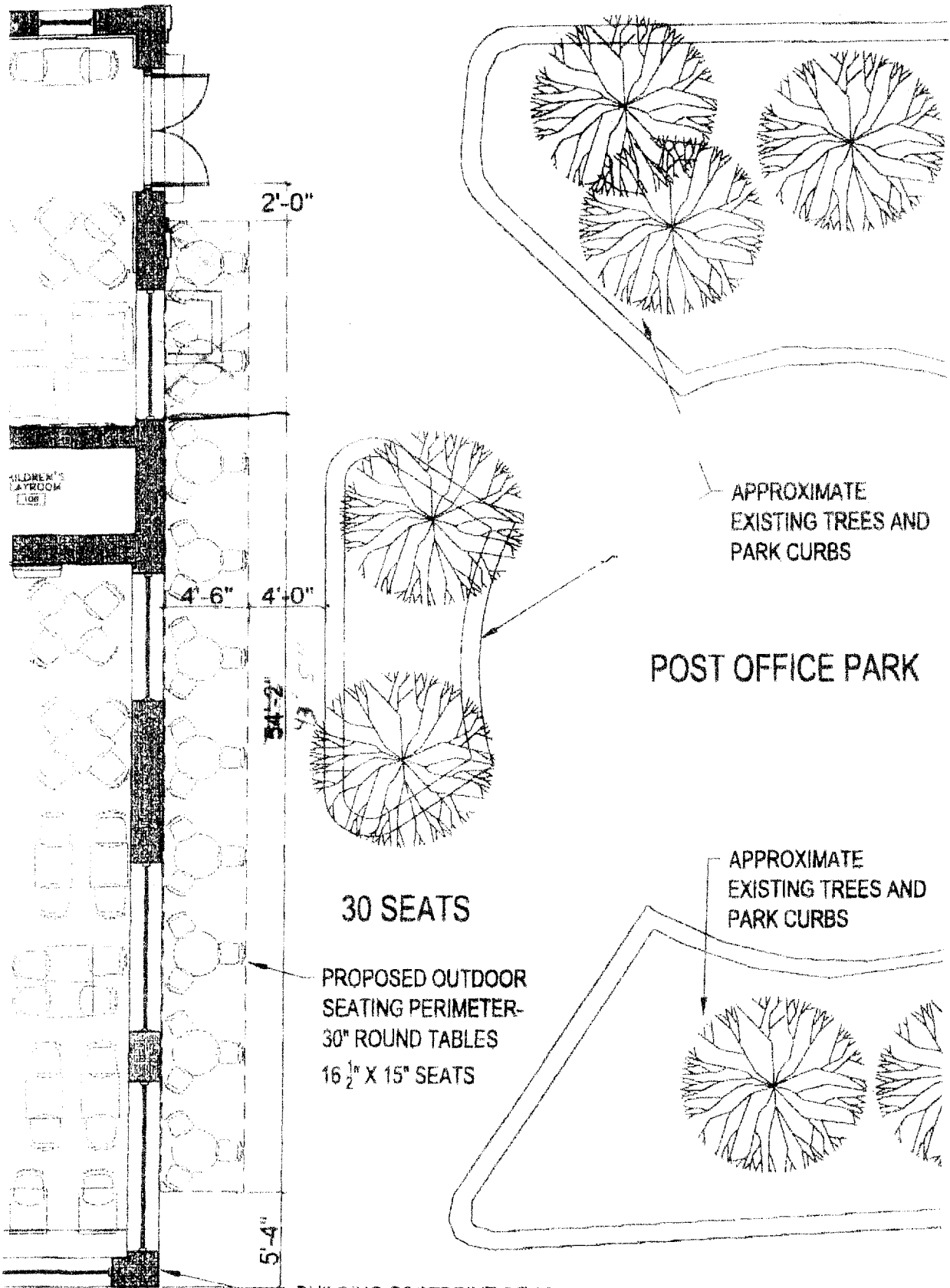
location: X3 Exchange St; in Portland, Maine, by the owner of the establishment being: O'Naturals, doing business

as: O'Naturals, 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: 3/18/05



O'NATURALS  
 83 EXCHANGE STREET  
 PORTLAND MAINE

TFH ARCHITECTS  
 100 COMMERCIAL ST  
 PORTLAND MAINE 04106  
 TELEPHONE 207 773 0174  
 ARCHITECTURE PLAN

CONSULTANTS:

DATE: 04/03  
 PROJECT No.  
 DRAWN BY:  
 CHECKED BY:  
 SCALE: NC

SHEET TITLE:  
 OUTSIDE SEATING PLAN

BUILDING FOOTPRINT OF 83 EXCHANGE STREET

1 OUTDOOR SEATING PLAN

ALL DIMENSIONS ARE

SK26

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
03/22/2005

PRODUCER (914)761-9000 FAX (914)761-3749  
 SKCG Group, Inc.  
 123 Main St., 14th Fl  
 White Plains, NY 10601

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 **O'Natural's Inc.**  
 c/o Mac Mccabe  
 44 Exchange Street, Suite 305  
 Portland, NE 04101

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>Contintental Casualty</b>	
INSURER B: <b>Transportation Insurance Co.</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 C/W/M'S

INSR ADD'L LTR / NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	P	T	LIMITS							
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	C1098613699	11/21/2004		11/21/2005	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/DP AGG \$ <b>2,000,000</b>							
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	C1098613704	11/21/2004		11/21/2005	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$							
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO					AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$							
	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>	C1095613718	11/21/2004		11/21/2005	EACH OCCURRENCE \$ <b>4,000,000</b> AGGREGATE \$ <b>4,000,000</b>  \$ \$ \$							
<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATU-TORY LIMITS</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
OTHER													

DESCRIPTION OF OPERATIONS/ LOCATIONS /VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**Certificate holder is hereby named as additional insured with respects to: "Outdoor Seating".**

**CERTIFICATE HOLDER**

**City of Portland**  
 389 Congress Street  
 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 30 DAYS WRITTEN NOTICE TO ME 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 \_\_\_\_\_



## **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.