

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

Permit Number: 070427

PERMIT ISSUED
MAY - 7 2007
CITY OF PORTLAND

This is to certify that TOP OF EXCHANGE LLC

has permission to Outdoor Seating

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 this State 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 lashed or closed-in. **24 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. Carey Cross

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Signature]
5/7/07
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

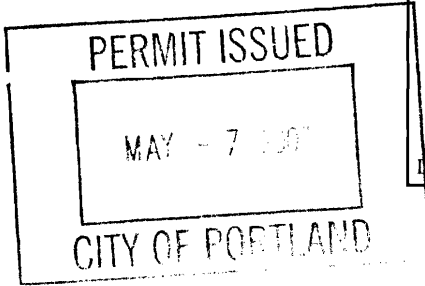
Permit No: 07-0427	Issue Date:	CBL: 032 D004001
-----------------------	-------------	---------------------

Location of Construction: 85 EXCHANGE ST	Owner Name: TOP OF EXCHANGE LLC	Owner Address: 42 MARKET ST	Phone:
Business Name:	Contractor Name: n/a	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	Zone: B-3

Past Use: Commercial / Restaurant, O'Naturals	Proposed Use: Commercial / Restaurant, O'Naturals outdoor seating	Permit Fee:	Cost of Work: \$80.00	CEO District: 1
Proposed Project Description: Outdoor Seating		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>J</i> Type: <i>Seating</i> <i>City of Pld Ordinance</i>	
		Signature: <i>Lorey Cross</i> 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: dmartin	Date Applied For: 04/20/2007	Zoning Approval	
-----------------------------	---------------------------------	------------------------	--

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..



Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: _____	Date: _____	Date: _____

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

Permit No: 07-0427	Date Applied For: 04/20/2007	CBL: 032 D004001
------------------------------	--	----------------------------

Location of Construction: 85 EXCHANGE ST	Owner Name: TOP OF EXCHANGE LLC	Owner Address: 42 MARKET ST	Phone:
Business Name:	Contractor Name: n/ a	Contractor Address: Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	

Proposed Use: Commercial / Restaurant, O'Naturals outdoor seating	Proposed Project Description: Outdoor Seating
---	---

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 04/25/2007

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) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 05/07/2007

Note: **Ok to Issue:**

- 1) This permit approves outside seating only. Any food, alcohol or entertainment in this space requires licensing approvals from the City Clerk.
- 2) The tables must NOT block any egress from any buildings.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Greg Cass **Approval Date:** 05/25/2007

Note: **Ok to Issue:**

- 1) Shall not impede any means of egress



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.

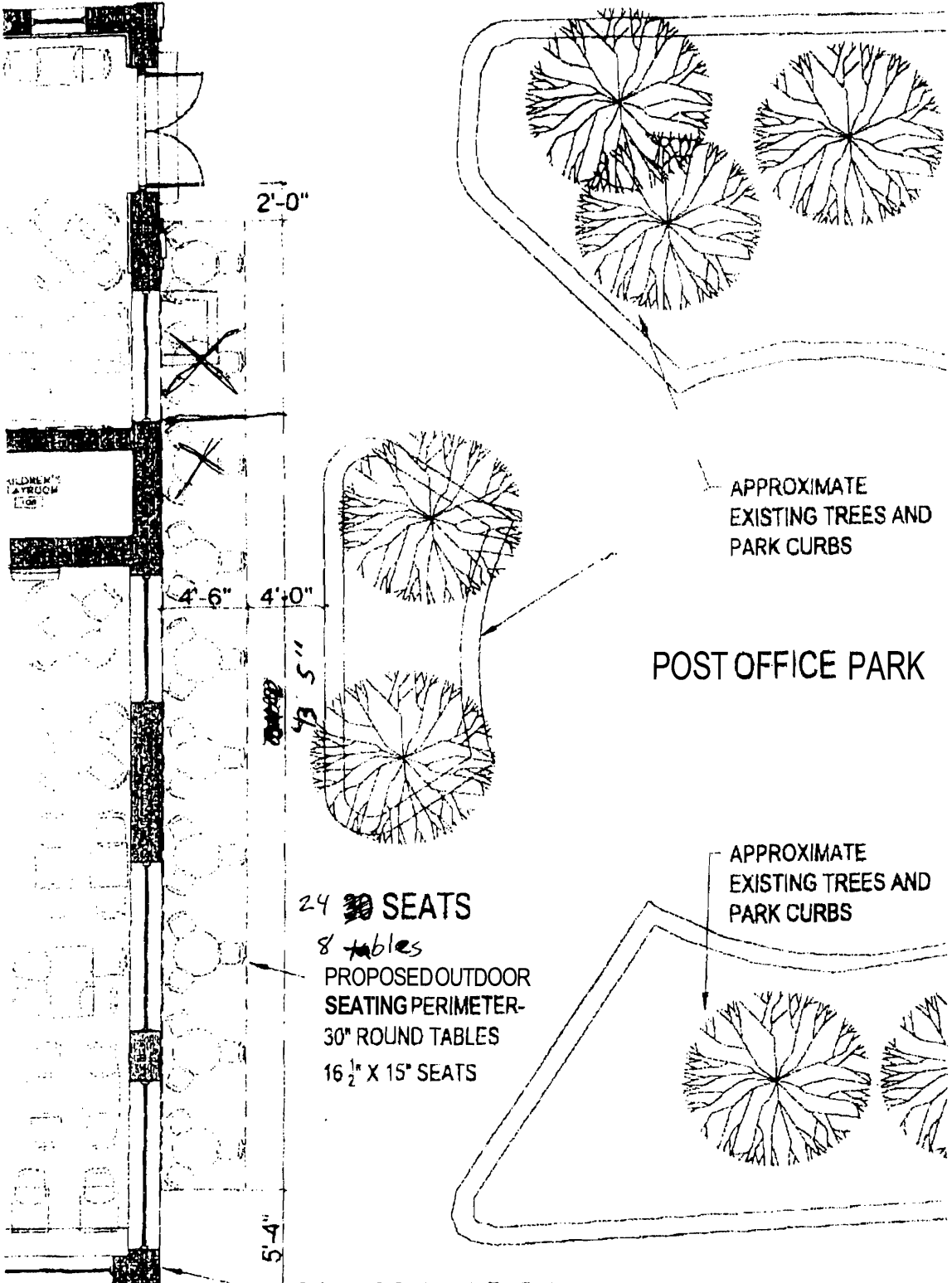
Location/Address of Construction: <u>83 Exchange St</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>32 D 004</u>	Owner: <u>TOP OF EXCHANGE, LLC</u>	Telephone: <u>774.1000</u>
Lessee/Buyer's Name (If Applicable) <u>O'Naturals</u>	Owner's/Purchaser/Lessee Address <u>83 Exchange St. Portland, ME 04101</u>	Cost Of Work: \$ <u>N/A</u> Fee: \$80.00
Current use: <u>Restaurant</u> Business name: <u>O'Naturals</u> If the location is currently vacant, what was prior use: _____ Approximately how long has it been vacant: _____ Proposed use: <u>outside seating</u> Project description: Outside Seating How many chairs? <u>24</u> How many tables? <u>3</u> Please contact the City Clerk's Office @ 874-8557 before you commence any serving of food or alcohol outside.		
Contractor's name: _____ Address & telephone: <u>44 Exchange St #305 Portland, ME 04101</u> Who should we contact when the permit is ready: <u>Liz Koenigsberg</u> Mailing address: _____ Phone: <u>522.4079</u>		

Please submit all of the information outlined in the Outdoor Seating 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.

DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME Signature of applicant: <u>[Signature]</u>	Date: <u>4/2/07</u>
This is not a permit, you may not commence ANY work until the permit is issued. APR 20 2007 RECEIVED	



O'NATURALS
 83 EXCHANGE STREET
 PORTLAND, MAINE

POST OFFICE PARK

TFH ARCHITECT
 100 COMMERCIAL ST
 PORTLAND, MAINE, ME
 TELEPHONE 207 776
 ARCHITECTURE PLAN

CONSULTANTS:
 DATE: 04/01
 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)
4/3/2007

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. Mr. Mac McCabe 44 Exchange Street, Suite 305 Portland ME 04101	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Contintental Casualty</td> <td>20443C</td> </tr> <tr> <td>INSURER B: Transportation Insurance</td> <td>20494C</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Contintental Casualty	20443C	INSURER B: Transportation Insurance	20494C	INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Contintental Casualty	20443C												
INSURER B: Transportation Insurance	20494C												
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 CLAIMS.

INSR LTR #	ADD'L #NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	C1098613699	11/21/2006	11/21/2007	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC
		AUTOMOBILE LIABILITY				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"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AUTO ONLY: AGG \$
B		EXCESS/UMBRELLA LIABILITY	C1095613718	11/21/2006	11/21/2007	EACH OCCURRENCE \$ 4,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 4,000,000
		<input type="checkbox"/> DEDUCTIBLE				
		<input checked="" type="checkbox"/> RETENTION \$ 10,000				
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 City of Portland is named as additional insured as respects to the permit for outdoor seating at 83 Exchange Street, Portland, ME.
 Additional insured status is granted for general liability only per policy terms and conditions, when required by written contract or agreement. Notice of cancellation for non-payment is 10 days plus mailing time.

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 <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Thomas Kozera/DANI
--	--

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.