If you or the property owner owes real estate or personal property taxes or user charg within the City, payment arrangements must be made before permits of any kind are a

CITY OF PORTLAND, MAINE — RESURGAM
Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 06/14/16

Check all that apply: ☐ **New** Application for Outdoor Dining
or ☑ **Renewal** Application for Outdoor Dining
☐ Application for dining on **Private Property**

☐ Outdoor Dining in a **Public Park** ☐ If **Renewal,** are there changes to previ

☐ Outdoor Dining in a **Historic District** ☐ **Yes** ☑ **No**

☐ **Petition** for Exception for Special Circumstances

☑ **Liquor License** required?

City Clerk signature for liquor license approval: Paul Gaudet, Asst. City Cl

OR Pending Council Date: _____

Location Name & Address: SONNY'S 83 EXCHANGE STREET	**Chart** 0032 **Block** D004 **Lot** 001
Owner Name: TOP OF EXCHANG ELC **Owner Phone #:** 207-772-1000	**Total Square Footage of Proposed Outdoor Dining Area:**[1] 200 sq ft
Applicant *must* be owner or lessee Name: JAY VILLANI (SONNY'S) Address: 83 EXCHANGE ST City, State & Zip: PORTLAND, ME 04101 E-Mail: SONNYS83@GMAIL.COM	**Fee**: $80 (Public-Annual) $125 (Private 1X) Total Sq. Ft.: _____ Sq. Ft. Fee: (sq ft x $2) $_____ (sq ft x $6 for public parks) **Total Fees:** $_____ **(Permit not issued until all fees are paid)**

Current use: RESTAURANT

Business name: SONNY'S

Seating area dimensions: 200 sq ft

How many chairs? 24 How many tables? 7

☑ **Yes** Alcohol is served.

☐ **No** Alcohol being served.

Who should we contact: DAWN DZIEDZIAK Phone: 207-772-7774

Address: 83 EXCHANGE STREET E Mail: sonnys83@gmail.com

Please submit all of the information outlined in the Outdoor Dining Application Checklist. Failu so will result in the automatic denial of your permit. New applications and renewals are review annual basis and should be submitted no later than June 1st.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may r additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, 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 w that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all appl laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Offic authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce provisions of the codes applicable to this permit.

Signature of Applicant: _____ Date: 5.16.16

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 Dire Parks and Recreation or his or her designee.

Portland, Maine | Yes. Life's good here.

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Department of Permitting and Inspections

Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding that this is a legal document and your electronic signature is considered a ***legal signature*** per Maine state law. You are also signifying your intent on paying your fees by the selections below.

1. Once the complete application package has been received by us, and entered into the system
2. You will receive an e-mailed invoice from our office which signifies that your electronic permit application and corresponding paperwork have been entered, ready for payment, to begin the process.
3. You then have the following four (4) payment options:

☐ provide an on-line electronic check or credit/debit card (we accept American Express, Discover, VISA, and MasterCard) payment

☐ call the Inspections Office at (207) 874-8703 and speak to an administrative representative to provide a credit/debit card payment over the phone

☑ hand-deliver a payment method to the Inspections Office, Room 315, Portland City Hall

☐ deliver a payment method through the U.S. Postal Service, at the following address:

City of Portland
Department of Permitting and Inspections
389 Congress Street, Room 315
Portland, Maine 04101

By signing below, I understand the review process starts only once my payment has been received. After all approvals have been met and completed, I will then be issued my permit and it will be sent via e-mail. ***No work shall be started until I have received my permit.***

Applicant Signature: _____ Date: 5.18.16

I have provided digital copies and sent them on: Date: 5.19.16

NOTE: All electronic paperwork must be delivered to buildinginspections@portlandmaine.gov or by physical means ie; a thumb drive or CD to the office.

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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: _____ Date: 5.16.16

Printed name DAWN DZIEDZIAK

Establishment SONNY'S

Location 83 EXCHANGE ST PORTLAND

This is not a permit; you may not commence ANY work until the permit is issued.