

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 040417

Please Read Application And Notes, If Any, Attached

This is to certify that City Of Portland/O Naturals

has permission to 9 tables, 27 seats used for outdoor seating for O'Neals

AT 70 Exchange St 032 H009001

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 written permission procured before this building or part thereof is altered or closed-in. HEAVY 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. [Signature]

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Signature]
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: 04-0417	Issue Date:	CBL: 032 H009001
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Location of Construction: 70 Exchange St	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone:
Business Name:	Contractor Name: O Naturals	Contractor Address: 44 Exchange St. #305 Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	Zone: <i>ROS</i>

Past Use: Post Office Park	Proposed Use: Post Office Park w/9 tables, 27 seats used for outdoor seating for O'Natural's	Permit Fee: \$75.00	Cost of Work: \$75.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>✓</i> Type: <i>outdoor seating</i> <i>BOCA 1999</i>	

Proposed Project Description: 9 tables, 27 seats used for outdoor seating for O'Natural's	Signature: <i>[Signature]</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: Idobson	Date Applied For: 04/13/2004	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p><i>ok with conditions</i></p> <p>Date: <i>4/20/04</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input checked="" type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>
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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

Permit No: 04-0417	Date Applied For: 04/13/2004	CBL: 032 H009001
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Location of Construction: 70 Exchange St	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone:
Business Name:	Contractor Name: O Naturals	Contractor Address: 44 Exchange St. #305 Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	

Proposed Use: Post Office Park w/9 tables, 27 seats used for outdoor seating for O'Natural's	Proposed Project Description: 9 tables, 27 seats used for outdoor seating for O'Natural's
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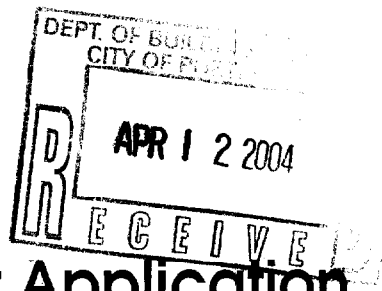
Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 04/20/2004**Note:** **Ok to Issue:**

- 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:** 04/22/2004**Note:** **Ok to Issue:**

- 1) The outdoor seating area must NOT block any means of egress from any abutting building.

Dept: Fire **Status:** Approved **Reviewer:** Lt. MacDougal **Approval Date:** 04/21/2004**Note:** **Ok to Issue:**



040417

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: 83 Exchange St

Total Square Footage of Proposed Structure existing Square Footage of Lot ~4000'

Tax Assessor's Chart, Block & Lot Number
Chart# 032 Block# D Lot# 004
Owner: Wellin + Co
97A Exchange St
Telephone#: 879-3422

Lessee/Buyer's Name (if Applicable) Jay Friedlander - O'Naturals
Owner's/Purchaser/Lessee Address: 44 Exchange St, #305
Portland, ME 04101
Cost Of Work: \$ 0 Fee: \$75.00

Current use: Restaurant
If the location is currently vacant, what was prior use: _____
Approximately how long has it been vacant: _____
Proposed use: Restaurant w/ outside seating
Project description: outside seating
How many chairs 27 How many tables 9

Contractor's Name, Address & Telephone: N/A
Applicants Name, Address & Telephone: N/A
Who should we contact when the permit is ready: call Jay Friedlander
Telephone: 874-4911
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: [Signature] Date: 3/31/04



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: 83 Exchange St; in Portland, Maine, by the owner of the

establishment being: O'Neals, doing business

as: O'Neals, 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: _____

3/31/04

DEPT. OF BUILDING PERMITS
CITY OF PORTLAND

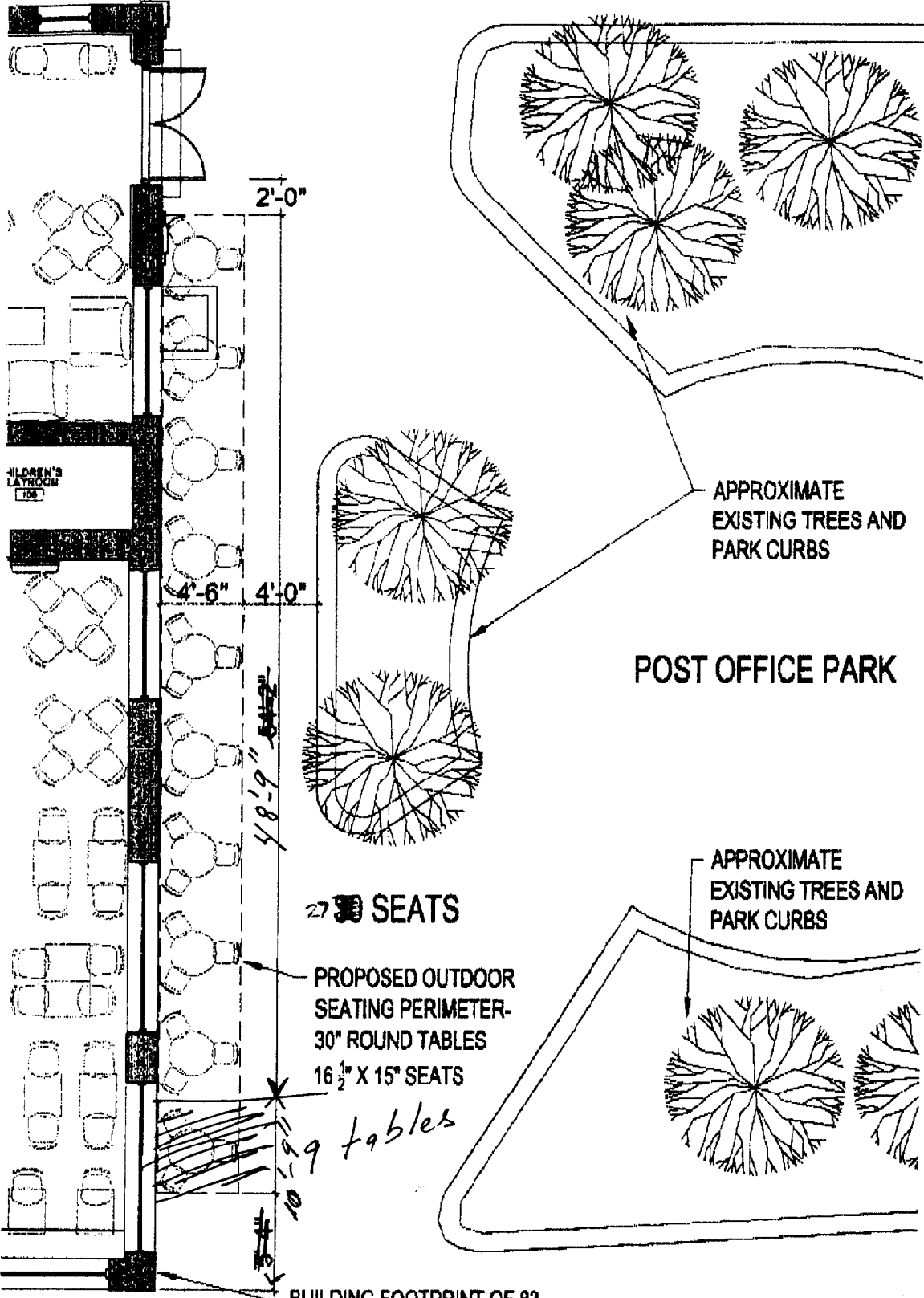
APR 1 2 2004

O'NATURALS
83 EXCHANGE STREET
PORTLAND, MAINE

TFH ARCHITECTS
100 COMMERCIAL STREET
PORTLAND MAINE 04101
TELEPHONE 207 775 6141
ARCHITECTURE PLANNING

CONSULTANTS:
DATE: 04/10/03
PROJECT No: 0224
DRAWN BY: RLJ
CHECKED BY:
SCALE: NOTED
SHEET TITLE: OUTSIDE SEATING PLAN

SK26



BUILDING FOOTPRINT OF 83 EXCHANGE STREET

1 OUTDOOR SEATING PLAN
SK26 1/8" = 1'-0"

ALL DIMENSIONS ARE APPROXIMATE

APR 1 2003

ACORD CERTIFICATE OF LIABILITY INSURANCE

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

INSURED O'Natural's Inc.
 c/o Mac McCabe
 44 Exchange Street, Suite 305
 Portland, ME 04101

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Continental Casualty	
INSURER B: Transportation Insurance Co.	
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 ADD'L LTR / NSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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"/> PROJECT <input type="checkbox"/> LOG	1098613699	11/21/2003	11/21/2004	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
	AUTOMOBILE LIABILITY <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	1098613699	11/21/2003	11/21/2004	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	1098613718	11/21/2003	11/21/2004	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

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	CANCELLATION
City of Portland 389 Congress Street Portland, ME 04101	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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Thomas Sternberg/DARLEN <i>Thomas M. Sternberg</i>