

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 01-0731	Issue Date: 7 9 01	CBL: 032 R007001
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Location of Construction: 436 Fore St	Owner Name: Soley Joseph L	Owner Address: Po Box 367 Dts Portland, Me 04112	Phone: 207-761-4444
Business Name: G.O.M.E. Inc.	Contractor Name: no contractor/self	Contractor Address: n/a n/a	Phone:
Lessee/Buyer's Name: Jeffrey Karll	Phone: 207-775-9061	Permit Type: Outdoor Seating	Zone: B-3

Past Use: Comm/ Food Service	Proposed Use: Same: Set-Up outdoor Seating. Call Jeff at 775-9061 when ready.	Permit Fee: \$75.00	Cost of Work: \$0.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	

Proposed Project Description:
Set-up eight Tables for Outdoor Seating

Subject to The City's Traffic Engineer's Discretion of table placement they shall not block public ways

Signature: *[Signature]*
Signature: *[Signature]*
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: Date:

Permit Taken By: cjh	Date Applied For: 06/21/2001	Zoning Approval	
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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..	Special Zone or Reviews <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"/> Date: <i>OK 6/26/01</i>	Zoning Appeal <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:	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>W.A.M. 6/28/01</i> <i>T.D.A. 6/26</i> Date:
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SEATING ENCLOSURE MUST MEET THE ATTACHED DESIGN STANDARDS.

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

6/21

RENEWAL

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: 436 Fore St
37 Wharf St - Portland Maine

Total Square Footage of Proposed Structure N/A Square Footage of Lot

Tax Assessor's Chart, Block & Lot Number
Chart# NO 32 Block# R Lot# 7
Owner: Monopoly Inc Telephone#: 207-761-4444

Lessee/Buyer's Name (If Applicable) G.O.N.E. INC.
Owner's/Purchaser/Lessee Address: dba G'VANNI'S RESTAURANT
37 Wharf St - Portland Me.
Cost Of Work: Fee: \$75.00

Current use: Sidewalk
If the location is currently vacant, what was prior use: N/A
Approximately how long has it been vacant: N/A
Proposed use: OUTSIDE SEATING & DINING AS DESCRIBED AND SHOWN
Project description: outside seating ON LIQUOR LICENSES
How many chairs 30 How many tables 8

Contractor's Name, Address & Telephone: N/A
Applicants Name, Address & Telephone: GONE INC / G'VANNI'S OF NEW ENGLAND
37 Wharf St. Portland Maine 04101
Who should we contact when the permit is ready: Jeffrey Karl xx mail
Telephone: 207-450-3469 or 207-775-9061
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: Jeffrey Karl Date: 6/20/01



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: 37 Wharf St - Portland Me. in Portland, Maine, by the owner of the establishment being: Jeffrey Karl Gagne, doing business as: GIVANNI'S BISTRO, 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: 6/20/01

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

950540

Please Read
Application And
Notes, If Any,
Attached

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

No.

MAY 20 1985

CITY OF PORTLAND

This is to certify that Gvanni's of Maine
has permission to Conduct outside dining/erect temporary structure
AT 37 Wharf St

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 for inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in.

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

OTHER REQUIRED APPROVALS

Fire Dept. Atty. P. 18

Health Dept. _____

Appeal Board _____

Other _____

Department Name

PERMIT ISSUED WITH LETTER

Director - Building & Inspection Services

2

PENALTY FOR REMOVING THIS CARD

T. M... 84

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JH
GVANN-1

DATE (MM/DD/YY)
06/20/01

PRODUCER Turner Barker Insurance One India Street Portland ME 04101 Phone: 207-773-8156 Fax: 207-773-6647	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
INSURED Gvanni's Gone, Inc. dba 37 Wharf Street Portland ME 04101	INSURER A: Mountain Valley Indemnity
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES

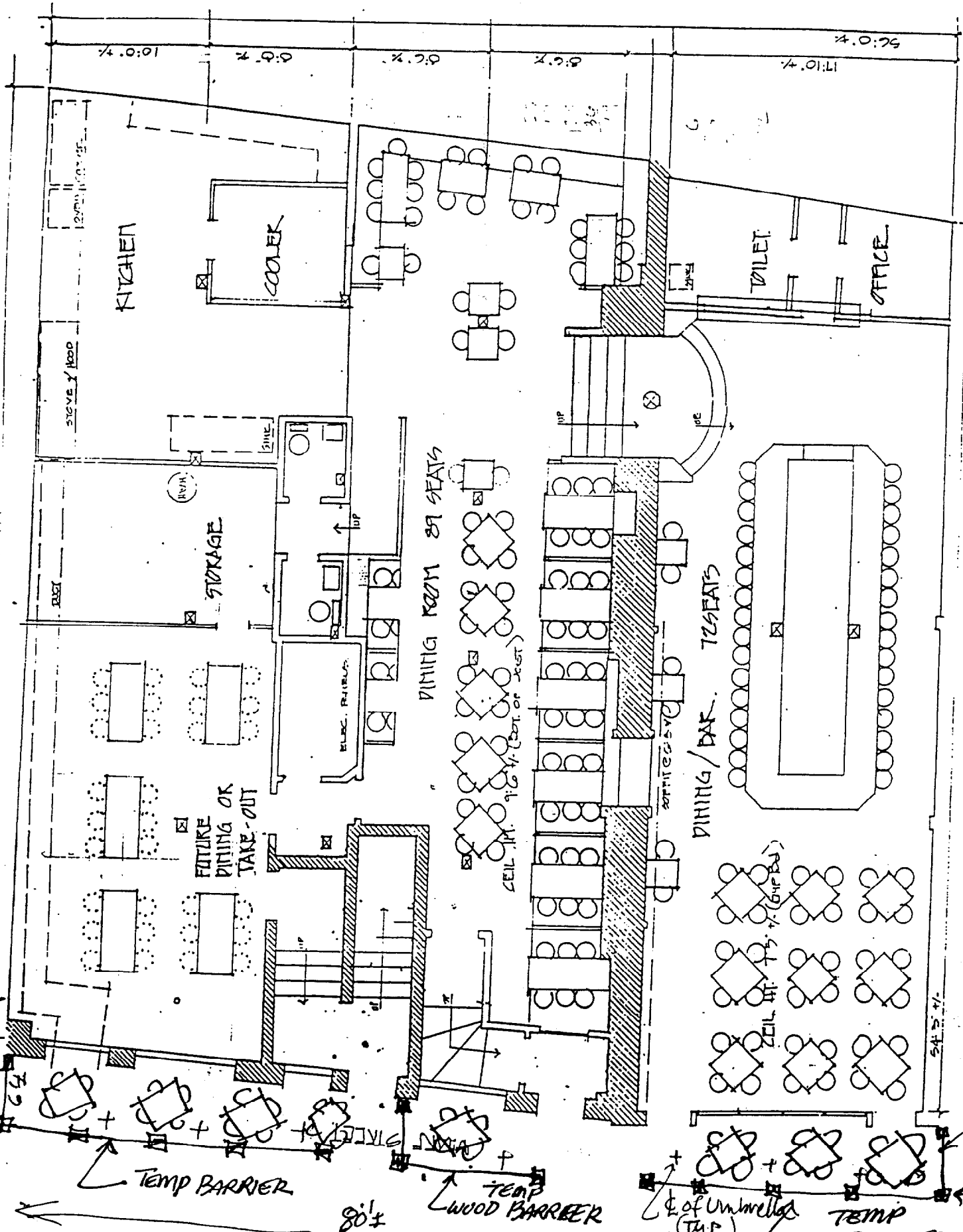
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	3118RO000029	09/22/99	09/22/02	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 1000000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input 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) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				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 named as additional insured with respect to sidewalk dining

CERTIFICATE HOLDER	<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION
CITYOP1 City of Portland 389 Congress St 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>10</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 Joan Hopkins <i>Joan P. Hopkins</i>

PORTLAND, MAINE



PLAN - MAIN ST. SPACE
 PORTLAND, ME
 2000 1/8

RESTAURANT 37 WHARF

TEMP BARRIER
 80±
 TEMP WOOD BARRIER
 6±
 Align w/ Curb Stone
 TEMP WIND BARRIER
 6 of Umbrellas (TOP)