

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT PERMIT

Permit Number: 030722

This is to certify that Grant David P
has permission to Outdoor seating for 2003: 3 tables, 8 seats
AT 555 Congress St 037 A043001

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 is procured before this building or part thereof is occupied or closed-in.
HEAR 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 _____

Cheryl King
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: 03-0722	Issue Date:	CBL: 037 A043001
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Location of Construction: 555 Congress St	Owner Name: Grant David P	Owner Address: Po Box 4234	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	Zone: B3

Past Use: vacant since 2/14/2003; prior to that, restaurant	Proposed Use: restaurant: Five Fifty-Five, outdoor seating: 3 tables, 8 seats	Permit Fee: \$75.00	Cost of Work: \$0.00	CEO District: 2
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A-3 Type: NA 6/27/03 <i>[Signature]</i>
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Proposed Project Description:
Outdoor seating for 2003: 3 tables, 8 seats

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

Permit Taken By: gg	Date Applied For: 06/19/2003	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"/> <i>[initials]</i> Date: <i>6/26/03</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 checked="" type="checkbox"/> Denied Date: _____	Historic Preservation <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 Date: _____
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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: 03-0722	Date Applied For: 06/19/2003	CBL: 037 A043001
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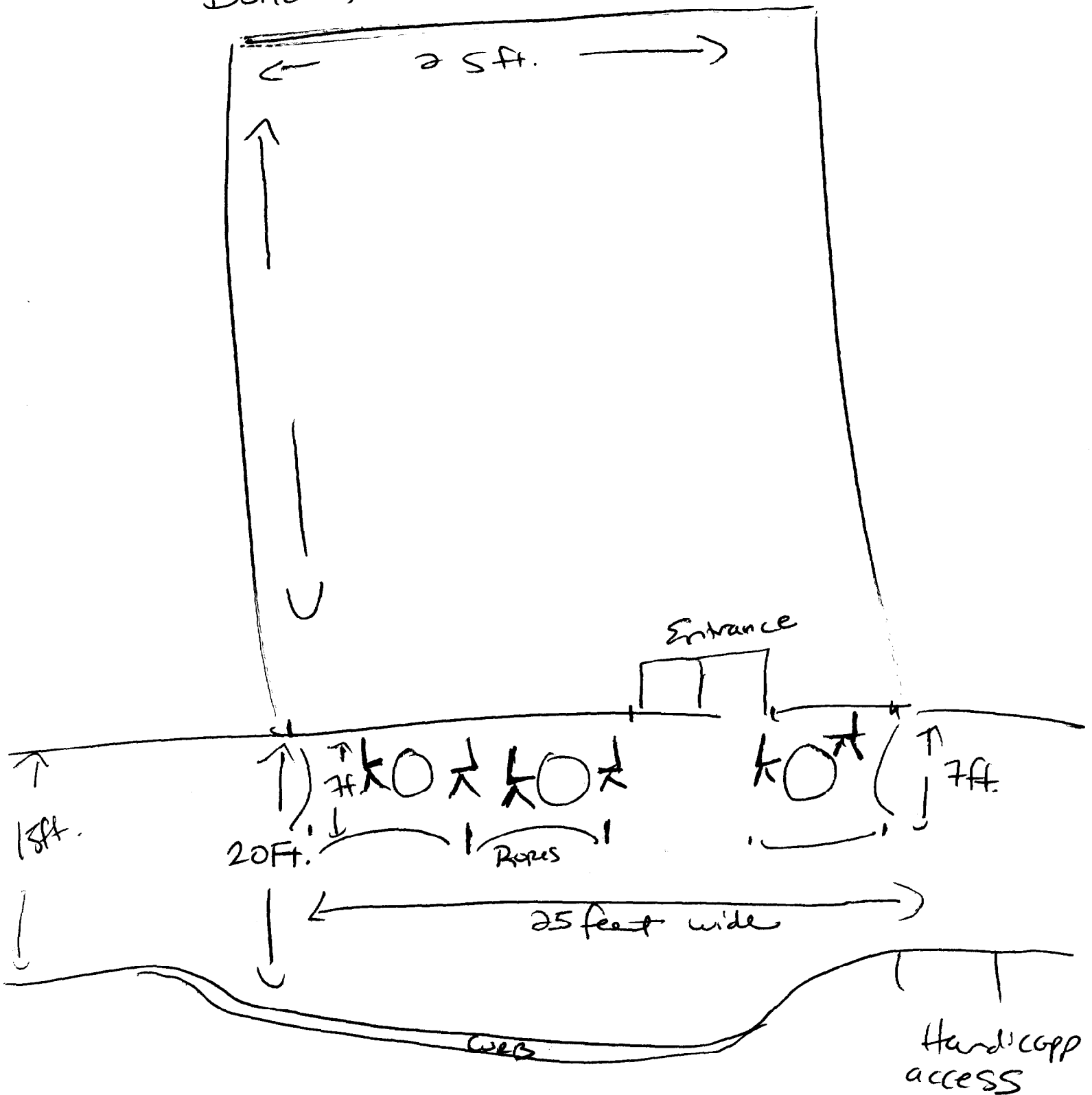
Location of Construction: 555 Congress St	Owner Name: Grant David P	Owner Address: Po Box 4234	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	

Proposed Use: restaurant: Five Fifty-Five, outdoor seating: 3 tables, 8 seats	Proposed Project Description: Outdoor seating for 2003: 3 tables, 8 seats
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 06/26/2003
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
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.			
Dept: Building	Status: Pending	Reviewer:	Approval Date:
Note:	Ok to Issue: <input type="checkbox"/>		

555 Congress St
DBA Five Fifty-Five, inc.

Building sits on Footprint of Lot.



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/29/2003

PRODUCER O'Hearn Insurance Agency 1087 Forest Ave Portland, Me. 04103 207-797-9400	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 Corry, Michele 555 Congress St Portland, ME 04101 207-985-9810	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">INSURERS AFFORDING COVERAGE</td> <td style="width:20%;">NAIC#</td> </tr> <tr> <td>INSURER A: Nationwide Mutual</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></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: Nationwide Mutual		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC#												
INSURER A: Nationwide Mutual													
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.

POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS		
			DESCRIPTION	AMOUNT	
1	TBD NEW APP	05/30/03	05/30/04	GENERAL LIABILITY	\$1,000,000
				<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$50,000
				<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	\$5,000
				MEDEXP (Any one person)	\$1,000,000
				PERSONAL & ADV INJURY	\$2,000,000
				GENERAL AGGREGATE	\$2,000,000
				PRODUCTS - COMP/OPAGG	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC			
AUTOMOBILE LIABILITY					
<input type="checkbox"/> ANY AUTO					
<input type="checkbox"/> ALL OWNED AUTOS					
<input type="checkbox"/> SCHEDULED AUTOS					
<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS					
GARAGE LIABILITY					
<input type="checkbox"/> ANY AUTO					
EXCESS/UMBRELLA LIABILITY					
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					
<input type="checkbox"/> DEDUCTIBLE					
RETENTION \$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					
If yes, describe under SPECIAL PROVISIONS below					
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Property: 555 Congress St, Portland, Me
 Bldg Cov: \$300,000
 Personal Property: \$100,000

CERTIFICATE HOLDER

MORTGAGEE:
 CAMDEN NATIONAL BANK
 ISAOA ATIMA
 PO BOX 310
 CAMDEN, ME 04043

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 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

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

JUN 11 2003

JUN 19 2003

RECEIVE

03-0122

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: 555 Congress

Total Square Footage of Proposed Structure Square Footage of Lot 800

Tax Assessor's Chart, Block & Lot Number Chart# <u>037</u> Block# <u>A04</u> Lot# <u>3001</u>	Owner: <u>Michelle & Steve</u> <u>CORRY</u>	Telephone#: <u>761-0555</u>

Lessee/Buyer's Name (If Applicable) <u>Michelle & Steve Corry</u>	Owner's/Purchaser/Lessee Address: <u>555 CONGRESS ST.</u>	Cost Of Work: <u>N/A</u> Fee: <u>\$75.00</u>
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Current use: (opening July 7)
 If the location is currently vacant, what was prior use: Restaurant
 Approximately how long has it been vacant: Since Feb 14
 Proposed use: Restaurant
 Project description: outside seating
 How many chairs 8 How many tables 3

Contractor's Name, Address & Telephone:
 Applicants Name, Address & Telephone:
 Who should we contact when the permit is ready: _____
 Telephone: _____
 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: <u>Michelle Corry</u>	Date: <u>6/2/03</u>
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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: 555 CONGRESS ST; in Portland, Maine, by the owner of the establishment being: Michelle, Steve Cory, doing business as: EYE FEN-FIVE, 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:

Michelle Cory
Establishment owner

Date: ~~June 11, 2003~~ June 11, 2003