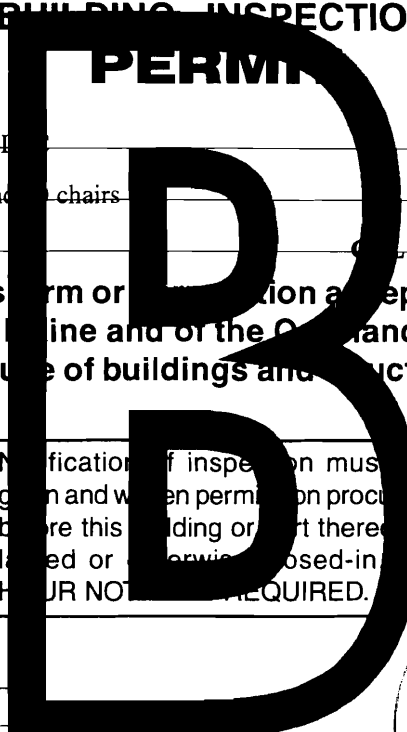


# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT



Please Read Application And Notes, If Any, Attached

Permit Number: 080344  
**PERMIT ISSUED**  
 APR 25 2008  
 037 C016001  
 CITY OF PORTLAND

This is to certify that 551 CONGRESS STREET has permission to Outside seating - 5 tables and chairs

AT 551 CONGRESS ST

provided that the person or persons who perform or supervise the work in accepting this permit shall comply with all of the provisions of the Statutes of the 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 is procured before this building or part thereof is leased or service is rendered in it. 4 HOUR NOTIFICATION 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

*James Burke* 4/23/08  
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

<b>Permit No:</b> 08-0344	<b>Issue Date:</b>	<b>CBL:</b> 037 C016001
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<b>Location of Construction:</b> 551 CONGRESS ST	<b>Owner Name:</b> 551 CONGRESS STREET LLC	<b>Owner Address:</b> PO BOX 6799	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Outdoor Seating	<b>Zone:</b> B-3

<b>Past Use:</b> Commercial - Restaurant - The White Heart	<b>Proposed Use:</b> Commercial - Restaurant - The White Heart - Outside seating - 5 tables and 20 chairs	<b>Permit Fee:</b> \$248.00	<b>Cost of Work:</b> \$0.00	<b>CEO District:</b> 1
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: Type: <i>Outdoor Dining</i>	

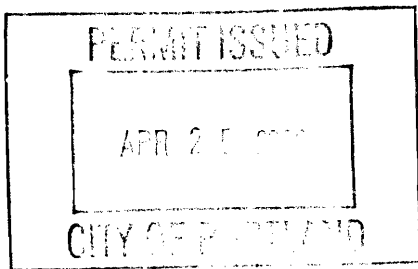
**Proposed Project Description:**  
Outside seating - 5 tables and 20 chairs

Signature: \_\_\_\_\_  
Signature: *JMB 4/23/08*  
**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**  
Action:  Approved  Approved w/Conditions  Denied  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Permit Taken By:</b> lmd	<b>Date Applied For:</b> 04/11/2008	<b>Zoning Approval</b>	
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- 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..

<b>Special Zone or Reviews</b> <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>9/4/10/08</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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

<b>Permit No:</b> 08-0344	<b>Date Applied For:</b> 04/11/2008	<b>CBL:</b> 037 C016001
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<b>Location of Construction:</b> 551 CONGRESS ST	<b>Owner Name:</b> 551 CONGRESS STREET LLC	<b>Owner Address:</b> PO BOX 6799	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Outdoor Seating	

<b>Proposed Use:</b> Commercial - Restaurant - The White Heart - Outside seating - 5 tables and 20 chairs	<b>Proposed Project Description:</b> Outside seating - 5 tables and 20 chairs
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 04/14/2008
<b>Note:</b>			<b>Ok to Issue:</b> <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.			
2) Separate permits shall be required for any new signage.			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 04/23/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) The outside dining permit is approved for the area delineated at the inspection and stated on the permit, and must be kept on site. THIS PERMIT MUST BE RENEWED ANNUALLY			
2) This permit approves outside seating only. Any food, alcohol or entertainment in this space requires licensing approvals from the City Clerk.			
3) The tables and chairs must not block any means of egress of any building.			

<b>Comments:</b> 4/14/2008-mes: This review is under the new procedures instituted by Jeanie/legal & public works
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# Outdoor Dining Permit Application (Renewal)

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. *All pd.*

Location/Address of Outdoor Seating: <u>551 CONGRESS ST. PORTLAND</u>		
Total Square Footage of Proposed Seating Area <sup>1</sup> <u>84 sq. ft.</u>	Square Footage of Lot <u>11,003 sq. ft.</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>37</u> Block# <u>C</u> Lot# <u>16</u>	Owner: <u>Tom Moutton</u> <u>551 Congress St. LLC</u>	Telephone: <u>207-450-7100 cell</u>
Lessee/Buyer's Name (If Applicable) <u>Delta Partners LLC</u> <u>DBA THE WHITE HEART</u>	Applicant * <u>must be owner or Lessee</u> Name <u>ANTHONY &amp; MARY Hodge</u> Address <u>11 High St. Meredith, NH 03253</u> City, State & Zip	Annual Fee: <u>\$80</u>  Sq Ft Fee: <u>\$ 168.00</u> Total Fee: <u>\$ 248.00</u>
Current use: <u>RESTAURANT / LOUNGE</u>		
Business name: <u>The White Heart</u>		
Seating area dimensions: <u>14' x 6' ON city prop. - 14' x 3' private prop.</u>		
How many chairs? <u>20</u>	How many tables? <u>5</u>	<i>City has approved.</i>
Alcohol to be served outside?	circle on: <u>YES</u>	NO
Who should we contact for the pre-inspection: <u>MARY Hodge</u>		
Mailing address: <u>11 High St. Meredith NH 03253</u> Phone: <u>603-677-2752</u>		

Please submit all of the information outlined in the Outdoor Dining 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](http://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.

Mary Hodge  
Signature of Applicant

4-11-08  
Date

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

<sup>1</sup> 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 Director of Parks and Recreation or his or her designee.

APR 11 2008

<b>ACORD. CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID CT <b>WHITEH1</b>	DATE (MM/DD/YYYY) <b>04/11/08</b>
<b>PRODUCER</b>  Turner Barker Insurance 63 Marginal Way, Suite 101 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.		
<b>INSURED</b>  The White Heart c/o Mary Hodge 11 High Street Meredith NH 03253	<b>INSURERS AFFORDING COVERAGE</b>  INSURER A: Great American Custom Ins Svcs INSURER B: <b>Maine Employers Mutual</b> INSURER C: INSURER D: INSURER E:	<b>NAC #</b>	

**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.

POLY	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	<b>X</b>	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> Liquor/Asslt & Ba GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<b>BOUND</b>	<b>02/21/08</b>	<b>02/21/09</b>	EACH OCCURRENCE \$ <b>1000000</b>
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50000</b>				
		MED EXP (Any one person) \$ <b>5000</b>				
		PERSONAL & ADV INJURY \$ <b>1000000</b>				
						GENERAL AGGREGATE \$ <b>2000000</b>
						PRODUCTS - COMP/OP AGG \$ <b>1000000</b>
		<b>AUTOMOBILE LIABILITY</b> <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				COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
						OTHER THAN AUTO ONLY: EA ACC \$
						AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						\$
<b>B</b>		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	<b>1810085983</b>	<b>08/03/07</b>	<b>08/03/08</b>	WC STAT- TORY LIMITS    OTH- ER E.L. EACH ACCIDENT \$ <b>100000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>100000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500000</b>
<b>A</b>		<b>Property Section</b>	<b>BOUND</b>	<b>02/21/08</b>	<b>02/21/09</b>	

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

The certificate holder is named as additional insured with respects to general liability.

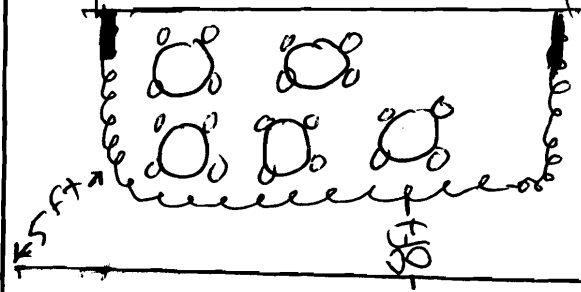
<b>CERTIFICATE HOLDER</b>  CITY/PTL  City of Portland 389 Congress Street Portland ME 04101	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED 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 <i>Carissa Gask</i>
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Oak St. →

← side walk →

The White  
Hart - 551  
Congress St.

22.10'



← 84 square ft

→ Congress St. →

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CI  
WHITEH1

DATE (MM/DD/YYYY)  
04/11/08

PRODUCER <b>Turner Barker Insurance</b> 63 Marginal Way, Suite 101 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.	
INSURED The White Heart c/o Mary Hodge 11 High Street Meredith NH 03253		INSURERS AFFORDING COVERAGE	NAIC #
CITY CLERK 2008 APR 14 P 3:27		INSURER A Great American Custom Ins Svcs	
		INSURER B Maine Employers Mutual	
		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	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor/Asslt & Ba GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BOUND	02/21/08	02/21/09	EACH OCCURRENCE	\$ 1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50000
						MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMP/OP AGG	\$ 1000000
		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				COMBINED SINGLE LIMIT (Ea accident)	\$
						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 type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	1810085983	08/03/07	08/03/08	WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$ 100000
						E.L. DISEASE - EA EMPLOYEE	\$ 100000
						E.L. DISEASE - POLICY LIMIT	\$ 500000
A		OTHER Property Section	BOUND	02/21/08	02/21/09		

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

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### CERTIFICATE HOLDER

### CANCELLATION

CITYPTL  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 10 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 <i>Barbara Gade</i>
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