

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

Please Read Application And Notes, If Any, Attached

## INSPECTION PERMIT

Permit Number: 080579

This is to certify that CONGRESS JOINT DEVELOPMENT LLC  
has permission to Commercial "Emilitsa" Restaurant - Outdoor seating 4 tables 4 chairs  
AT 545 CONGRESS ST PORTLAND, OR 97201 L 037 C017001

provided that the person or persons who perform or supervise the work 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 procedure before this building or part thereof is started or closed-in. 24 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

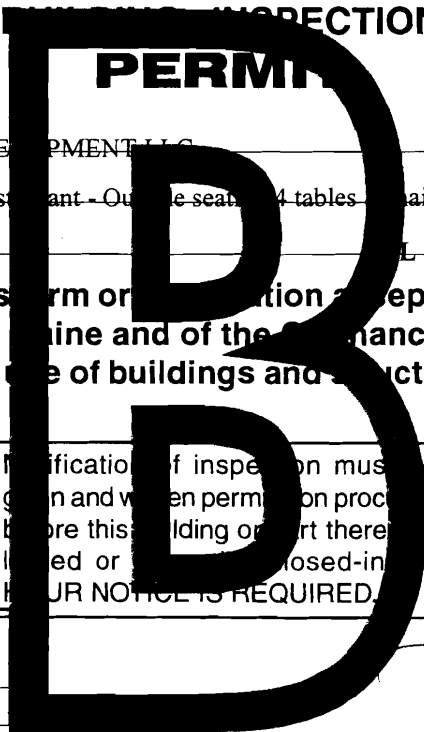
Fire Dept. \_\_\_\_\_

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name  
**CITY OF PORTLAND**



*Carrie Bank*  
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: 08-0579	Issue Date:	CBL: 037 C017001
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Location of Construction: 545 CONGRESS ST	Owner Name: CONGRESS JOINT DEVELOPME	Owner Address: PO BOX 6799	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	Zone: B-3

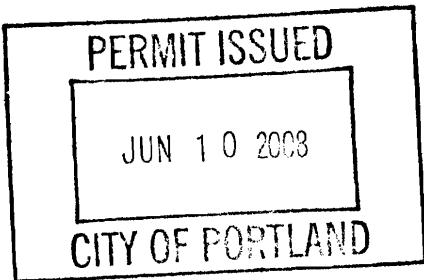
Past Use: Commercial "Emilitsa" Restaurant	Proposed Use: Commercial "Emilitsa" Restaurant - Outside seating 4 tables 8 chairs	Permit Fee: \$260.00	Cost of Work: \$260.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A2 Type: outdoor dining	

Proposed Project Description: Commercial "Emilitsa" Restaurant - Outside seating 4 tables 8 chairs	Signature:	Signature: 6/5/08 JMB
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: 05/29/2008	<b>Zoning Approval</b>
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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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: 6/5/08	Date:	Date:



**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> 08-0579	<b>Date Applied For:</b> 05/29/2008	<b>CBL:</b> 037 C017001
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<b>Location of Construction:</b> 545 CONGRESS ST	<b>Owner Name:</b> CONGRESS JOINT DEVELOPME	<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 "Emilitsa" Restaurant - Outside seating 4 tables 8 chairs	<b>Proposed Project Description:</b> Commercial "Emilitsa" Restaurant - Outside seating 4 tables 8 chairs
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 06/05/2008	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 06/05/2008	<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, even during storage.

<b>Comments:</b> 6/5/2008-mes: returned back to the front staff
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# Outdoor Dining 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 Outdoor Seating: <u>545 Congress St</u>		
Total Square Footage of Proposed Seating Area <sup>1</sup> : <u>90 Sq. ft.</u>	Square Footage of Lot: <u>1660'</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>037</u> Block# <u>C-017-#01B</u>	Owner: <u>King Island LLC</u>	Telephone: <u>883-3418</u>
Lessee/Buyer's Name (If Applicable)	Applicant * <u>must be owner or Lessee</u> Name Address City, State & Zip	Annual Fee: <u>\$80</u> Sq Ft Fee: <u>(18 x 5)</u> \$ _____ Total Fee: \$ _____
Current use: <u>Restaurant</u>		
Business name: <u>Emilitsa</u>		
Seating area dimensions: <u>5x18'</u>		
How many chairs? <u>8</u> How many tables? <u>4</u>		
Alcohol to be served outside?      circle one: <u>YES</u> NO		
Who should we contact for the pre-inspection: <u>John Regas</u>		
Mailing address: <u>POB 852 Portland</u> Phone: <u>156-9724</u>		

pegged  
5m4  
221-  
0245-  
18x5  
area is  
not larger  
to building

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.

John Regas  
Signature of Applicant

5/29 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.

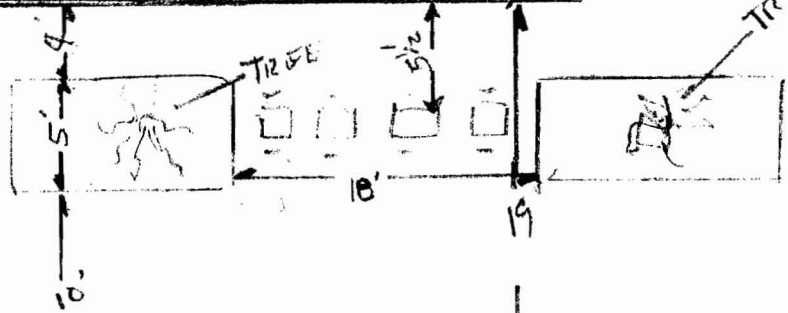
CONGRESS STREET

CURB

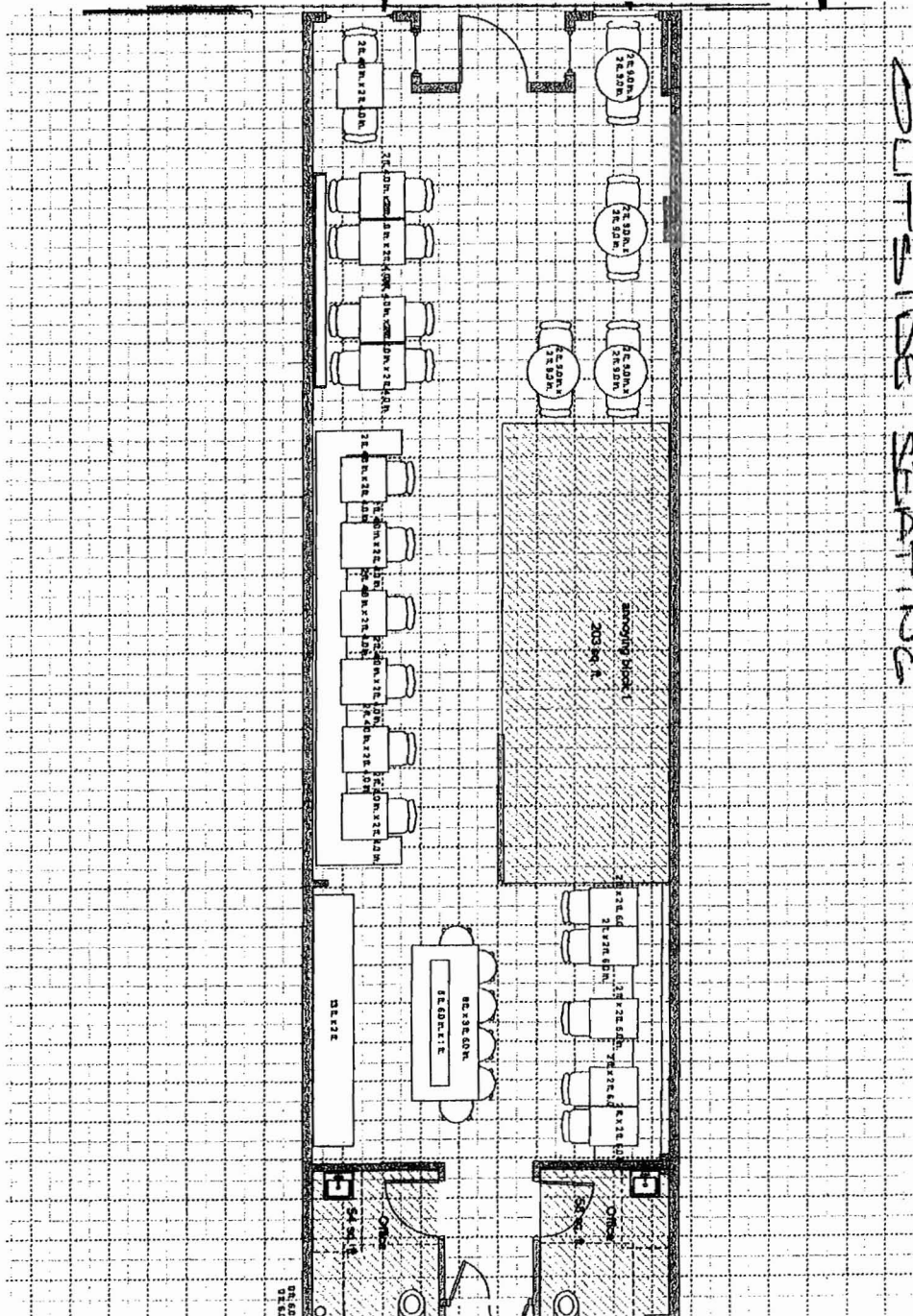
TREE

Table Size  
28" x 28"

4 Tables = 8 seats



OUTSIDE SEATING





# INSURANCE BINDER

CSR RC

DATE (MM/DD/YYYY)  
03/13/2008**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY <b>Bragdon Insurance, Inc.</b> 286 York St PO Box 468 York ME 03909-0468 <b>Roswitha Coughlin</b>		COMPANY <b>MiddleOak</b>		BINDER # <b>8017</b>	
PHONE (A/C, No, Ext): <b>207-363-3200</b>		FAX (A/C, No): <b>207-363-1023</b>		EXPIRATION DATE TIME	
CODE: <b>775</b>		SUB CODE:		DATE TIME	
AGENCY CUSTOMER ID: <b>GREEK-1</b>		INSURED <b>Foxville Group, LLC</b> PO Box 852 Portland ME 04104		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: <b>BINDER</b>	
		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) <b>Location: 1 Building: 1</b> <b>Restaurant 547 Congress Street Restaurant</b> <b>Portland Maine</b>		NOI	

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	<b>BUS PROPERTY</b> <b>IMPROV/BETTER</b> <b>BUS INCOME</b> <b>DELUXE ENHANC</b>	500 500		100000 75000 100000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$1000000 DAMAGE TO RENTED PREMISES \$300000 MED EXP (Any one person) \$10000 PERSONAL & ADV INJURY \$1000000 GENERAL AGGREGATE \$2000000 PRODUCTS - COMP/OP AGG \$2000000
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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			ACTUAL CASH VALUE STATED AMOUNT \$ OTHER
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS/ OTHER COVERAGES				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS		<input type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> ADDITIONAL INSURED	
Town of Portland 389 Congress Street Portland ME 04101		<input type="checkbox"/> LOSS PAYEE	
		LOAN #	
		AUTHORIZED REPRESENTATIVE <b>Roswitha Coughlin</b>	

## Program Standard #2 Curriculum for Retail Food Safety Inspection Officers

**For state, local & tribal regulators to register on-line for free access to web courses, go to:  
<http://www.fda.gov/ora/training/>**

### Pre-requisite (“Pre”) curriculum courses

*(to be completed during the 25 joint inspection period AND prior to conducting any independent inspections)*

#### **PUBLIC HEALTH PRINCIPLES** Public Health Principles (90) FDA36

#### **MICROBIOLOGY**

##### **Food Microbiological Control (series):**

1. Overview of Microbiology (60) MIC01
- 2A. Gram-Negative Rods (60) MIC02
- 2B. Gram-Positive Rods & Cocci (90) MIC03
3. Foodborne Viruses (60) MIC04
4. Foodborne Parasites (90) MIC05
- Mid-Series Exam (30) MIC16
5. Controlling Growth Factors (90) MIC06
6. Control by Refrigeration & Freezing (60) MIC07
- 7A. Control by Thermal Processing (90) MIC08
- 7B. Control by Pasteurization (90) MIC09
10. Aseptic Sampling (90) MIC13
12. Cleaning & Sanitizing (90) MIC15

#### **PREVAILING STATUTES, REGULATIONS, ORDINANCES**

Basic Food Law for State Regulators (60) FDA35

Basics of Inspection:

- Beginning an Inspection (90) FDA38
- Issues & Observations (90) FDA39
- An Introduction to Food Security Awareness (60) FD251 (ORA U internet site)

2005 Food Code\*

**NOTE:** Specific state/local laws & regulations to be addressed by each jurisdiction

#### **COMMUNICATION SKILLS**

Communication Skills for Regulators\*

### Curriculum (“Post”) courses

*(to be completed prior to Standardization AND within 18 months of hire or assignment to the regulatory retail food program)*

#### **MICROBIOLOGY**

##### **Food Microbiological Control (series):**

- 7C. Control by Retorting (90) MIC10
8. Technology-Based Food Processes (120) MIC11
9. Natural Toxins (90) MIC12

#### **HACCP**

##### **Basics of HACCP (series):**

1. Overview of HACCP (60) FDA16
2. Prerequisite Programs & Preliminary Steps (60) FDA17
3. The Principles (60) FDA18

#### **EPIDEMIOLOGY**

##### **Foodborne Illness Investigations (series):**

1. Collecting Surveillance Data (90) FI01
2. Beginning the Investigation (90) FI02
3. Expanding the Investigation (90) FI03
4. Conducting a Food Hazard Review (90) FI04
5. Epidemiological Statistics (90) FI05
6. Final Report (30) FI06

### **“Application” Courses and “Hands-On” Training**

To provide application of skills and transfer of web instruction to the jurisdiction’s work environment, although not required at this time, it is **recommended** that FSIOs complete one of the following three options within 18 months of hire or assignment to the regulatory retail food program:

1. **Classroom Course: Application of the Basics of Inspection/Investigation FD170** (class schedule available at [www.afdo.org/](http://www.afdo.org/) or course content available on CD via FDA’s Division of Human Resource Development’s lending library.)
2. **Courses developed by State or local regulatory jurisdictions or other entities** containing learning objectives and exercises equivalent to Option 1 above.
3. **Discussions Questions & Exercises \*** (conducted in the office or during the 25 joint inspections)

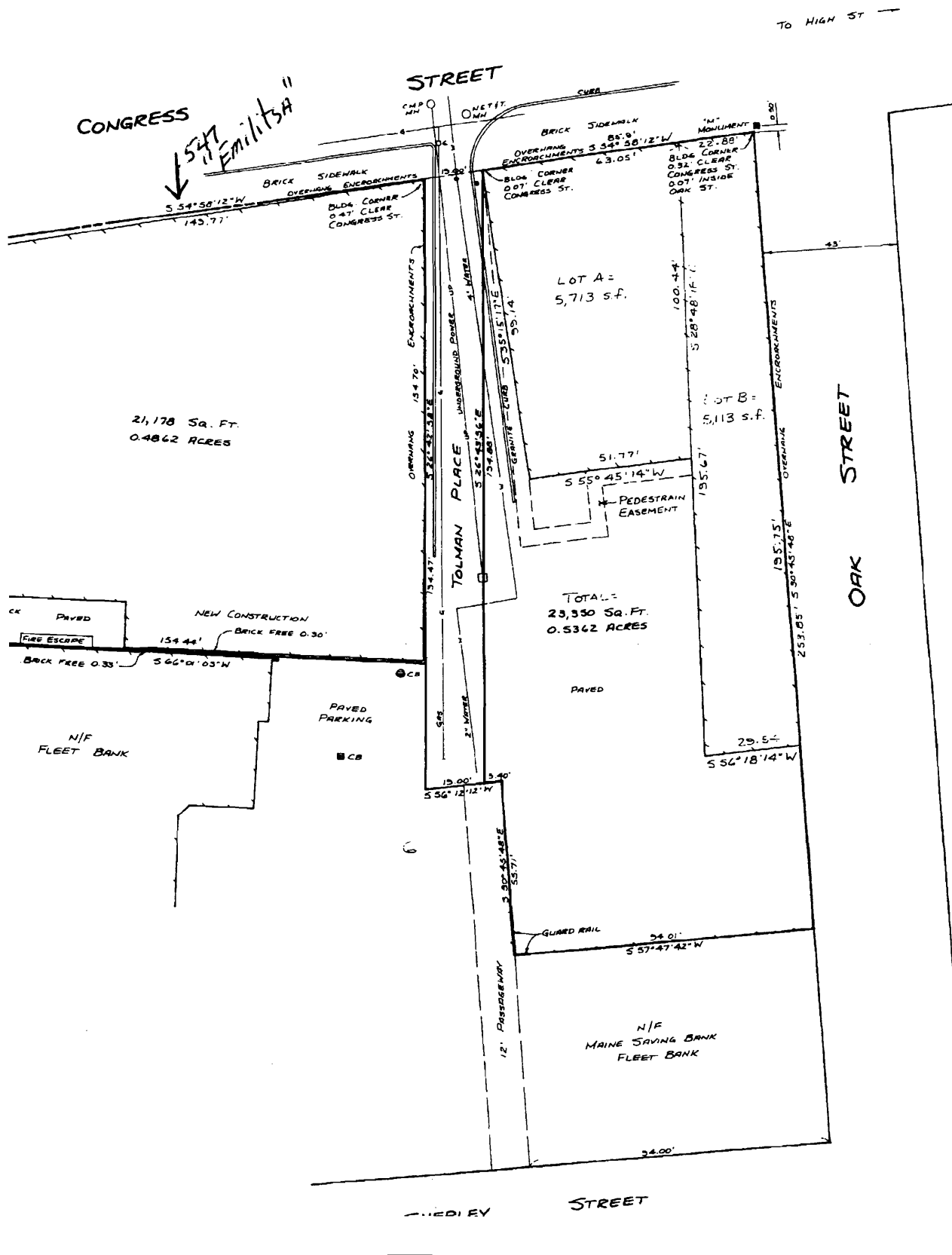
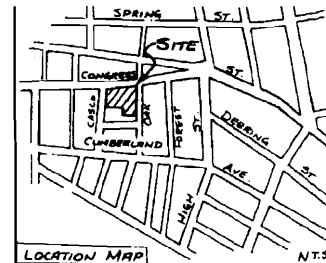
\* Under construction

( ) Average time in minutes required to take the course, 60 minutes equals .1 CEU, 90-120 minutes equals .2 CEUs

Estimated total hours for “Pre” courses are 42 hours.

Estimated total hours for “Post” courses are 13 hours.

Estimated total hours for completion of all Program Standard #2 coursework are 54 hours



PLAN REFERENCES:

- 1) PLAN OF LAND IN PORTLAND, MAINE, FOR MAINE SAVINGS BANK BY H1 & E.C. JORDAN, SURVEYORS, DATED AUG 7, 1974.
- 2) PLAN OF LAND ON SHEPLEY STREET, PORTLAND, MAINE, FOR HAMPSTEAD OVERLOOK, INC. BY OWEN HASKELL, INC DATED AUG 20, 1987.

NOTES:

- 1) DEED REFERENCE: BOOK 766G, PG. 334 CUMBERLAND COUNTY REGISTRY OF DEEDS

CERTIFICATION

TO: MEGA REALTY TRUST  
FIRST AMERICAN TITLE INSURANCE CO  
FLEET BANK

OWEN HASKELL, INC HEREBY CERTIFIES THAT THIS PLAN IS BASED ON, AND THE RESULT OF, AN ON THE GROUND FIELD SURVEY AND THAT TO THE BEST OF OUR KNOWLEDGE, INFORMATION AND BELIEF, IT CONFORMS TO THE BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS STANDARDS FOR A CATEGORY 2, CONDITION II SURVEY WITH THE FOLLOWING EXCEPTION:

- 1) NO DESCRIPTION PREPARED
- 2) NOT ALL CORNERS MARKED

*John Douglas Kinble*  
JOHN DOUGLAS KINBLE, PLS#1033

DATE: 11-9-1993



REV. 2	11-7-05	ADDED PEDESTRAIN EASEMENT
REV. 1	9-29-04	ADD LOTS A & B

LAND TITLE SURVEY  
OF PROPERTY AT  
523-547 CONGRESS ST., PORTLAND, MAINE  
MADE FOR  
MEGA REALTY TRUST  
218 EAST ROAD, HAMSTEAD, NH 03841

**Owen Haskell, Inc.**  
Civil Engineers 8 Broadway South Portland, Maine Land Surveyors

Drawn By	DBP	Date	Nov. 9, 1993	Job No.	93231P
Trace By	JLW	Scale	1" = 20'	Drawn No.	1
Check By	JDK				
Bl. No.	332/667				