

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-0913	Issue Date: JUL 15 2004	CBL: 038 C014001
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Location of Construction: 10 Cotton St	Owner Name: 505 Main Street Saco	Owner Address: Po Box 1047	Phone: 774-6044
Business Name:	Contractor Name: Owner	Contractor Address: Portland	Phone: 0000000000
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	Zone: B-3

Past Use: restaurant/lounge	Proposed Use: restaurant lounge with three 4' picnic tables for outdoor seating	Permit Fee: \$75.00	Cost of Work: \$0.00	CEO District: 1
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Proposed Project Description:
add three 4' picnic tables for outdoor seating at restaurant/lounge

FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>N/A</i>	INSPECTION Use Group: <i>V</i> Type: <i>Struct</i> <i>BOLA 1999</i> Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied Signature: _____ Date: _____	

Permit Taken By: jodinea	Date Applied For: 07/01/2004
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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>OK w/whcmatt</i> Date: <i>7/6/04</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: _____	Not in District or Landmark <input checked="" 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 <i>to P.A.</i> Date: <i>7/19/04</i>
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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.

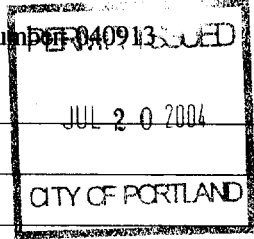
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

PERMIT

Permit Number **57040913**



This is to certify that 505 Main Street Saco /Owner
has permission to add three 4' picnic tables for outdoor seating at restaurant/lounge
AT 10 Cotton St 038 C014001

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 placed or closed-in. **48 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

[Handwritten Signature]
7/20/04
Director Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit

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Permit No: 04-0913	Date Applied For: 07/01/2004	CBL: 038 C014001
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Location of Construction: 10 Cotton St	Owner Name: 505 Main Street Saco	Owner Address: Po Box 1047	Phone: () 774-6044
Business Name:	Contractor Name: Owner	Contractor Address: Portland	Phone (000) 000-0000
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	

Proposed Use: restaurant lounge with three 4' picnic tables for outdoor seating	Proposed Project Description: add three 4' picnic tables for outdoor seating at restaurant/lounge
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Dept: Historical	Status: Not Applicable	Reviewer: Deborah Andrews	Approval Date: 07/19/2004
Note:			Ok to Issue: <input type="checkbox"/>
1) Not subject to review- property outside historic district			
Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 07/06/2004
Note:			Ok to Issue: <input 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) 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: 07/20/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) The tables and chairs must NOT block any means of egress doors from any establishment.			

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: <u>10000 W. 10th St.</u>			
Total Square Footage of Proposed Structure <u>100</u>		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Number		Owner: <u>John & Mary Smith</u>	Telephone#: <u>555-1234</u>
Chart# <u>7X</u>	Block#	Lot#	
Lessee/Buyer's Name (If Applicable)	Owner's/Purchaser/Lessee Address: <u>10000 W. 10th St.</u>		Cost Of Work: <u>\$</u> Fee: <u>\$75.00</u>
Current use: _____ If the location is currently vacant, what was prior use: _____ Approximately how long has it been vacant: _____ Proposed use: _____ Project description: <u>outside seating</u>			
How many chairs _____ How many tables _____			

Contractor's Name, Address & Telephone: _____

Applicants Name, Address & Telephone: John & Mary Smith 10000 W. 10th St.

Who should we contact when the permit is ready: John & Mary Smith

Telephone: 555-1234

If you would like the permit mailed, what mailing address should we use: _____



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: _____; in Portland, Maine, by the owner of the establishment being: _____, doing business as: _____, 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: _____

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 030536

This is to certify that 505 Main Street Saco /Lance leader & Libby

PERMIT ISSUED

has permission to Outdoor seating for 2003

AT 8 Cotton St

038 C014001

MAY 28 2003

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 given and when permission procured before this building or part thereof is occupied or closed-in. HOURS 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 J. S. 5/22/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

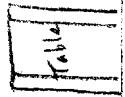
COTTON STREET

REMAINING SIDEWALK

26'

Temporary Chain

SIDEWALK SEATING AREA



ENTRANCE RAMP

SIDEWALK

50'

BUILDING

45'

PRIVATE DIRT PARKING LOT

UNITED NATIONAL INSURANCE COMPANY

Three Bala Plaza East, Suite 300
Bala Cynwyd, Pennsylvania 19004

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Policy Number: L7172233

Previous Policy No(s):

REPRESENTATIVE:

P.S. & Associates Underwriting Agency, Inc.
11258 Cornell Park Drive, Suite 600A
Cincinnati, Ohk 45242

PRODUCER:

E.A. Kelley Company-Portland
477 Congress Street
Portland, Maine 04101

NAMED INSURED:

Rivalries, LLC

MAILING ADDRESS:

10 Cotton Street
Portland, Maine 04101

POLICY PERIOD:

FROM: February 20, 2003 TO: February 20, 2004
(12:01 AM, Standard Time at your mailing address shown above)

LIMITS OF INSURANCE:

Each Occurrence Limit	\$1,000,000.
General Aggregate (Other than Products-Completed Operations)	52,000,000.
Products- Completed Operations	\$1,000,000.
Personal and Advertising injury	\$1,000,000.
Fire Damage Limit	\$ 50,000.
Medical Expense Limit	Excluded
Deductible Limit - Per Claim	\$ 1,000.

BUSINESS DESCRIPTION:

Tavern

Form of Business:

Individual Joint Venture Partnership Corporation Organization

Location Of All Premises You Own, Rent or Occupy:

10 Cotton Street; Portland, Maine 04101

PREMIUM:

<u>Classification</u>	<u>Code No.</u>	<u>Premium Basis</u>	<u>Rate</u>	<u>Advanced Premium</u>
Restaurant-Alcohol Sale < 75% Without Dance Floor	16816	\$) \$1,156,800	\$6.569	\$7,600

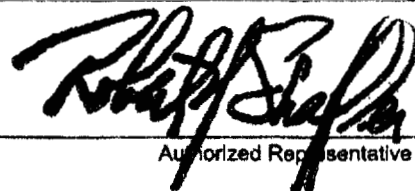
Terrorism Risk Insurance
Act Coverage-2002

Declined

Total Minimum & Deposit Premium: \$7,600.00

ENDORSEMENTS ATTACHED TO THIS POLICY: As per PSA1095 attached

Countersigned at Cincinnati, Ohio on this day of February 20, 2003 By: _____
GLDEC (01/96)


Authorized Representative

POLICY NUMBER: L7172233

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

**City Of Portland
389 Congmr Street
Portland, Maine 04101**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

8 Cotton St.

#04 093

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 07/01/2004
PRODUCER (207)729-0102 FAX (207)729-4071 Norton Insurance Agency, Inc. 181 Park Row PO Box 655 Brunswick, ME 04011	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 Rivalries, LLC 10 Cotton Street Portland, ME 04101	INSURERS AFFORDING COVERAGE --- S E M A Hawley Insurance Co	NAIC #
	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	

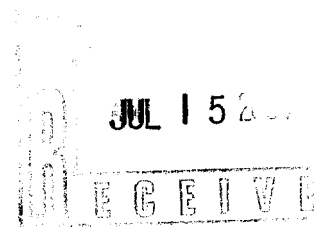
0386014
Historic

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.

INSURANCE TYPE	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"/> PRO-JECT <input type="checkbox"/> LOC.	NPR0500107	02/20/2004	02/20/2005	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded 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 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 DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, 3062/3063 under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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
 City of Portland is listed as additional insured with regards to the above-noted general liability coverage

CERTIFICATE HOLDER City of Portland Insurance Center 389 Congress Street Portland, ME 04101	CANCELLATION 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Claudette Turcotte CPIW, AAI, AU
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy/ies must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD 28 (2001/08)

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