

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 090306

This is to certify that MAINE EMPLOYERS' MUTUAL INSURANCE COMPANY

has permission to Outdoor Seating 8 Chairs & 4 Tables 80 sq ft

AT 245 COMMERCIAL ST G 038 F006001

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 written permission procured before this building or part thereof is lathes or otherwise closed-in. 24 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

[Handwritten Signature]
4/29/01
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: 09-0306	Issue Date:	CBL: 038 F006001
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Location of Construction: 245 COMMERCIAL ST	Owner Name: MAINE EMPLOYERS' MUTUAL I	Owner Address: PO BOX 11409	Phone:
Business Name: Salt Exchange The	Contractor Name: The Salt Exchange	Contractor Address: Portland	Phone:
Lessee/Buyer's Name: Charles Bryon	Phone: 272-9855	Permit Type: Outdoor Seating	Zone: B-3

Past Use: Restaurant "The Salt Exchange" Connected with permit# 090218	Proposed Use: Restaurant "The Salt Exchange" - Outdoor Seating 8 Chairs & 4 Tables 80sq ft	Permit Fee: \$240.00	Cost of Work: \$80.00	CEO District: 1
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FIRE DEPT: Approved Denied
 INSPECTION: Use Group: Type: *outdoor Dining*
 Signature: *NA* Signature: *City Ordinance*

Proposed Project Description:
Outdoor Seating 8 Chairs & 4 Tables 80 sq ft

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

Permit Taken By: Ldobson	Date Applied For: 04/07/2009	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>4/23/09</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 checked="" type="checkbox"/> 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 Date: <i>4/23/09</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

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0306	Date Applied For: 04/07/2009	CBL: 038 F006001
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Location of Construction: 245 COMMERCIAL ST	Owner Name: MAINE EMPLOYERS' MUTUAL I	Owner Address: PO BOX 11409	Phone:
Business Name: Salt Exchange The	Contractor Name: The Salt Exchange	Contractor Address: Portland	Phone:
Lessee/Buyer's Name: Charles Bryon	Phone: 272-9855	Permit Type: Outdoor Seating	

Proposed Use: Restaurant "The Salt Exchange" - Outdoor Seating 8 Chairs & 4 Tables 80sq ft	Proposed Project Description: Outdoor Seating 8 Chairs & 4 Tables 80 sq ft
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 04/23/2009

Note: **Ok to Issue:**

- 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:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 04/23/2009

Note: **Ok to Issue:**

- 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 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.

Comments:

4/14/2009-smh: Pegged in two sections, city trash can located in middle allowing 4 foot clearance, 4 ft X 9.5ft section one and 4 ft X 11.5 second section . 80 sq ft total

Inspections

090306



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>245 Commercial Street, Portland ME</u>		
Total Square Footage of Proposed Seating Area ¹ <u>206±</u>	Square Footage of Lot <u>4929</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>38</u> Block# <u>F</u> Lot# <u>4930</u>	Owner: <u>MEMIC</u>	Telephone: <u>207-791-3304</u>
Lessee/Buyer's Name (If Applicable) <u>C3S Restaurant LLC</u> <u>DBA The Salt Exchange</u>	Applicant * <u>must be owner or Lessee</u> Name <u>C3S Restaurant LLC</u> Address <u>245 Commercial St.</u> City, State & Zip <u>Portland ME 04101</u>	Annual Fee: <u>\$80</u> Sq Ft Fee: <u>\$ 412.00</u> Total Fee: <u>\$ 492.00</u>
Current use: <u>Sidewalk</u>		
Business name: <u>The Salt Exchange</u>		
Seating area dimensions: <u>4.33' x 38</u>		
How many chairs? <u>8</u> How many tables? <u>4</u>		
City Clerk signature for liquor license approval <u>[Signature]</u> <u>4.14.09</u> or Pending Council Date		
Who should we contact for the pre-inspection: <u>Charles Bryon</u>		
Mailing address: <u>245 Commercial Street</u> Phone: <u>207-272-9855</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, 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.

Charles Bryon
Signature of Applicant

3.8.2009 APR - 7 2009
Date

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

¹ 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.



OUTDOOR DINING PERMIT CHECKLIST

Permits are required for expanding food service establishments to the outside on City Property. The annual fee is \$80.00 plus \$2.00 per square foot of dining area on streets, sidewalks or other public ways and \$80.00 plus \$6.00 per square foot of dining area in city parks. For purposes of fee calculation, the area abutting the buildings which border Monument Square and extending ten (10) feet from the facade of said buildings shall be considered a sidewalk. The ten (10) foot area shall be measured from that portion of the facade that protrudes furthest into the sidewalk. The area beyond the ten (10) foot sidewalk shall be considered park space.

Outdoor dining is permitted year round under the permit; however, furniture must be removed in inclement weather to allow for sidewalk snow removal. **The permit must be renewed each year.**

All of the following information is required and must be submitted. You will also be required to fill out an Outdoor Dining Permit Application.

A plot plan is required and must include:

- A drawing of the lot, where the building sits on the lot along with the lot and building dimensions
- The dimensional setback from the sidewalk to the building
- The location of the street, and if it's a corner lot, the intersecting streets
- The sidewalk along with its width and curbing location
- The location of the table and chair placement, including dimensions *table 30" round*

(NOTE: there must be a minimum of four feet of open sidewalk from the outer boundary of the seating area to the curb, and a minimum of five feet on corners, and egress from the building must be maintained free of obstruction per the building code and NFPA Life Safety Code).

Additional Requirements:

- The permit holder is required to produce, at the time of submission, and maintain public liability insurance coverage in an amount of not less than four hundred thousand dollars (\$400,000) combined single limit for bodily injury, death and property damage, naming the City as an additional insured thereon.

All permits for outdoor dining are issued subject to the following conditions:

- The tables and chairs must be placed within the permitted area on the sidewalk in such a manner as to allow the free and safe passage of pedestrian traffic. If the tables and chairs are moved and located outside of the permitted outdoor seating area, they must be relocated to within the permitted area. Failure to contain the tables and chairs to the permitted area may result in a reduced permitted area or a revocation of the permit.

- The permit holder is responsible for keeping the outdoor seating area clean. The sidewalk area where the tables and chairs are located must be kept neat and free from liter and debris.
- No food shall be prepared outside.
- If alcohol is to be served, the permit holder must notify the City's Business Licensing Office in room 203 of City Hall or by telephone at 874-8557 and obtain approval for the service of alcohol outdoors. Additionally, State law requires that any outdoor area serving alcohol be segregated from the rest of the public.
- All tables and chairs shall be removed prior to a predicted snowfall and while any snow or ice exists within the designated outdoor seating area or within four feet from the boundaries thereof. The City will not be responsible for damage to any tables, chairs or other property that is not properly removed when the City is engaged in sidewalk maintenance activities.
- The permit holder shall comply with all applicable rules and regulations implemented by the city regarding outdoor dining.

Failure to comply with any of the above conditions will result in revocation or non-renewal of the permit.

I/We fully understand that the City of Portland, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm or damage to my/our person or property arising out of the establishment's occupancy of the sidewalk or park space. To the fullest extent permitted by law, I/We do hereby agree to assume all risk of injury, harm or damage to my/our person or property (including but not limited to all risk of injury, harm or damage to my/our property cause by the negligence of the City of Portland, its agents, officers or employees) arising out of the establishment's occupancy of the sidewalk or park space. I/We hereby agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the City of Portland, its agents, 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 or park space, 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 there from, 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: Charles Bryan Date: 3.19.2009
 Printed name Charles Bryan
 Establishment The Salt Exchange
 Location 245 Commercial St.

December 18, 2008

C & S Restaurant LLC
Mr. Charles Bryon
PO Box 18191
Portland ME 04101

Re: 245 Commercial Street – First Floor

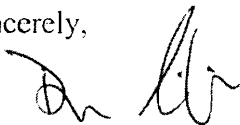
Dear Charlie:

This letter shall serve to confirm that MEMIC, the Landlord at 245 Commercial Street in Portland, has approved your finances and is willing to proceed with the terms of our letter of intent. MEMIC's attorney will provide you with a lease agreement.

As the Landlord's representative, I have also been authorized to notify you that MEMIC gives you approval and permission to pursue a change of use permit with the City of Portland for a bar and restaurant use in the first floor retail space of 245 Commercial Street.

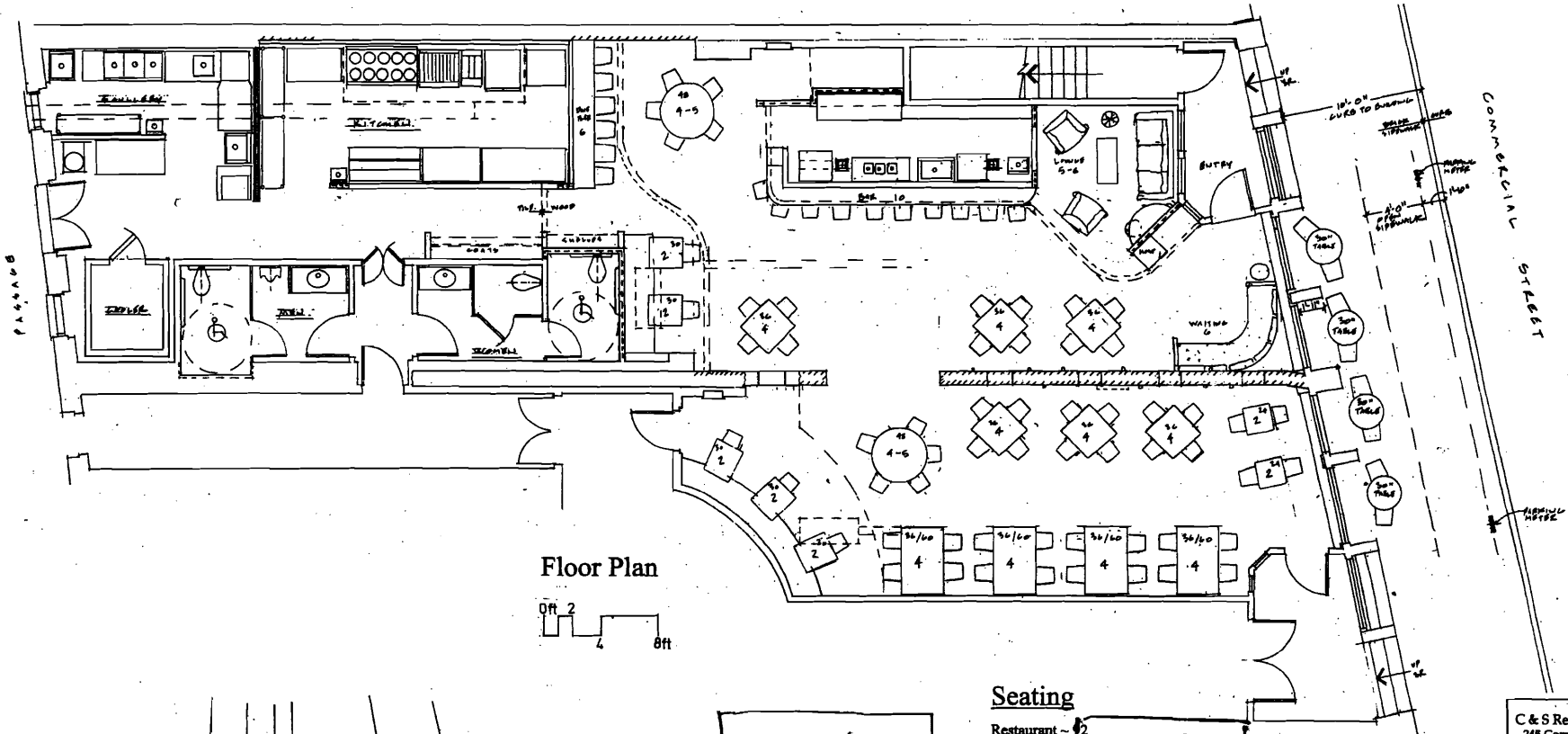
If you have any questions or comments, please feel free to call me.

Sincerely,

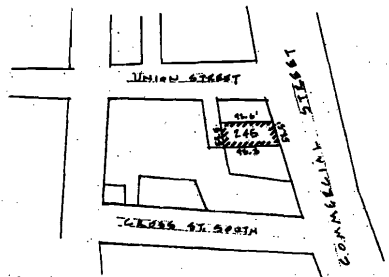
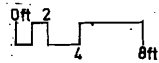


Drew Sigfridson, SIOR
CBRE/The Boulos Company

cc Catherine Lamson - MEMIC

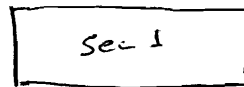


Floor Plan



LOT PLAN - 245 COMMERCIAL ST.
CITY OF PORTLAND ADDRESS MAP 30 LOT 1130

4F



Sec 1

11.5

4F

Seating

Restaurant - 2
Sidewalk - 8



9.5

City
TR434 CAN

Total = 4ft x 20ft = 80ft

Commercial

Pins set 4/14/09 Stewart & Supan

SMK

C & S Restaurant LLC
245 Commercial Street
Portland, Maine

Buell Heminway
ARCHITECTS
P.O. Box 9722 DTL - Portland, ME 04112
(207) 772-2850 - FAX 772-2870
Buell@heminway.com

Drawing No.

Permit 1

Title:

Permit Plan
Liquor License
Outdoor Dining

Date: March 11, 2009
Scale: Shown
By: Buell



CERTIFICATE OF LIABILITY INSURANCE

OP ID MM
CSRES-1

DATE (MM/DD/YYYY)

03/20/09

PRODUCER Southern Maine Insurance 432 US Rt 1 Scarborough ME 04074 Phone: 207-883-8229 Fax: 207-883-4752	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	NAIC #
INSURED C & S Restaurant LLC Charles Bryon 73 Spruce St Portland ME 04103	INSURER A	Travelers
	INSURER B	MAINE EMPLOYERS MUTUAL INS
	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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
X	X	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	BEING ISSUED	04/01/09	04/01/10	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 5000 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 (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 EA ACC \$ AUTO ONLY 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? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>	BEING ISSUED	04/01/09	04/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000
A		Property	BEING ISSUED	04/01/09	04/01/10	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
CITY OF PORTLAND is named as Additionally Insured with respect to liability.

CERTIFICATE HOLDER CITYPOR CITY OF PORTLAND 389 CONGRESS ST 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 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>M. J. [Signature]</i>
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