

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 050563

PERMIT ISSUED
MAY 17 2005
CITY OF PORTLAND

This is to certify that LAFAYETTE SQUARE LIMITED PARTNER Applicant
has permission to Outside dining 2 tables 4 chairs
AT 638 CONGRESS ST City of Portland, Oregon 97204 045 A00300

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 altered 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

[Signature] 5/12/05
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:	Issue Date:	CBL:
05-0563		045 A003001

Location of Construction: 68 CONGRESS ST	Owner Name: LAFAYETTE SQUARE LIMITED	Owner Address: 707 SABLE OAKS DR	Phone:
Business Name:	Contractor Name: Applicant	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:		Zone: B-3

Past Use: Commercial / Bar night club	Proposed Use: Bar-night club/ Outside dining 2 tables 4 chairs	Permit Fee: \$75.00	Cost of Work: \$75.00	CEO District: 2
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FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group U Type <i>[Signature]</i> IBC 2003 Signature: <i>[Signature]</i>
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Proposed Project Description:
Outside dining 2 tables 4 chairs

'EDESTRIAN

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 05/09/2005	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>ok with conditions</i> Date: <i>5/12/05</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 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>5/12/05</i>
	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

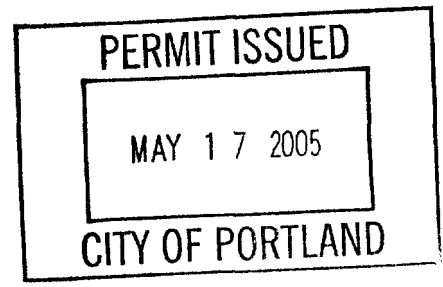
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-0563	Date Applied For: 05/09/2005	CBL: 045 A003001
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Location of Construction: 548 CONGRESS ST	Owner Name: LAFAYETTE SQUARE LIMITED	Owner Address: 707 SABLE OAKS DR	Phone:
Business Name:	Contractor Name: Applicant	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	
Proposed Use: Bar-night club/ Outside dining 2 tables 4 chairs	Proposed Project Description: Outside dining 2 tables 4 chairs		



City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0563	Issue Date:	CBL: 045 A003001
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Location of Construction: 648 CONGRESS ST	Owner Name: LAFAYETTE SQUARE LIMITED	Owner Address: 707 SABLE OAKS DR	Phone:
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Business Name:	Contractor Name: Applicant	Contractor Address:	Phone:
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Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	one: 15-3
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Past Use: Commercial / Bar night club	Proposed Use: Bar-night club/ Outside dining 2 tables 4 chairs	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: [Signature]	INSPECTION: Use Group U Type Seating IBC 2003 Signature: [Signature]
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Proposed Project Description: Outside dining 2 tables 4 chairs	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied Signature: _____ Date: _____
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Permit Taken By: Idobson	Date Applied For: 05/09/2005	Zoning Approval
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<p>1.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: 5/12/05</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: 5/12/05</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: 5/12/05</p>
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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

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>64 CONGRESS ST.</u>			
Total Square Footage of Proposed Structure: <u>N/A</u>		Square Footage of Lot: <u>N/A</u>	
Tax Assessor's Chart, Block & Lot Number Chart# <u>045</u> Block# <u>A</u> Lot# <u>00</u>		Owner: <u>LAFAYETTE SQUARE LIMITED PARTNERSHIP</u>	Telephone#: <u>755-1605</u>
Lessee/Buyer's Name (If Applicable) <u>BLUE-BEAR BELOW</u>	Owner's/Purchaser/Lessee Address: <u>707 SABLE OAKS DR. SU 100 PORT, ME.</u>		Cost of Work: \$ Fee: <u>\$75.00</u>
<p>Current use: <u>Bar/Night Club</u> If the location is currently vacant, what was prior use: <u>Bar/Night-Club</u> Approximately how long has it been vacant: <u>2 months</u> Proposed use: <u>For outdoor dining drink</u> Project description: <u>outside seating</u> How many chairs: <u>4</u> How many tables: <u>3</u></p>			
Contractor's Name, Address & Telephone: <u>N/A</u> Applicants Name, Address & Telephone: <u>Blue Bear, L.L.C., DBA "Blue", 650A Congress Street, Portland, ME 04101</u> Who should we contact when the permit is ready: <u>Barry P. Martin</u> → <u>774-4111</u> Telephone: <u>755-1605</u> 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>Barry P. Martin</u>	Date: <u>3/25/05</u>
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Authorized Rep. - Blue Bear, L.L.C.
DBA, "Blue"

Inspection Services
Michael J. Nugent, Manager



Department of Urban Development
Joseph Gray, Jr. Director

CITY OF PORTLAND

OUTSIDE DINING ON PRIVATE AND/OR CITY PROPERTY

Permits are required for expanding eating facilities (tables and chairs) to the outside whether it is on private and/or City Property. The fee is based on the cost of work (which in most cases would be less than \$1,000 or a fee of **\$75.00**). The permit after obtained is covered from April 15th thru September 30th of that same year. **This is a permit that you must renew every year prior to commencing the activity.**

The following will have to be included **as** part of your submissions. Please note that you will also fill out a standard building permit. We have deleted many of the unnecessary requirements that are related to a structural building permit hoping to make the process easier for the applicant.

A plot plan showing the following:

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

The tables and chairs shall be placed on the sidewalk **in** such a manner as to allow the free and safe passage of pedestrian traffic. If the placement of the tables and chairs creates a public safety hazard, the establishment shall **comply** with the request of the Municipality to relocate the chairs and tables to a more suitable location.

The establishment shall keep the sidewalk area where the tables and chairs are located neat and free from litter and debris.

The establishment shall produce and maintain public liability insurance coverage in **an** amount of not less than three hundred thousand (\$300,000) combine single limit for bodily injury, death and property damage. The City will be named as an additional insured thereon if the chairs and tables on City property.

No food shall be prepared outside. If alcohol is to be served, we need to notified. State law requires that the area be segregated from the rest of **the** public. **Please contact the Licensing Department at 207-874-8557 before you commence any serving of alcohol outside.**

If the establishment is to be on City Property an indemnifying statement shall be signed by the establishment (owner). Please read the attached and sign.

on
Back



C/B/L: 45A 3

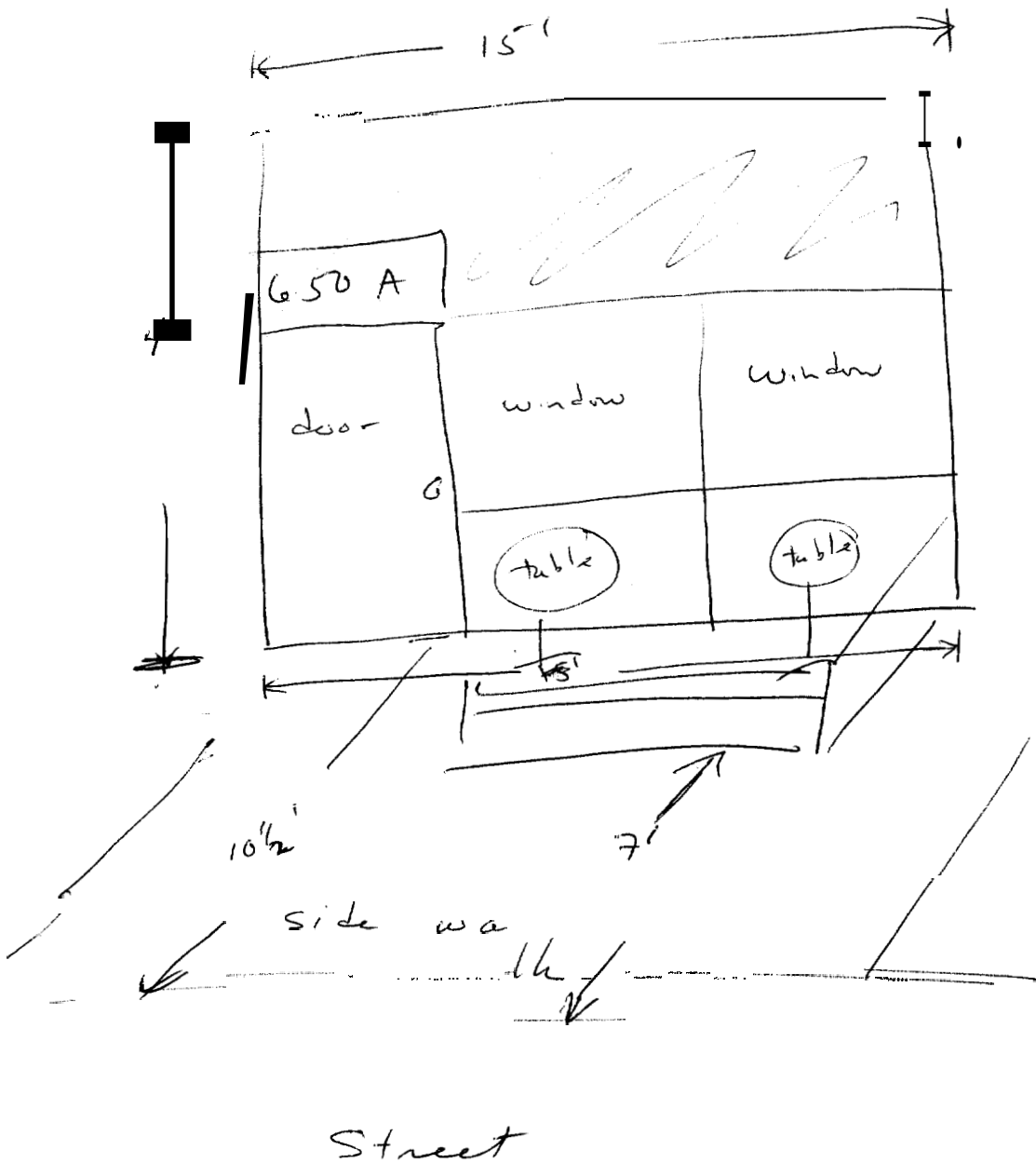
CONDITIONS FOR SIDEWALK OCCUPANCY PERMIT

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: 65B A Congress Street; in Portland, Maine, by the owner of the establishment being: Barry P Martin, doing business as: Blue, 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: _____

Barry P. Martin
Establishment owner

Date: 5-9-05



10 1/2' from store front to street
 7' from "barrier" to street
 15' store frontage (w)
 14 1/2' store frontage (h)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/08/2005

PRODUCER (207) 885-5522
 INNOVA INSURANCE SERVICES
 25 PLAZA DRIVE, SUITE 1

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.

SCARBOROUGH ME 04074-

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
 BLUEBEAR, LLC DBA BLUE
 650 A CONGRESS ST

INSURER A: UNITED STATES LIABILITY

INSURER B

INSURER C

INSURER D

PORTLAND ME 04101-

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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POUCY EFFECTIVE DATE (MM/DD/YY)	POUCY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY	PENDING	04/08/2005	04/08/2005	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person)	\$ 5,000
		GENL AGGREGATE LIMIT APPLIES PER:		/ /	/ /	PERSONAL & ADV INJURY	\$ 1,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		/ /	/ /	GENERAL AGGREGATE	\$ 2,000,000
		AUTOMOBILE LIABILITY	PENDING	/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWED AUTOS		/ /	/ /	BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS		/ /	/ /		
		<input type="checkbox"/> NON-OWED AUTOS		/ /	/ /		
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN AUTO ONLY - EA ACC	\$
				/ /	/ /	AGG	\$
		EXCESS/UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE		/ /	/ /		\$
		<input type="checkbox"/> RETENTION \$		/ /	/ /		\$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY		/ /	/ /	WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$
		OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$

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

CITY OF PORTLAND NAMED ADDITIONAL INSURED

CITY OF PORTLAND

650 A CONGRESS ST

PORTLAND

ME 04101-

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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

[Signature]