

# **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. Check all that apply: **New** Application for Outdoor Dining or Renewal Application for Outdoor Dining ☐ Application for dining on **Private Property** Outdoor Dining in a **Public Park** ☐ If **Renewal**, are there changes to previous permit? Outdoor Dining in a Historic District WYes \( \subseteq No **Petition** for Exception for Special Circumstances □ Liquor License required? City Clerk signature for liquor license approval: OR Pending Council Date: **Location Name & Address:** Chart Block Lot 045 A003001 656 Congress Street Portland, ME Owner Name: Michael Keon **Total Square Footage of Proposed Outdoor** Dining Area:1 Owner Phone #: 978-868-8178 Applicant \*must\* be owner or lessee Fee: \$80 (Public-Annual) \$125 (Private 1X) Total Sq. Ft.: 80 Name: Michael Keon Sq. Ft. Fee: (sq ft x \$2) \$ 42x2=84 (sq ft x \$6 for public parks) Address: 486 Congress Street City, State & Zip: Portland, ME 04101 Total Fees: (Permit not issued until all fees are paid) E-Mail: mike@ottoportland.com Business name: Oscar Pizza LLC dba OCHO Seating area dimensions: 42 sf How many chairs? 4 How many tables? 2 Yes Alcohol is served. No Alcohol being served. Who should we contact: Michael Keon Phone: 978-868-8178 E Mail: accounting@ottoportland.cc Address: 486 Congress Street Portland, ME 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. New applications and renewals are reviewed on an In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request

annual basis and should be submitted no later than June 1st.

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.

Signature of Applicant:		7		Date:	6	- j	S
In no instance shall the total square footage of dining are Parks and Recreation or his or her designee,	ea equat m	ore than 10	% of park space, unless the app	licant receives a wa	iver from the L	Director	of



Jeff Levine, AICP, Director
Planning & Urban Development Department

Tammy Munson, Director Inspections Division

### **OUTDOOR DINING PERMIT CHECKLIST**

Permits are required for expanding food service to the outside on <u>all</u> properties. 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. The total fee for private property placement is \$125.00 (\$25 application fee and \$100 for the Certificate of Occupancy). The fee is due when you drop off your permit application. The square footage fee may be paid when you pick up your permit. 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 for the period April 1 - November 15. Barriers must be removed no later than November 15; however, furniture must be removed in inclement weather to allow for sidewalk snow removal. Requests to extend beyond the standard permit period require approval by the City Manager and should include explanation of installation and snow removal plan.

Outdoor dining permits located on public property are only valid for a year.

Outdoor dining permits located on private property are valid permanently with the establishment.

Application Checklist: All of the following information is required and must be submitted.

- ✓ Outdoor Dining Permit Application Form

  ✓ A plot plan that shows:

  □ The lot lines, where the building sits on the lot, and the lot and building dimensions

  □ The street location, and if it's a corner lot, the intersecting streets

  □ The sidewalk location, width, and curbing location

  □ The setback dimension from the sidewalk to the building

  □ The location of proposed outdoor dining area and its components (tables, chairs, barriers, planters, etc.) placement, including dimensions and total outdoor dining area (in square feet)

  (NOTE: Under no circumstances shall an outdoor dining installation prevent a clear passageway for pedestrians. See Outdoor Dining Conditions below for dimensional requirements.)
- A drawing and/or specification of any proposed barrier solution
- Proof of public liability insurance coverage (Not Required for Private Property): 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.

### Portland, Maine



### Yes. Life's good here.

Jeff Levine, AICP, Director Planning & Urban Development Department

Tammy Munson, Director Inspections Division

#### Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a *legal signature* per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are *paid in full* to the Inspections Office, City of Portland Maine by method noted below:

Within 24-48 hours, upon receipt of an e-mailed invoice from Building Inspections, which signifies that my electronic permit application and corresponding paperwork have been received, determined complete, entered by an administrative representative, and assigned a permit number, I then have the following payment options:

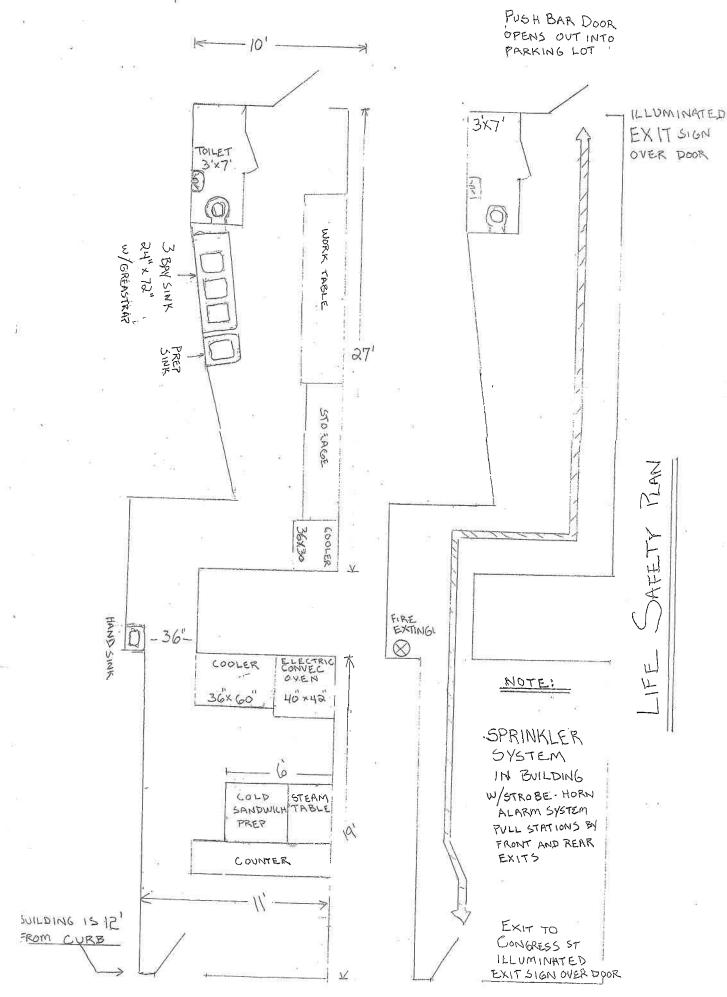
provide an on-line electronic check or credit/debit card (we accept American Express, Discover, VISA, and MasterCard) payment					
hand-deliver a payment method to the Inspections Office, Room 315, Portland City Hall					
deliver a payment method through the U.S. Postal Service, at the following address:					
City of Portland, Inspections Division 389 Congress Street, Room 315 Portland, Maine 04101					
Once my payment has been received, this starts the review process of my permit. I understand that after all approvals have been completed, I will then be issued my permit via e-mail. No work shall be started until I have received my permit.					
Applicant Signature: Date: 6-1-15					
I have provided digital copies and sent them on (Date:) 6-3-15					
NOTE: All electronic paperwork must be delivered to <u>buildinginspections@portlandmaine.gov</u> or by physical means ie: a thumb drive or CD to the office					

389 Congress Street \* Portland Maine 04101-3509 \* Phone: (207) 874-8703 \* Fax: (207) 874-8716 (rev 06-14-12) http://www.portlandmaine.gov/planning/buildinsp.asp \* E-Mail: buildinginspections@portlandmaine.gov 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:	Date:
Printed name MVHAEL KEON	_
EstablishmentOCHO	<del></del>
Location 656 Con Griss St.	

MUSIC LENGE 556 CONGRESS SE 600 SEATING P MERCHANT COMPANY

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### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/27/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

tl	MPORTANT: If the certificate holder he terms and conditions of the policy ertificate holder in lieu of such endor:	, cer	tain p	policies may require an ei	policy ndorse	(ies) must be ement. A sta	e endorsed. tement on tl	If SUBROGATION IS W	/AIVEI	), subject to rights to the	
		sem	ent(s	).	CONTA	CT					
PRODUCER						NAME:					
	Edmund Garrity & Co., I	nc	•		PHONE (A/C, No, Ext): (617) 354-4640 FAX (A/C, No): (617) 354-5828						
54	5 Concord Ave.				ADDRE	<sub>SS:</sub> annie@c	garrity-i	nsurance.com			
_	1 11		_		INSURER(S) AFFORDING COVERAGE					NAIC #	
_	mbridge MA 02	138	3		INSURER A: Travelers Casualty Ins Co						
l	JRED				INSURE	RB:					
os	CAR PIZZA, LLC				INSURER C ;						
					INSURER D :						
576 CONGRESS ST						INSURER E :					
PO	RTLAND ME 04	101			INSURE	RF					
CO	VERAGES CER	TIFI	CATE	ENUMBER:COI 638 Co	ongre	ss St		REVISION NUMBER:			
C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POL	REME TAIN, ICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPONDED HEREIN IS SUBJECT TO	CT TO	NHICH THIS	
LTR		INSR	SUBR	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
0220	X COMMERCIAL GENERAL LIABILITY					60°	0 B: W	PREMISES (Ea occurrence)	\$	300,000	
A	CLAIMS-MADE X OCCUR			6805205P004	ii	1/1/2015	1/1/2016	MED EXP (Any one person)	\$	5,000	
						ĺ		PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY PRO- JECT LOC								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE	\$		
	A0103							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EAGU GOOUDDENOS			
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
	DED RETENTION\$							AGGREGATE	S		
	WORKERS COMPENSATION							WC STATU- OTH-	\$		
AND EMPLOYERS' LIABILITY								TORY LIMITS   ER			
		N/A						E,L, EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$		
A	Property, Special Form Replacement Cost			6805205P004		1/1/2015	1/1/2016	Business Personal Property		100,000	
100	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Cation 6: 638 Congress St,	LES (Por	Attach	nd, ME 04101.			is required)				
CEI	TIFICATE HULDER	-		т	CANC	ELLATION					
For Record Only					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
						AUTHORIZED REPRESENTATIVE					
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# OCITO 656 CONGRESS STREET

## · CHICKEN ·

Rice, beans, lettuce, cheese, cilantro...\$7

## · PORK ·

Rice, beans, lettuce, cheese, cilatro...\$8

## · BEEF ·

Rice, beans, lettuce, cheese, cilantro....\$8

## · VEG ·

Peppers & onions, rice, beans, cilantro...\$6

### · EXTRA GOODS ·

Guacamole...\$2

Sour Cream...\$1

Cheese...1

Salsa...\$1