



DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING PERMIT



This is to certify that RAMESH & DRONAMRAJU

Located At 3 DEERING AVE

Job ID: 2011-04-862-OSD

CBL: 047 - - A - 004 - 001 - - - -

has permission to add outside dining 46.5 sq ft , 4 chairs, 2 tables & 1 bench

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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

06/01/2011

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

1. Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-04-862-OSD

Located At: 3 DEERING

CBL: 047 - - A - 004 - 001 - - - -

Conditions of Approval:

1. This permit approves outside seating only. Any alcohol or entertainment in this space requires licensing approvals from the City Clerk.
2. 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.
3. The tables and chairs must not block any means of egress of any building, even during storage.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-04-862-OSD	Date Applied: 4/06/2011	CBL: 047 - - A - 004 - 001 - - - -	
Location of Construction: 3 DEERING AVE	Owner Name: RAMESH DRONAMRAJU	Owner Address: 39 RIDGE RD WESTWOOD, MA - MASSACHUSETTS 02090	Phone:
Business Name: Mr. Sandwich and Mrs. Muffin	Contractor Name: Breana Bryant	Contractor Address: 3 Deering Ave., Portland, ME	Phone: 772-8041
Lessee/Buyer's Name:	Phone:	Permit Type: OUTDOOR - Outdoor Seating	Zone: B-2b
Past Use: Restaurant	Proposed Use: Same: Restaurant - to add outdoor seating	Cost of Work:	CEO District:
		Fire Dept: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> N/A </div> Signature:	Inspection: Use Group: Type: <i>Outs. Seating</i> Date: <i>0.1.15</i> Signature: <i>[Signature]</i>
Proposed Project Description: Outside Dining- Mr Sandwich & Mrs Muffin		Pedestrian Activities District (P.A.D.)	
Permit Taken By:		Zoning Approval	

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 informatin 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 checked="" type="checkbox"/> Not in Dist or Landmark
<input type="checkbox"/> Wetlands	<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
<input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>4/26/11</i>	Date:	Date: <i>[Signature]</i>

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 appication 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

4/6/11

Job Summary Report **Job ID: 2011-04-862-OSD**

work flow not set up

Report generated on Apr 25, 2011 1:49:47 PM

Page 1

Job Type:	Outside Dining/Seating	Job Description:	Outside Dining- Mr Sandwich & Mrs Muffin	Job Year:	2011
Building Job Status Code:	Initiate Plan Review	Pin Value:	1205	Tenant Name:	Mr Sandwich & Mrs Muffin
Job Application Date:		Public Building Flag:	N	Tenant Number:	
Estimated Value:		Square Footage:			
Related Parties:		RAMESH DRONAMRAJU		Property Owner	

Job Charges

Fee Code Description	Charge Amount	Permit Charge Adjustment	Net Charge Amount	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Net Payment Amount	Outstanding Balance
----------------------	---------------	--------------------------	-------------------	--------------	----------------	----------------	---------------------------	--------------------	---------------------

Location ID: 7362

Location Details

Alternate Id	Parcel Number	Census Tract	GIS X	GIS Y	GIS Z	GIS Reference	Longitude	Latitude
S04250	047 A 004 001		U				-70.272239	43.654143

Location Type	Subdivision Code	Subdivision Sub Code	Related Persons	Address(es)
1				3 DEERING AVENUE NORTH

Location Use Code	Variance Code	Use Zone Code	Fire Zone Code	Inside Outside Code	District Code	General Location Code	Inspection Area Code	Jurisdiction Code
RETAIL & PERSONAL SERVICE		NOT APPLICABLE			Historic District		DISTRICT 3	WEST END

Structure Details

Structure: Loc id 000046084 Alt id S04250

Occupancy Type Code:

Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address
CONVERSION	6	1955,844		3 DEERING AVENUE NORTH

Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference
0	0	U			

User Defined Property	Value

Structure: Outside Dining

Occupancy Type Code:

Latimer

Job Summary Report
Job ID: 2011-04-862-OSD

Report generated on Apr 25, 2011 1:49:47 PM

Page 2

Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address
Outside Dining Area	0			3 DEERING AVENUE NORTH

Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference	User Defined Property	Value
-----------	----------	-------	-------	-------	---------------	-----------------------	-------

Permit #: 20112966

Permit Data								
Location Id	Structure Description	Permit Status	Permit Description	Issue Date	Reissue Date	Expiration Date		
7362	Outside Dining	Initialized	46.5 sq ft OSD 4 chairs, 2 tables & 1 bench					
Inspection Details								
Inspection Id	Inspection Type	Inspection Result Status	Inspection Status Date	Scheduled Start Timestamp	Result Status Date	Final Inspection Flag		
Fees Details								
Fee Code Description	Charge Amount	Permit Charge Adjustment	Permit Charge Adj Remark	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Payment Adj Comment
Outside Seating Sidewalks	\$93.00							



\$93

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

(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.

CONTINUED —→



47-A 4

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.

<input checked="" type="checkbox"/> New Application for Outside Dining <input type="checkbox"/> Renewal Application for Outside Dining		
City Clerk signature for liquor license approval: <u>Chick Johnson</u> Pending Council Date <u>N/A</u>		
Location/Address of Outdoor Seating:		
Total Square Footage of Proposed Seating Area: <u>(39) 39 sq ft</u>		Square Footage of Lot: <u>30 x 60.5</u>
Tax Assessor's Chart, Block & Lot Chart# <u>047</u> Block# <u>A</u> Lot# <u>004</u>	Phone#: <u>772-8041</u>	Owner: <u>Fishman Realty</u> <u>Stu 478 Forest Ave</u> <u>Portland</u>
Applicant *must be owner or Lessee Name: <u>Susan M Dwyer</u> Address: <u>Mr Sandwich 4 Mrs Muffin</u> <u>3 Deering Ave</u> City, State & Zip: <u>Portland ME</u>	Lessee/Buyer's Name: (If Applicable) <u>Mr Sandwich</u> <u>4 Mrs Muffin</u>	Annual Fee: <u>\$80</u> Total Sq. Ft. Sq. Ft. Fee: <u>\$ 78</u> Total Fee: <u>\$ 158.00</u>
Current use: <u>3 Deering Ave</u>		
Business name: <u>Mr Sandwich 4 Mrs Muffin</u>		
Seating area dimensions: <u>3 x 8 + 3 x 5</u>		
How many chairs? <u>4</u> How many tables? <u>2 + 1 bench</u>		
<input type="checkbox"/> Yes Alcohol is served. <input checked="" type="checkbox"/> No Alcohol being served.		
Who should we contact for the pre-inspection: <u>Breana Bryant</u>		
Mailing address: <u>3 Deering Ave Portland</u> Phone: <u>772-8041</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 874-8743.

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.

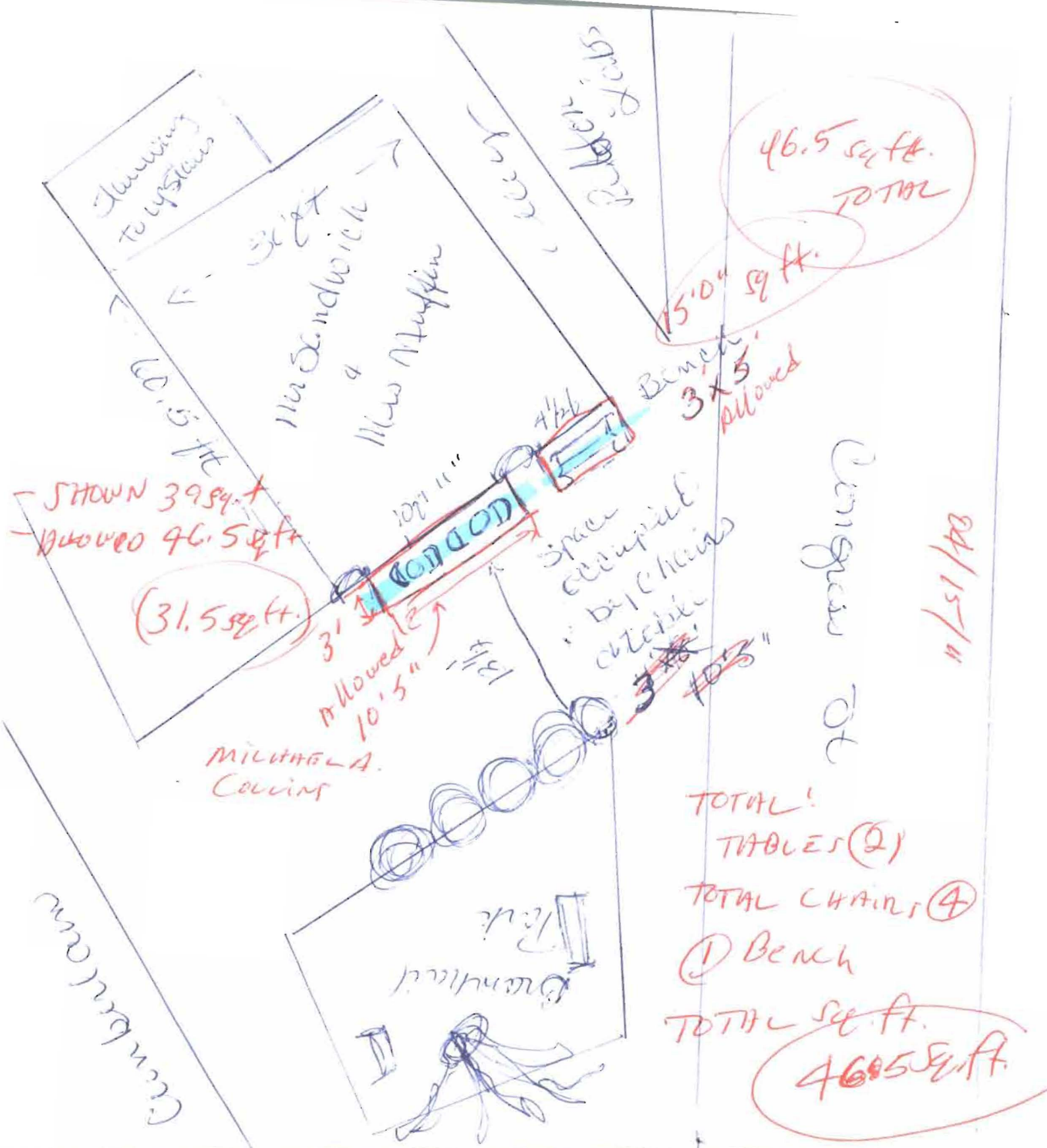
Signature of Applicant: Susan M Dwyer

Date: 3/26/11

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

1039

RECEIVED
 Building Inspections
 Portland, Maine



Deering Ave

Brendell

04/15/11

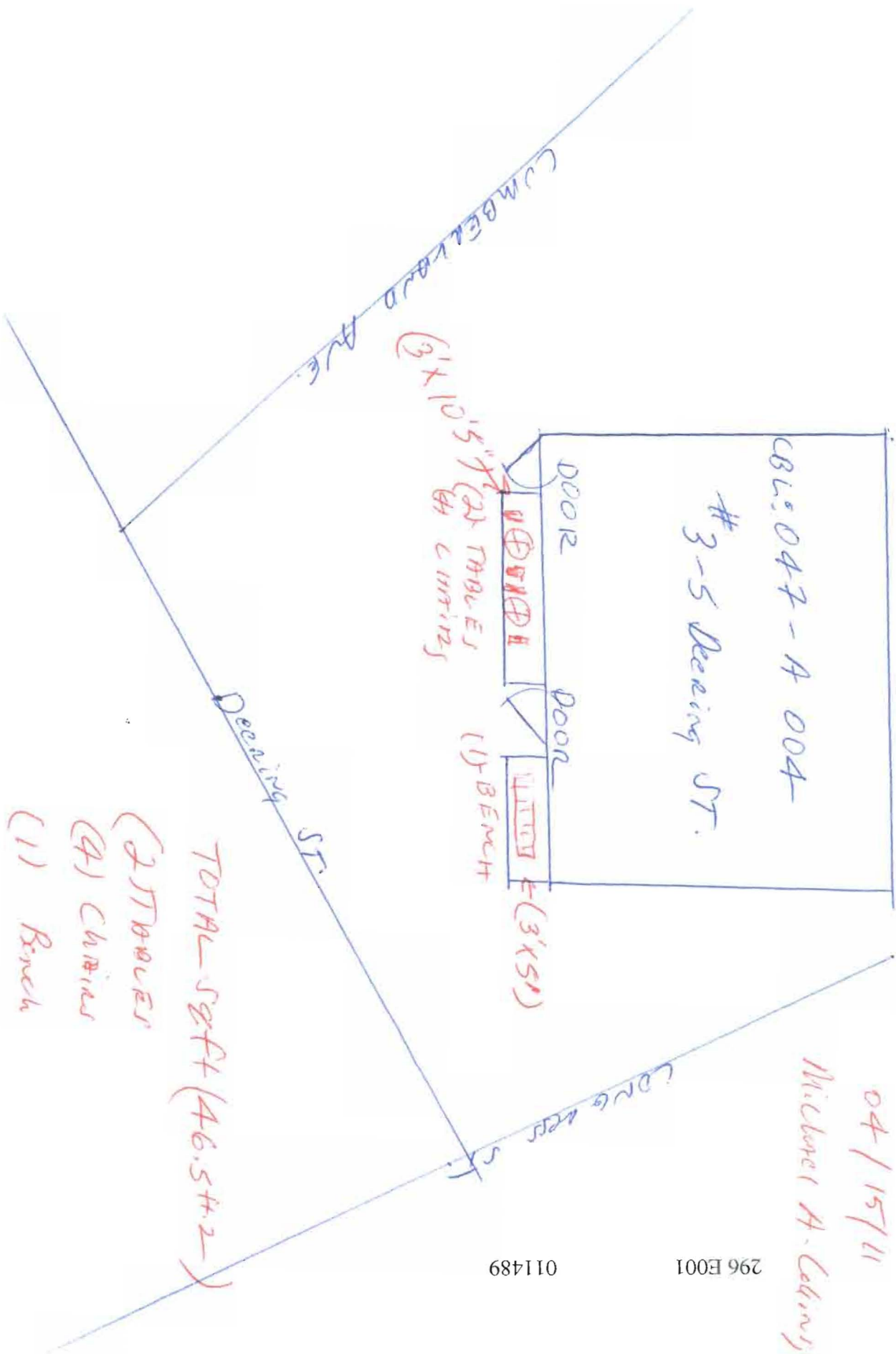
Consensus of

04/15/11

Michelle A. Ludwig, CEO

296 E001

011489



(NOT TO SCALE)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/31/2011

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER Atlantic Insurance & Benefits 58 High St Belfast ME 04915	CONTACT NAME: Employee DEFREP PHONE (A/C, No, Ext): (207) 338-9787 FAX (A/C, No): (207) 338-9727 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 00002742
INSURED Mr. Sandwich & Mrs. Muffin 3 DEERING AVENUE PORTLAND ME 04101	INSURER(S) AFFORDING COVERAGE INSURER A: Peerless Insurance Company NAIC # 24198 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL1133100126

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BOP5112299	11/15/2010	11/15/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	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) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

City of Portland
389 Congress Street
Portland, ME 04101

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

B Winslow/BRIDGE

CITY OF PORTLAND
DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

389 Congress Street
Portland, Maine 04101

INVOICE FOR FEES

Owner: DRONAMRAJU RAMESH & RAMA DRONAMRAJU JTS
Location: 3 DEERING AVE
CBL: 047 A004001
Invoice Date: 07/14/2011

Fee Description	Fee Charge
04/25/2011 OSD MR SANDWICH & MRS MUFFIN OSD Mr Sandwich & Mrs Muffin	\$93.00
Total Billed:	\$93.00
Total Paid:	\$0.00
Amount Due:	\$93.00

SECOND NOTICE

Permit not issued until full payment received

Payments can be made at:

Portland City Hall

389 Congress Room 315

Portland, Maine 04101

Detach and remit with payment

Bill to: DRONAMRAJU RAMESH &
39 RIDGE RD
WESTWOOD , MA 02090

CBL 047 A004001
Invoice Date: 07/14/2011
Invoice No: 1023
Total Amt Due: \$93.00
Payment Amount:

Make checks payable to the *City of Portland*, Inspections Division, Room 315, 389 Congress Street, Portland, ME 04101.



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

Sept 2 2011

Received from 1165 E. Main St - Portland

Location of Work 3. Downing St

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: _____

Building (IL) ☒ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 041 704

Check #: 1061 Total Collected \$ 12.00

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: 5/10/11

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

Policy No.: BOP2952141

Issued at: KEENE, NH

Agent No: 8210390

Agent: TELEPHONE (207) 338-9787

ATLANTIC INSURANCE & BENEFITS
58 HIGH STREET
BELFAST, ME 04915

Notice Issued To:

MR SANDWICH & MRS MUFFIN
3 DEERING AVE
PORTLAND, ME 04101

Account of:

MR SANDWICH & MRS MUFFIN
3 DEERING AVE
PORTLAND, ME 04101

Company Name:

PEERLESS INSURANCE
PO BOX 2051
KEENE, NH 03431-7051

*Our Insurance
Agency*