

# City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: <b>190 State St</b>		Owner: <b>MPB Properties</b>		Phone:		<div style="text-align: right; font-size: 24pt; font-weight: bold;">960494</div> <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>  <b>PERMIT ISSUED:</b>  <b>JUN - 5 1996</b>  <b>CITY OF PORTLAND</b> </div>
Owner Address:		Leasee/Buyer's Name: <b>Cafe Offal</b>		Phone: <b>775-3380</b>		
Contractor Name:		Address:		Phone:		
Past Use: <b>Restaurant</b>		Proposed Use: <b>Bar</b>		<b>COST OF WORK:</b> \$ <b>PERMIT FEE:</b> \$ <b>25.00</b>		
Proposed Project Description:  <b>Conduct Outside Dining</b>		<b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i> <b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		<b>INSPECTION:</b> Use Group: _____ Type: _____ Signature: <i>[Signature]</i>		<b>Zone:</b> _____ <b>CBL:</b> <b>55-E-37</b>
				<b>Zoning Approval:</b> _____ <b>Special Zone or Reviews:</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>		
				<b>Zoning Appeal</b> <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		
Permit Taken By: <b>Nary Grenik</b> Date Applied For: <b>29 May 1996</b>						<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review

1. This permit application doesn't 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..

## 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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT **Katherine Palmer** ADDRESS: \_\_\_\_\_ DATE: **29 May 1996** PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT

3

Location of Construction: 190 State St		Owner: MPB Properties		Phone:		Permit No <b>960494</b> <b>PERMIT ISSUED</b> Permit Issued: <b>JUN - 5 1996</b> <b>CITY OF PORTLAND</b> Zone: <b>B-3</b> CBL: <b>55-E-37</b> Zoning Approval: <i>[Signature]</i> 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 <input checked="" type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> <b>Zoning Appeal</b> <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 <b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review <b>Action:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <b>6/3/96</b> <i>[Signature]</i> <b>CEO DISTRICT</b> <span style="border: 1px solid black; padding: 2px;">3</span> <i>A. Simpson</i>
Owner Address:		Leasee/Buyer's Name: Cafe Uffa! 190 State St		Phone: Ptld, ME 04102 775-3380		
Contractor Name:		Address:		Phone:		
Past Use:  Restaurant		Proposed Use:  Same		COST OF WORK: \$ FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i> PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		
Proposed Project Description:  Conduct Outside Dining				PERMIT FEE: \$ 25.00 INSPECTION: Use Group: _____ Type: _____ Signature: <i>[Signature]</i>		
Permit Taken By:  Mary Gresik		Date Applied For:  29 May 1996				

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*[Signature]* **31**  
 SIGNATURE OF APPLICANT **Katherine Palmer** ADDRESS: \_\_\_\_\_ DATE: **29 May 1996** PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_



# CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
05/28/96

PRODUCER

TURNER BARKER INSURANCE

ONE INDIA ST  
PORTLAND

ME 04101

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 POLICES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY  
A

PEERLESS INS CO

COMPANY  
B

MAINE EMPLOYERS MUTUAL

COMPANY  
C

COMPANY  
D

INSURED

CAFE UFFA, INC.

190 STATE ST  
PORTLAND

ME 04102

## COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CPP4294609	6/30/95	6/30/96	GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1810028564	9/15/95	9/15/96	<input checked="" type="checkbox"/> STATUTORY LIMITS	
	EACH ACCIDENT				\$ 100,000	
	DISEASE - POLICY LIMIT				\$ 500,000	
	DISEASE - EACH EMPLOYEE				\$ 100,000	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATEHOLDER SHALL BE NAMED AS ADDITIONAL INSURED WITH RESPECT TO OUTDOOR SEATING AT 190 STATE STREET, PORTLAND, ME

## CERTIFICATE HOLDER

CITY OF PORTLAND  
CITY HALL  
477 CONGRESS STREET  
PORTLAND ME 04101

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS/ OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Joan P Hopkins

JH A





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:

Café Uffa, 190 State Street

in Portland, Maine, by the owner of the establishment being:

KATHERINE PALMER

doing business as: Café Uffa!

hereby, to the fullest extent permitted by law, shall defend, indemnify and hold harmless the City, 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:

KATHERINE PALMER  
Establishment Owner  
*[Signature]*

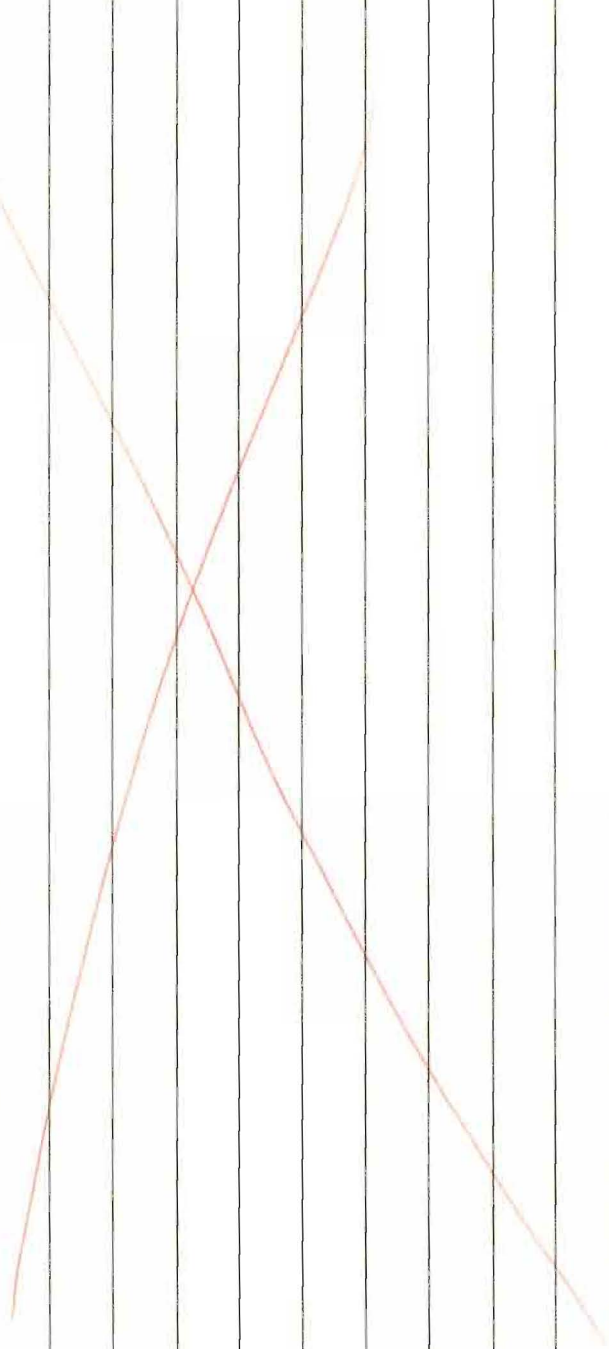
Dated:

5.28.96

COMMENTS

7/10/96 Have not yet used sidewalk for outside seating.

Using outside seating



Inspection Record

Date

Type

Foundation: \_\_\_\_\_

Framing: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Final: \_\_\_\_\_

Other: \_\_\_\_\_