

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1178	Issue Date: PERMIT ISSUED AUG 11 2006	CBL: 263A A001001
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Location of Construction: 1032 BRIGHTON AVE	Owner Name: HERITAGE SPE LLC	Owner Address: 535 BOYLSTON ST	Phone:
Business Name:	Contractor Name: n/ a	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	Zone: B-2

Past Use: Commercial / Quizznos	Proposed Use: Commercial / Quizznos outdoor seating 3 tables & 4 chairs	Permit Fee:	Cost of Work: \$0.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: Use Group: U Type: Seating City Ordinance	

Proposed Project Description: Outdoor seating 3 tables & 4 chairs	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:	Date:	

Permit Taken By: dmartin	Date Applied For: 08/08/2006	Zoning Approval	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</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: <i>8/10/06</i></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: <i>8/10/06</i></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: <i>[Signature]</i></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 _____

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 061178
AUG 11 2006
CITY OF PORTLAND

This is to certify that HERITAGE SPE LLC /n/a has permission to Outdoor seating 3 tables & 4 chairs AT 1032 BRIGHTON AVE 263A A001001

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.

Classification of inspection must be given and when permission procured before this building or part thereof is occupied or work closed-in. FOUR NOTICES 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 and date 8/11/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



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>10360 BRIGITTON AVE</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>263A A004 2</u>	Owner: <u>Apples Northeast Inc.</u>	Telephone: <u>207.329.1577</u>
Lessee/Buyer's Name (If Applicable) <u>RKR Associates 39 Shepherd Lane Portland, ME 04103</u>	Owner's/Purchaser/Lessee Address	Cost Of Work: \$ <u>Fee: \$75.00</u>
Current use: <u>QUINZOS SUBS - RESTAURANT - QUICK-SERVE</u> Business name: <u>QUINZOS SUBS</u> If the location is currently vacant, what was prior use: <u>N/A</u> Approximately how long has it been vacant: _____ Proposed use: _____ Project description: <u>Outside Seating</u>		
How many chairs? <u>12</u> How many tables? <u>3</u>		
Please contact the City Clerk's Office @ 874-8557 before you commence any serving of food or alcohol outside.		
Contractor's name: <u>N/A</u> Address & telephone: _____		
Who should we contact when the permit is ready: <u>KEN MADORE</u> Mailing address: _____ Phone: <u>207.329.1577</u>		

Please submit all of the information outlined in the Outdoor Seating 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 time for the purpose of inspection of the codes applicable to this permit.

Signature of applicant: [Signature] Date: 8/8/06

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

AUG 8 2006

RECEIVED

✓#

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1178	Date Applied For: 08/08/2006	CBL: 263A A001001
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Location of Construction: 1032 BRIGHTON AVE	Owner Name: HERITAGE SPE LLC	Owner Address: 535 BOYLSTON ST	Phone:
Business Name:	Contractor Name: n/ a	Contractor Address: Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Outdoor Seating	

Proposed Use: Commercial / Quiznos outdoor seating 3 tables & 4 chairs	Proposed Project Description: Outdoor seating 3 tables & 4 chairs
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Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 08/10/2006

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.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building Status: Approved with Conditions Reviewer: Tammy Munson Approval Date: 08/11/2006

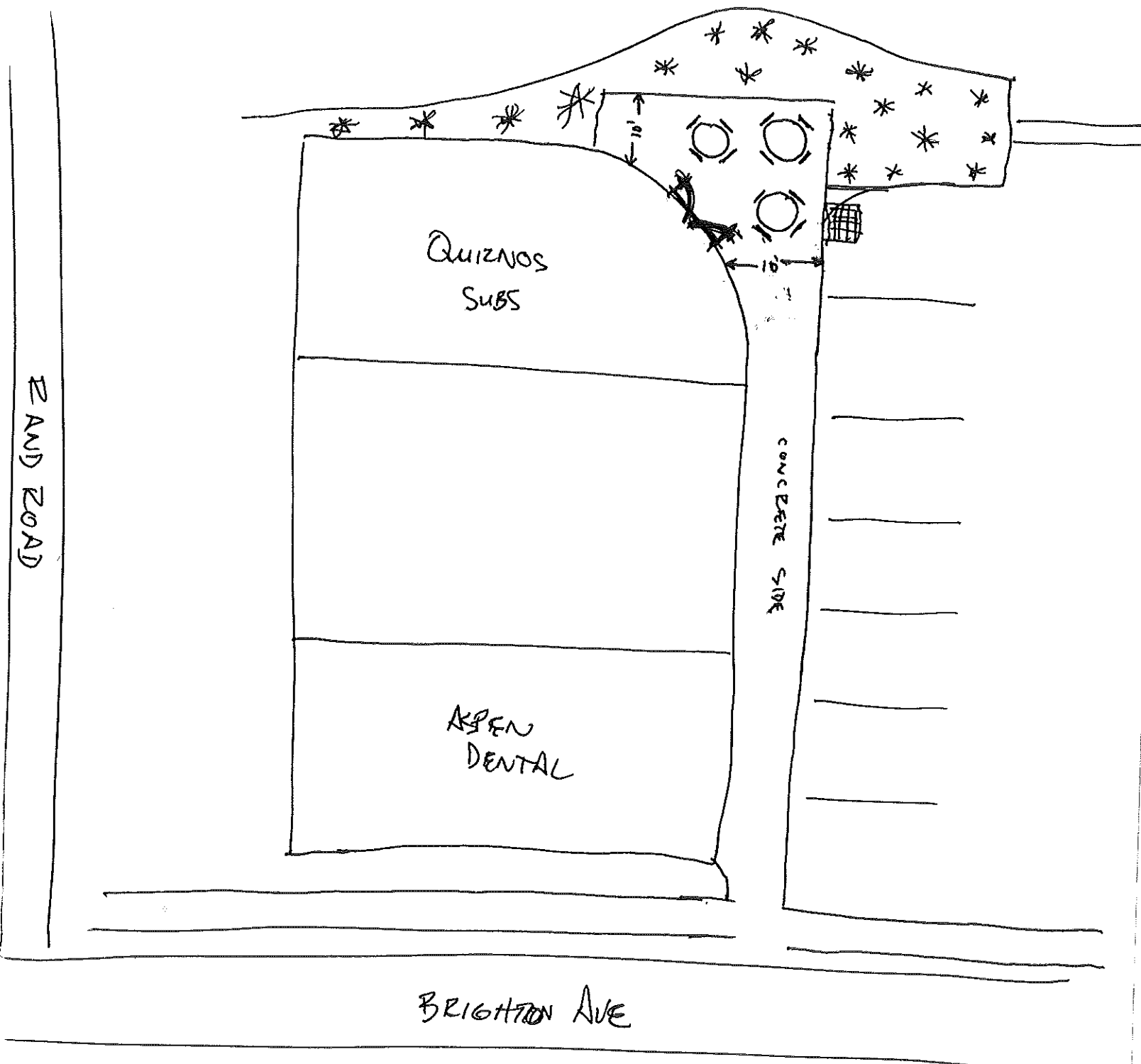
Note: Ok to Issue:

- 1) This permit approves outside seating only. Any food, alcohol or entertainment in this space requires licensing approvals from the City Clerk.
- 2) The tables and chairs must not block any means to egress the building

OUTDOOR SEATING PERMIT

RE: QUIZNOS SUBS
1036 BRIGHTON AVE

— PROPOSE 3 TABLES & 12 CHAIRS FOR OUTDOOR SEATING.



263-AA-1

City of Portland Health Inspection Report

Establishment Name Applebee's Neighborhood Grill		No. of Risk Factor/Intervention Violations	Date 12/02/08
License/Est. ID# 8766		No. of Repeat Risk Factor/Intervention Violations	Time In
Address 1032 Brighton Ave		Score (optional) 96	Time Out
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Owner Name Applebee's Rest North LLC	City/State Portland	Telephone 528-8480
	Purpose of Inspection Annual	Zip Code 04103	Est. Type Fs class 1
		Risk Category	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R
 IN= in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status	COS	R
Supervision						
5	1	IN	OUT	PIC present, demonstrates knowledge, and performs duties		
Employee Health						
5	2	IN	OUT	Management awareness; policy present		
5	3	IN	OUT	Proper use of reporting, restriction & Exclusion		
Good Hygienic Practices						
5	4	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use	
5	5	IN	OUT	N/O	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands						
5	6	IN	OUT	N/O	Hands clean & properly washed	
2	7	IN	OUT	N/A	N/O	No bare hand contact with RTE foods or approved alternate method properly followed
5	8	IN	OUT		Adequate handwashing facilities supplied & accessible	
Approved Source						
5	9	IN	OUT		Food obtained from approved source	
5	10	IN	OUT	N/A	N/O	Food received at proper temperature
5	11	IN	OUT		Food in good condition, safe, & unadulterated	
1	12	IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction
Protection from Contamination						
2	13	IN	OUT	N/A	Food separated & protected	
2	14	IN	OUT	N/A	Food-contact surfaces: <u>cleaned & sanitized</u> <u>microwaved</u>	
5	15	IN	OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food	
Potentially Hazardous Food Time/Temperature						
5	16	IN	OUT	N/A	N/O	Proper cooking time & temperatures
5	17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding
5	18	IN	OUT	N/A	N/O	Proper cooling time & temperature
5	19	IN	OUT	N/A	N/O	Proper hot holding temperatures
5	20	IN	OUT	N/A	N/O	Proper cold holding temperatures
5	21	IN	OUT	N/A	N/O	Proper date marking & disposition
5	22	IN	OUT	N/A	N/O	Time as a public health control: procedures & record
Consumer Advisory						
5	23	IN	OUT	N/A	N/A	Consumer advisory provided for raw or undercooked foods
Highly Susceptible Populations						
5	24	IN	OUT	N/A	N/A	Pasteurized foods used; prohibited foods not offered
Chemical						
5	25	IN	OUT	N/A	N/A	Food additives: approved & properly used
5	26	IN	OUT		Toxic substances properly identified, stored, & used	
Conformance with Approved Procedures						
5	27	IN	OUT	N/A	N/A	Compliance with variance, specialized process, & HACCP plan

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Safe Food and Water		COS	R	Proper Use of Utensils		COS	R
5	28			2	41		
	Pasteurized eggs used where required				In-use utensils: properly stored		
5	29			2	42		
	Water & ice from approved source				Utensils, equipment & linens: properly stored, dried & handled		
				2	43		
	Variance obtained for specialized processing				Single-use & single-service articles: properly stored & used		
Food Temperature Control				2	44		
					Gloves used properly		
5	31			Utensil, Equipment and Vending			
	Proper cooling methods used; adequate equipment for temperature control			2	45		
5	32				Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
5	33			1	46		
	Plant food properly cooked for hot holding				Warewashing facilities: installed, maintained, & used; test strips		
1	34			1	47		
	Approved thawing methods used				Non-food contact surfaces clean		
	Thermometers provided & accurate			Physical Facilities			
1	35			4	48		
	Food properly labeled; original container				Hot & cold water available; adequate pressure		
Food Identification				5	49		
					Plumbing installed; proper backflow devices		
Prevention of Food Contamination				5	50		
4	36				Sewage & waste water properly disposed		
	Insects, rodents, & animals not present			2	51		
2	37				Toilet facilities: properly constructed, supplied, & cleaned		
	Contamination prevented during food preparation, storage & display			2	52		
5	38				Garbage & refuse properly disposed; facilities maintained		
	Personal cleanliness			1	53		
1	39				Physical facilities installed, maintained, & clean		
	Wiping cloths: properly used & stored			1	54		
1	40				Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *[Signature]* Date: **2 Dec 08**

Health Inspector (Signature) *[Signature]*

Follow-up: YES NO (circle one) Follow-up Date:

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

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City of Portland Health Inspection Report

Establishment Name <i>Applebee's Neighborhood Bar & Grill</i>		No. of Risk Factor/Intervention Violations		Date <i>10/23/07</i>	
		No. of Repeat Risk Factor/Intervention Violations <i>13</i>		Time In _____	
License/Est. ID# <i>8756</i>		Address <i>1072 Brighton Ave</i>		City/State <i>Portland, ME</i>	
License Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Owner Name <i>Applebee's Int.</i>		Purpose of Inspection <i>Annual</i>	
		Score (optional) <i>87</i>		Time Out _____	
		Zip Code _____		Telephone <i>207.991.2810</i>	
		Est. Type <i>EB</i>		Risk Category _____	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R
 IN= in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS		R	
Supervision					
51	IN <u>OUT</u>	PIC present, demonstrates knowledge, and performs duties		<input checked="" type="checkbox"/>	
Employee Health					
52	IN <u>OUT</u>	Management awareness; policy present		<input checked="" type="checkbox"/>	
53	IN <u>OUT</u>	Proper use of reporting, restriction & Exclusion		<input checked="" type="checkbox"/>	
Good Hygienic Practices					
54	IN <u>OUT</u> N/O	Proper eating, tasting, drinking, or tobacco use			
55	IN <u>OUT</u> N/O	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
56	IN <u>OUT</u> N/O	Hands clean & properly washed			
27	IN <u>OUT</u> N/A <u>N/O</u>	No bare hand contact with RTE foods or approved alternate method properly followed			
58	IN <u>OUT</u>	Adequate handwashing facilities supplied & accessible			
Approved Source					
59	IN <u>OUT</u>	Food obtained from approved source			
510	IN <u>OUT</u> N/A <u>N/O</u>	Food received at proper temperature			
511	IN <u>OUT</u>	Food in good condition, safe, & unadulterated			
112	IN <u>OUT</u> N/A <u>N/O</u>	Required records available: shellstock tags, parasite destruction			
Protection from Contamination					
213	IN <u>OUT</u> N/A	Food separated & protected			
214	IN <u>OUT</u> N/A	Food-contact surfaces: cleaned & sanitized			
515	IN <u>OUT</u>	Proper disposition of returned, previously served, reconditioned, & unsafe food			

Compliance Status		COS		R	
Potentially Hazardous Food Time/Temperature					
516	IN <u>OUT</u> N/A <u>N/O</u>	Proper cooking time & temperatures			
517	IN <u>OUT</u> N/A <u>N/O</u>	Proper reheating procedures for hot holding			
518	IN <u>OUT</u> N/A <u>N/O</u>	Proper cooling time & temperature			
519	IN <u>OUT</u> N/A <u>N/O</u>	Proper hot holding temperatures			
520	IN <u>OUT</u> N/A	Proper cold holding temperatures			
521	IN <u>OUT</u> N/A	Proper date marking & disposition			
522	IN <u>OUT</u> N/A	Time as a public health control: procedures & record			
Consumer Advisory					
523	IN <u>OUT</u> N/A	Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
524	IN <u>OUT</u> N/A	Pasteurized foods used; prohibited foods not offered			
Chemical					
525	IN <u>OUT</u> N/A	Food additives: approved & properly used			
526	IN <u>OUT</u>	Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures					
527	IN <u>OUT</u> N/A	Compliance with variance, specialized process, & HACCP plan			

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
 Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Safe Food and Water		COS		R	
528	Pasteurized eggs used where required				
529	Water & ice from approved source				
30	Variance obtained for specialized processing				
Food Temperature Control					
531	Proper cooling methods used; adequate equipment for temperature control				
532	Plant food properly cooked for hot holding				
533	Approved thawing methods used				
134	Thermometers provided & accurate				
Food Identification					
135	Food properly labeled; original container				
Prevention of Food Contamination					
436	Insects, rodents, & animals not present				
237	Contamination prevented during food preparation, storage & display				
538	Personal cleanliness				
139	Wiping cloths: properly used & stored				
140	Washing fruits & vegetables				

Proper Use of Utensils		COS		R	
241	In-use utensils: properly stored				
242	Utensils, equipment & linens: properly stored, dried & handled				
243	Single-use & single-service articles: properly stored & used				
244	Gloves used properly				
Utensil, Equipment and Vending					
245	Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
146	Warewashing facilities: installed, maintained, & used; test strips				
147	Non-food contact surfaces clean				
Physical Facilities					
448	Hot & cold water available; adequate pressure				
549	Plumbing installed; proper backflow devices				
550	Sewage & waste water properly disposed				
251	Toilet facilities: properly constructed, supplied, & cleaned				
252	Garbage & refuse properly disposed; facilities maintained				
153	Physical facilities installed, maintained, & clean				
154	Adequate ventilation & lighting; designated areas used				

Person in Charge (Signature) 	Date: <i>10/23/07</i>
Health Inspector (Signature) 	Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Circle one) Follow-up Date: _____

