City of Portland, N 389 Congress Street,		_				- 1	o: ·1178-	P Extending	<u>ISSU</u>	ED CBL:	A 00 1 00 1	
Location of Construction:	34101 Tel. (.		o, rax.	(207) 874-87	<u> </u>						4001001	
1032 BRIGHTON AV		Owner Name:	DD II.	n	Owner A				1 200	Phone:		
Business Name:	3	HERITAGE S		***************************************				1 SUATS 1	1 7.47		TENNE DE LE CONTROL DE LE	
Dusiness Name:		Contractor Name	e:		Contract	- 1	្រ	and the second s	an com, we college the second of the self-	Plone		
Losgoofflywarda Nama		n/a			Portla			TTY OF I	20RT	LAND		
Lessee/Buyer's Name		Phone:			Permit T Outdo		l Seating		and the second s		Zone:	
Past Use:		Proposed Use:			Permit I			Cost of Wor	b.	CEO District:		
Commercial / Quizznos		Commercial /	Opizzna	ns outdoor	1				 80.00	3		
		seating 3 table			FIRE D	ЕРТ	• -			CTION:		
							, [Approved	Use Gr	oun: 1)	Tyne.	
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Proposed Project Descriptio	n:				┤	\bigcup	//		M			
Outdoor seating 3 tables					Simulation	/	/ /			-61		
o many boung b mole	o Conting				Signature		NACT	IVITIES DIST	Signatu			
					LEDESI	IXIA.	NACI	14111E2 DIZ.	.rac F (l	r.a. <i>D.)</i> 🔏		
					Action:		Appro	ved 🗌 App	roved w/	Conditions 🔲	Derlied	
					Signature	e:				Date:	. 1	
Permit Taken By:	Date An	plied For:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	3.8		,	<u> </u>	1	Date.		
dmartin	08/08	=				Z(oning	Approva	1			
1. This permit applica			Spe	cial Zone or Revi	ews		Zoni	ng Appeal		Historic Pre	servation	
1. This permit applica Applicant(s) from n												
Federal Rules.	nceung appnea	adic State and	Sh	oreland			Varianc	e		Not in Distri	ict or Land	
Building permits do septic or electrical v		lumbing,	□ W	etland			Miscella	ineous		Does Not Re	equire Rev	
 Building permits are within six (6) month 	ns of the date o	f issuance.				☐ Conditional Use				Requires Review		
False information mermit and stop all		a building	☐ Su	bdivision			Interpret	ation		Approved		
			☐ Sit	e Plan			Approve	d		Approved w	/Condition	
			Mai [' ☐ Minor [☐ MM			Denied			Denied (The state of the s	
				IN OFT	malik		Q			believ		
			Date:	O alia	Li D	ate:			l _n		\rightarrow	
			Date.	28/10	10/2 100	atc.			Da	ite:		
			C	ERTIFICATI	ON							
hereby certify that I am	the owner of ra	ecord of the na				ed v	work ic	authorized	hy tha c	war of reco	rd and th	
have been authorized by	the owner to:	make this appli	cation a	s his authorize	d agent ar	nd I	agree t	o conform t	o all ap	plicable laws	of this	
risdiction. In addition,	if a permit for	work described	in the	application is i	ssued, I co	ertif	v that i	he code offi	cial's a	uthorized repr	resentativ	
hall have the authority to	enter all areas	s covered by su	ch perm	it at any reaso	nable hou	r to	enforc	e the provis	ion of t	the code(s) ap	plicable	
ıch permit.												
IGNATURE OF APPLICAN	r			ADDRES	S	·····		DATE		РНС	NE	
				4.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A				**************************************	***		
RESPONSIBLE PERSON IN (CHARGE OF WO	ORK, TITLE						DATE		РНО	NE	

Please Read PERMIT ISSUED Application And RECTION Notes, If Any, Attached Permil Number: 061178 AUG 1 1 2006 This is to certify that HERITAGE SPE LLC /n/ a nirs CITY OF PORTLAND

has permission to Outdoor seating 3 tables & 4

DISPLAY THIS CARD

AT 1032 BRIGHTON AVE

Form # P 04

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and this department.

Apply to Public Works for street line and grade if nature of work requires such information.

OTHER	REQUIRED	APPROVAL	9

Fire Dept. Health Dept. Appeal Board_ Other ___ Department Name rm or the Completing this permit shall comply with all ine and or the Completing e of buildings and a uctures, and of the application on file in f inspe on mus

263A A001001

ON PRINCIPAL FRONTAGE OF WORK

ificatio n and v en perm on proc ore this ilding or rt there ed or osed-in JR NO HEQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

Director - Bulling & 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.

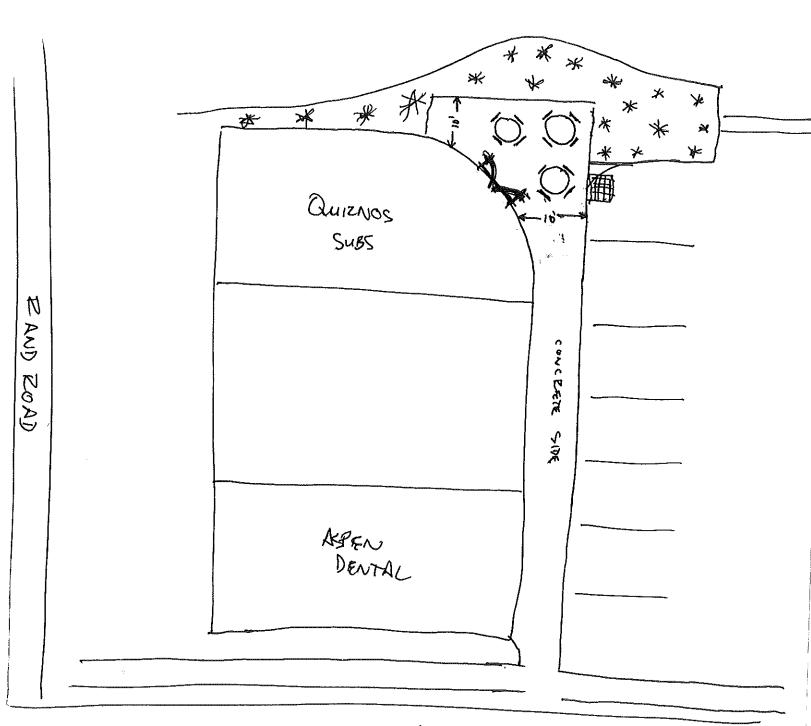
Location/Address of Construction: 102	LO BRIGHTON AVE	
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 7631 ACCA	Owner: Apples Northeast INC.	Telephone: 707.329.157.7
ZGA AOCH EL Lessee/Buyer's Name (If Applicable) RKR ASSOCIATES 39 Shepland Lane Portland, ME 04103	Owner's/Purchaser/Lessee Address	Cost Of Work: \$
Portland, ME 04103		Fee: \$75.00
Business name:	tables?3	
Contractor's name: Address & telephone: Who should we contact when the permit is read Mailing address:	dy: KFA MADORE Phone: 707-329-1577	
Please submit all of the information out Failure to do so will result in the automa	lined in the Outdoor Seating Applica	ntion Checklist.
n order to be sure the City fully understands the full equest additional information prior to the issuance ovww.portlandmaine.gov, stop by the Building Inspec	I scope of the project, the Planning and Develo	1.
hereby certify that I am the Owner of record of the pame een authorized by the owner to make this application as he addition, if a permit for work described in this application athority to enter all areas covered by this permit at any lea	ns/her aumonzed agent. I agree to conform to all approximate the conformation of the c	oplicable laws of this jurisdiction.
Signature of applicant:	Date: &	18/06
This is not a permit; you may n	ot commence ANY work until the perm	
	RECEIVED	/%

City of Portland, Maine - Bui	lding or Use Permi	ŧ .		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: ((207) 874-8703 Fax: (• (207) 87	/A 971	6 06-1178	08/08/2006	1
Location of Construction: 1032 BRIGHTON AVE	Owner Name:			Owner Address:	177.00	263A A001001 Phone:
Business Name:	HERITAGE SPE LLC			535 BOYLSTON S	ST	
Dusiness (vaine;	Contractor Name:			Contractor Address:		Phone
Lessee/Buyer's Name	n√a			Portland		
Lesseer Buyer's Name	Phone:			Permit Type:	A CONTRACTOR OF THE PARTY OF TH	
1700		Į.		Outdoor Seating		
Proposed Use:			Propose	d Project Description:		
Commercial / Quizznos outdoor seating	ng 3 tables & 4 chairs			or seating 3 tables &	2 A chaire	
				orang 5 mores 6	C 4 Charls	
Dept: Zoning Status: A	pproved with Conditions					
Note:	pproved with Conditions	S Rev	iewer:	Marge Schmuckal	Approval Da	ite: 08/10/2006
						Ok to Issue: 🔽
 All outdoor seating is subject to ac and cleared for pedestrian use. 	ljustment at any time fro	m the Ci	ty's traf	fic engineer who en	sures that the City si	dewalk is open
This permit is being approved on t work.	he basis of plans submitt	ted. Any	deviati	ions shall require a s	separate approval he	fore starting that
WOIK,				-	1	tore ourring that
Dept: Building Status: Ar	pproved with Conditions				- W	
Note:	proved with Conditions	Rev	iewer:	Tammy Munson	Approval Da	te: 08/11/2006
					(Ok to Issue: 🔽
 This permit approves outside seatir City Clerk. 	ng only. Any food, alcol	nol or en	tertainn	nent in this space red	quires licensing appr	ovals from the
2) The tables and chairs must not bloc	k any means to egress th	ie buildii	ng			

OUTDOOR SEATING PERMIT

PE: QUIZNOS SUBS 1036 BRIGHTON AVE

- PROPOSE 3 TABLES & 12 CHAIRS FOR OUTDOOR SEATING.



BRIGHTON AVE

			× (MI	1-1						
C	ity of Portland	ļΗ	lea	lth	nsp	<u>ectic</u>	on F	Report		Page _	_of <i>[</i>	
Establishment Name			o. of	Risk F	actor/Int	erventio	n Vlola	tions		Date	12/0	2/6
Apple bee's Neis	hborhood GRILL	No	o. of	Repeat	Risk Fa	actor/inte		on Violations		Time in		
				1			Scor	re (optional)	96	Time Out		•
License/Est. ID#	Address	-			State	- 1		Zip Code	*****	Telephon		
8166	1032 Brishin	ĮΨ	hr.	1-4	MISYC			0410	<u>) </u>	•	8480	
License Posted	Owner Name	и	نال	Purp		Inspectio	n	Est. Type		Risk Cate	gory	
Yes []No	Applehee's Rest No				Pani		agarangarangg	FS Qlass				
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Circle designated compliance IN= in compliance OUT=not in cor	e status (IN, OUT, N/O, N/A)					ഗാട-ഹ		Mark "X" in ap d on-site durin				
Compliance Status	inplication 140-Hot obsolited	cos				e Status		d Off Sito durin	ig mo	7 0 011011 11-	-iopeat vi	cos
Superv				7,000		Potentia		ardous Food			ture	
5 1 IN OUT PIC present, de performs duties	emonstrates knowledge, and			5 17	IN OU	TN/A N/O TN/A N/O		er cooking time er reheating pr			noldina	
Employe	e Health	500000	17100000	5 18	IN OU	T N/A N/C	Prope	er cooling time	& terr	perature	lotalità	
	vareness; policy present				IN OU	TN/A N/O		er hot holding I				
5 3 IN OUT Proper use of re Good Hyglen	eporting, restriction & Exclusion			5 21		T N/A TN/A N/O		er cold holding er date marking				
5 4 IN OUT N/O Proper eating, to	asting, drinking, or tobacco use			5 22	IN OU	TN/A N/O	Time	as a public he			dures	
5 IN OUT N/O No discharge from Preventing Contains	om eyes, nose, and mouth			200.000			& rec	ord Consumer Ad	dean	■ 1921 N. 2 PROCES (100 p. 1		2834,658
5 6 IN OUT N/O Hands clean &			34,000	5 23	IN OU	T N/A		umer advisory			(<u>6:00/60),000,000</u> V	2011/10/25
	ontact with RTE foods or						. t	rcooked foods	K			
	ate method properly followed washing facilities supplied &			5 24	IN OU			Susceptible i eurized foods u			ods not	8(3)(2)
accessible							offere	ed		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,545 ,151	
Approved 5 9 IN OUT Food obtained f		ţ(lin	44	5 25	I IN OU	T N/A	I Food	Chemica		0		221322
	form approved source at proper temperature		+		IN OU			additives: app substances pr				
5 11 IN OUT Food in good or	ondition, safe, & unadulterated						& use	ed				
1 12 IN OUTN/A N/O Required record tags, parasite d	ls available: shellstock				IN OU			e with Appro				3133 3133 3133 3133 3133 3133 3133 313
Protection from		1 1 1 1 1		321	IN OU	1 19/A		oliance with var ess, & HACCP		specialized	1	
2/13 IN OUT N/A Food separated	& protected Covering			Ris	k factor	rs are imi	nroner i	practices or pr	ncedi	res identifi	od as the	most
2/14 IN OUT N/A Food-contact su 5 15 IN OUT Proper disposition	urfaces: deaned & sanitized on of returned, previously	MI	(17	/Alkare	valent c	ontributing	g factors	s of foodborne	illnes	s or injury. I	eu as me Public Hea	alth
1 1	tioned, & unsafe food			Int	ervention	s are cor	ntrol me	easures to pre	vent f	oodborne il	lness or i	njury.
					CTICE							0.00
Good Retail Practices a Mark "X" in box if numbered item is not	are preventative measures to c	ontro	ol the	addition	of patho	gens, che	emicals,	and physical o	bjects	into foods.	ropost vio	alion
			SR	I I	OO anar	J1 11 000			-		Tepeat vio	cos
Safe Food : 5 28 Pasteurized eggs used where re				214	I lau	no utonoite		oper Use of terrive stored	Jtens	ls		SAME:
5 28 Pasteurized eggs used where re 5 29 Water & ice from approved sour		+	+	2 4	2 Uter			k linens; proper	ly sto	ed, dried &	handled	
30 Variance obtained for specialize				2 4	3 Sing	le-use &	single-se	ervice articles:				
Food Tempera 5 31 Proper cooling methods used; a				2 4	Glov	es used p		Equipment a	and V	endina		
temperature control				2 4		d & non-fo	ood con	tact surfaces o			<u> </u>	5584, 546
Plant food properly cooked for to 33 Approved thawing methods use				1 40				d, & used		4 0		
1 34 Thermometers provided & accur		+	+	1 4				s: installed, ma faces clean	intaine	a, & usea;	test strips	
Food Iden	tification			14 (4)	9 10 10,24			Physical Faci				en en
35 Food properly labeled; original of		1		4 48 5 49				ilable; adequat oper backflow				
1 36 Insects, rodents, & animals not			+	5 50				er properly dist		15		
2 37 Contamination prevented during for	ood preparation, storage & displa	у		2 5	Toile	et facilities	: proper	rly constructed,	supp			
38 Personal cleanliness 39 Wiping cloths: properly used & s	stored	-	+	2 52 1 53				operly disposed alled, maintaine			ned	
40 Washing fruits & vegetables			\top	1 54				& lighting; des			ed	
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Person in Charge (Signature)	u wyw					Da	te:	Dec C)X			
\mathcal{M}							•		-			
Health Inspector (Signature)	ace	SECTION STREET					1					
lealth Inspector (Signature)	- $$			Follo	v-up: Y	ES NO	circle	e one) Foll	ow-up	Date:		_
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White copy - Inspections Office Yellow copy - State Pink copy - Customer

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 after the coverage afforded by the policies listed thereon.

	£	C	ity of Portland	1	lea	lth	I	nspectio	n F	Report		Page]	of_	
	ablishment Nam	e						ctor/Intervention				Date	10/2	3/07
	Apolelee's	Neighborho	and Bar & Cill	N	o. of I	Repe	at	Risk Factor/Inter	rventi	on Violation		Time In		
			•						Sco	re (optional)	87	Îjme Out	****	
LIC	ense/Est, ID# 87 <i>56</i>		Address			City		State		Zip Code		Felephone		
Lio	enee Posted		Owner Name Apple Sections.	14.	1		to	م لم مل ese of Inspection	١Ē			207.79	1.38	10
	Yes []No		Owner Name			Pur	oqı	se of Inspection	1	Est. Type	I	Risk Categ	ory	_
L™	res [] NO						1	Inval		EP	***************************************		Walley Control of the	
GE/S	Circle desig	FOODBC	ORNE ILLNESS RISK FA	\CT	ORS	ANI) F	PUBLIC HEAL		internal for the field of the state of the s	4年前1月1日日 1月1日 1日日本			
11	l= in compliance	ouT⊨not in con	e status (IN, OUT, N/O, N/A) npliance N/O=not observed	tor e	each n A-not	umbe ann!k	erec cob		rranta	Mark "X" in a	ppropria	te box for C	OS and	l/or R
Со	mpllance Status			cos				pliance Status	riectet	d on-site dur	ing inspe	ection H=re	epeat vi	1
5 1 1	INQUI)	Superv	rision		Tival.	100	1,72	Potentiall	y Haz	ardous Foo	d Time/	Temperatu	re	COS R
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Elo	(IN ant)	Employee		80 SE	#864F	5 1	8	UDY OUT N/A N/O]	Prope	r cooling time	& temo	eralure	uing	
5 2 5 3	IN OUT	Proper use of re	vareness; policy present eporting, restriction & Exclusion			5 1	9	IN OUTN/A NTO	Prope	er hot holding er cold holding	tempera	tures		
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	Pre	venting Contam	Ination by Hands	- Aligina	400 (8	10,5				ona Onsumer Ac	ivisory			884391-88
6 7	NO TUO NO	Hands clean & p	properly washed ontact with RTE foods or			5 2	3 (AN TUC NI	Consu	ımer advisory	provided	for raw or		5-11180 333
		approved alterna	ate method properly followed			1		······································		cooked food: Susceptible		tions	RALPEPER	10100 32
8	MOUT	Adequate handw accessible	vashing facilities supplied &			5 2	4	IN OUT (N/A)	Paste	urized foods	used; pre	phibited food	s not	14050440 1000
	ا استان استان است	Approved	Source	-11.25	1841	100			offere	d Chemica	1		egeren eggi	And the first
	IN OUT N/A N/O	Food obtained fo	orm approved source			5 2	5	IN OUT (NA)	Food	additives: app	proved &	properly use	ed	
11	OUTTUO VA	Food in good co	t proper temperature indition, safe, & unadulterated			5 2	6	Ίρνουτ	Toxic & use	substances p	roperly l	dentified, sto	red,	
12	OVA-ANTUO NI	Required records	s available: shellstock					Confer	mance	e with Appr	oved Pr	ocedures		
	P	tags, parasite de	estruction Contamination	Jaya ka	24,27.4	5 27	7	N OUT WA	Compl	liance with va	riance, s	pecialized		
13	(N'OUT N/A	Food separated	& protected			DI	lot.							
15	INJOUT N/A	Proper disposition	faces: cleaned & sanitized n of returned, previously		_	pro	ον Θνε	factors are imprealent contributing f	oper p actors	ractices or p of foodborne	rocedure illness o	s identified or injury. Put	as the dic Hea	most
		served, recondition	oned, & unsafe food			Int	ten	ventions are contr	ol me	asures to pre	vent foo	dborne illne	ss or in	ijury.
	Good	Batali Bessilese	GOOL	RE	TAIL	PR/	AC	CTICES						
Ma	rk "X" in box if num	netall Practices ar ibered item is not	re preventative measures to co in compliance Mark "X" in app	ontrol Iragori	the ac	ddition c for C	1 0 2OS	f pathogens, chem S and/or B COS-	icals, a	and physical	objects in	nto foods.		
		Safe Food a		cos	R									COSR
28	Pasteurized egg	gs used where red			Н	2 4	1	In-use utensils:	Pro proper	per Use of	Utensils		160.7E45	
29 30	Water & ice from	m approved source ed for specialized	e			24	2)	Utensils, equipm	nent &	linens: prope	rly stored	, dried & ha	ndled	
35000		Food Temperat	ture Control	10.53		2 4:	3	Single-use & sin Gloves used pro	gle-sei	rvice articles:	properly	stored & use	ed	
31	Proper cooling temperature cor	methods used; ad	lequate equipment for					Ute	ensil,	Equipment	and Ver	ding	100000	
32	Plant food prop	erly cooked for ho	ot holding	_	H	2 45	5	Food & non-food designed, consti	d conta	act surfaces o	eleanable	properly		
33 34		ng methods used				1 46		Warewashing fac	cilities:	installed, ma	intained,	& used; test	strips	\dashv
3.1	memorificate t	provided & accurate Food Identi		singri		1 4	7/	Non-food contac	t surfa	ices clean]
35	Food properly la	abeled; original co	ntainer		Н	4 48	В	Hot & cold wate	r availa	hysical Faci able; adequat	e pressu	re		4
36	Insects, rodents	/ention of Food , & animals not pr	Contamination	3,4,5		5 50		Plumbing installe	ed; pro	per backflow	devices			1
37	Contamination pr	evented during foo	d preparation, storage & display			2 51	1	Sewage & waste Toilet facilities: p	roperly	r properly disp	osed supplied	l. & cleaned		
38 39	Personal cleanli	ness roperly used & sto	ared			2 (52	_	Garbage & refus	e prop	erly disposed	; facilitie	s maintained		
40	Washing fruits &	vegetables	7100		H	1 53 1 54		Physical facilities Adequate ventila	instal	ied, maintaine lighting: desi	d, & clea	an ireas used		
	P1 1	The second second second second second	Control of the state of the sta			<u> </u>		, , , , , , , , , , , , , , , , , , , ,			Surrou C	useu	$\overline{}$	
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erso	n in Charge (Sign	ature)						Date:		10/2	3/0	7		
			// ///					-			7			
ealth	Inspector (Signa	tura) /												
-4111		/				Follow	V-U	p: YES NO	oircle	one) Foll	ow-up D	ate:		
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	ment Name		land Health Ins As Authorized by 22	ABSV 8 3406		Page of
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cense/E	ST. ID# 6756	Address Dar E	6 -: 11			
	6756	(70)	Brighton Ave Rock	land ME	Zip Code	Telephone
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	1 St x K	Iemp	Item/Location	Temp	Item/Loca	tion Temp
	coink	1500	Item/Location (outer # 1 (outer # 1	$+\frac{3}{(2)}$	10m souce	<u></u>
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		OBSE	RVATIONS AND CORRE	OTIVE ACTIO	Ne	
ltem	Violations cited in this	eport must be corre	cted within the time frames belo	v, or as stated in s	ections 8-405.11 and	8-406.11 of the Food Code.
lumber						
42	Storace &) soiled	lineas, paperly	ada. ba		
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