Form # P 04

Appeal Board \_

Department Name

Other \_

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

| Please Read  | ITY OF PORTLAI   | ND   |
|--|--|--|
| Application And Notes, If Any, Attached  | PERMIT   | Permit Number: 071395 PERMIT ISSUED  |
| This is to certify thatSHOBU AIKIDO OF   | MAIP LC/Port Dump Co.  | FERWII 1990ED  |
| has permission to Remove 5000 gallon (   | gas sto  | DEC - 4 % /  |
| provided that the person or person the provisions of the Statutes the construction, maintenance a this department. | s of Name and of the ances   | ng this permit shall comply with a<br>s of the City of Portland regulation<br>es, and of the application on file |
| Apply to Public Works for street line and grade if nature of work requires such information.                       | No ication inspect in must git and wron permis in procule the ethis to thing or the thereo land or our seed-in.  HOW NOTICE IS REQUIRED. | A certificate of occupancy must be procured by owner before this building or part thereof is occupied.           |
| OTHER REQUIRED APPROVALS   |  |  |
| Fire Dept.   |  | 1 12/4/07  |

PENALTY FOR REMOVING THIS CARD

| City of Portland, N  | Maine - Bu       | ilding or Use                            | Permi                     | t Application      | n P                                 | ermit No:        | Issue Date: |                          | CBL:            |  |
|--|------------------|--|---------------------------|--------------------|-------------------------------------|------------------|-------------|--------------------------|-----------------|--|
| 389 Congress Street,   |                  | •  |                           |                    | - 1                                 | 07-1395          |             |                          | 009 A0          | 17001  |
| Location of Construction: Owner Name:  |                  |  | Owi                       |                    | Owner Address:                      |                  |             | Phone:                   |                 |  |
| 226 ANDERSON ST  |                  | SHOBU AIKI                               | SHOBU AIKIDO OF MAINE LLC |                    |                                     | S ANDERSON       | ST          |                          |                 |  |
| Business Name:   | Contractor       |  | :                         |                    | Cont                                | tractor Address: |             |                          | Phone           |  |
| Portla   |                  | Portland Pump                            | ortland Pump Co.          |                    | P.O. Box 1180 Mussey Rd. Ext. Scarb |                  |             |                          | 20788343        | 317  |
| Lessee/Buyer's Name Phone:   |                  | Phone:                                   | <u> </u>                  |                    | Permit Type:                        |                  |             |                          | Zone:           |  |
|  |                  |  |                           |                    | Ta                                  | nks - Commer     | cial        |                          |                 | 17-4   |
| Past Use:  |                  | Proposed Use:                            |                           | <u> </u>           | Peri                                | mit Fee:         | Cost of Wor | k: C                     | EO District:    | <del>                                     </del> |
| Commercial   |                  | Commercial - Remove 5000 gallon          |                           |                    |                                     | \$35.00          | 12 TA SE    |                          | 1               |  |
| Commercial   |                  |  | gas storage tank          |                    |                                     | EIDE DEDE        |             |                          | TION:           |  |
|  |                  |  |                           |                    |                                     |                  | Approved    | Use Grou                 | . )             | Type:  |
|  |                  |  |                           |                    | Denied -                            |                  |             |                          | . •             |  |
|  |                  |  |                           |                    | kan (1 ) 1                          |                  |             |                          | 160A            | ,  |
| Proposed Project Descripti   |                  |  |                           | _                  | ٠,٠                                 | ze Con           | ntuk        | BY                       |                 | 1  |
| Remove 5000 gallon g   |                  | k  |                           |                    | 1                                   | nature: Leve     | Circa       | Signature                | 4/1             | (  |
| Remove 5000 gamon gas storage tank   |                  |  |                           |                    |                                     | ESTRIAN ACTI     | VITIES DIST |                          |                 | $\overline{}$                                    |
|  |                  |  |                           |                    |                                     |                  |             | •                        | Ă Î             | )  |
|  |                  |  |                           |                    | Acti                                | on: Approx       | ved App     | proved w/Co              | onditions       | Denied   |
|  |                  |  |                           |                    | Sign                                | nature:          |             | Γ                        | Date:           |  |
| Permit Taken By:   | Date A           | Applied For:                             |                           |                    |                                     |                  |             |                          |                 |  |
| ldobson  | 1                | 13/2007                                  |                           |                    |                                     | Zoning           | Approva     | 11                       |                 |  |
|  |                  |  | Spe                       | cial Zone or Revie | ws                                  | Zonii            | ng Appeal   |                          | Historic Pres   | servation  |
| 1. This permit applic Applicant(s) from  |                  |  | Shoreland                 |                    |                                     |                  |             | Nat in Digtoi            | at an I andma   |  |
| Federal Rules.   | meeting appi     | icable State and                         |                           |                    | ☐ Variance                          |                  | "           | Not in District or Landm |                 |  |
|  |                  | 1 1:                                     |                           |                    | □ <b>&gt;</b> €:                    |                  |             | Does Not Require Review  |                 |  |
| 2. Building permits of   |                  | plumbing,                                | Wetland                   |                    |                                     | Miscellaneous    |             | _ Does Not Re            | quire Keviev    |  |
| septic or electrical   |                  |  | Flood Zone                |                    |                                     | Conditional Use  |             |                          | Requires Review |  |
| 3. Building permits a within six (6) mon   |                  |  |                           |                    | Conditional Use                     |                  |             | Requires Review          |                 |  |
| • ,  |                  |  |                           |                    | [ Interpretation                    |                  |             | Ameround                 |                 |  |
| False information may invalidate a building permit and stop all work   |                  | o a banang                               | Subdivision               |                    | Interpretation                      |                  |             | Approved                 |                 |  |
| 1  |                  |  | <br>                      | te Plan            |                                     |                  | I           |                          | Ammariad mil    | (Canditiana                                      |
|  |                  |  |                           | te Pian            |                                     | Approve          | ea .        |                          | Approved w/     | Conditions                                       |
| <b></b>  |                  |  | Mail                      | □ Minor □ MM       |                                     | Denied           |             |                          | Domin           |  |
| <b>!</b> ;   |                  |  | Maj Maj                   | Minor MM           |                                     | Denied           |             |                          | Denied          | <  |
| }<br>*   |                  | •  | [ O'F                     |                    | _ /                                 |                  |             |                          |                 |  |
|  | 4                |  | Date: /-                  | <del></del>        | <i>5/i</i>                          | Date:            |             | Date                     | :               |  |
|  |                  |  |                           | ,                  | 7                                   |                  |             |                          |                 |  |
|  |                  |  |                           |                    |                                     |                  |             |                          |                 |  |
| 1  |                  | 4<br>4                                   |                           |                    |                                     |                  |             |                          |                 |  |
|  | -                |  |                           |                    |                                     |                  |             |                          |                 |  |
| The service of the se | •                |  | _                         |                    |                                     |                  |             |                          |                 |  |
|  | _                |  |                           | CERTIFICATION      |                                     |                  |             |                          |                 |  |
| I hereby certify that I ar   |                  |  |                           |                    |                                     |                  |             |                          |                 |  |
| I have been authorized lijurisdiction. In addition   |                  |  |                           |                    |                                     |                  |             |                          |                 |  |
| shall have the authority   |                  |  |                           |                    |                                     |                  |             |                          |                 |  |
| such permit.   | to cittor air ar | cus covered by se                        | ion peri                  | int at any reason  | uoic                                | nour to emore    | e the provi | 31011 OI UI              | e code(s) ap    | pireable te                                      |
| •  |                  |  |                           |                    |                                     |                  |             |                          |                 |  |
|  |                  |  |                           |                    |                                     |                  |             |                          |                 |  |
| SIGNATURE OF APPLICA   | NT               |  |                           | ADDRESS            | ;                                   |                  | DATE        |                          | PHO             | NE   |
|  |                  |  |                           |                    |                                     |                  |             |                          |                 |  |
| RESPONSIBLE PERSON II  | I CHARGE OF      | WORK TITLE                               |                           |                    |                                     |                  | DATE        |                          | PHO             | NF   |
| THE PROPERTY OF THE PROPERTY O | · CIMBIOD OI     | ·· • : : : : : : : : : : : : : : : : : : |                           |                    |                                     |                  | שתוב        |                          | UII             | 111  |

Permit No: Date Applied For: CBL: City of Portland, Maine - Building or Use Permit 07-1395 11/09/2007 009 A017001 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 Location of Construction: Owner Name: Phone: Owner Address: 226 ANDERSON ST SHOBU AIKIDO OF MAINE LLC 226 ANDERSON ST Business Name: Contractor Name: Contractor Address: Phone Portland Pump Co. P.O. Box 1180 Mussey Rd. Ext. Scarb (207) 883-4317 Lessee/Buyer's Name Phone: Permit Type: Tanks - Commercial Proposed Project Description: Proposed Use: Commercial - Remove 5000 gallon gas storage tank Remove 5000 gallon gas storage tank **Dept:** Zoning **Status:** Approved with Conditions Reviewer: Marge Schmuckal **Approval Date:** 11/13/2007 Note: Ok to Issue: 1) If any legal nonconforming rights are extinguished with the removal of the starage tanks, any future additional tanks must meet the current guidelines. 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:** 12/04/2007 Ok to Issue: Note: 1) All debris must be removed from the site prior to completion. Dept: Fire **Status:** Approved with Conditions Reviewer: Capt Greg Cass **Approval Date:** 11/16/2007

Note:

1) Tank removal shall comply with NFPA # 1 Chapter 66

And NFPA 30 Chapter 6

Ok to Issue:

| ű. |  |  |  |
|----|--|--|--|
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |



## General Building 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: 270  | 4 AND   | (10.0 ST.   |  |
|--|---|---|--|
| Total Square Footage of Proposed Structure   | e/Area  | Square Footage of Lot   | <u> </u>   |
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot#   | Name G<br>Address   | *must be owner, Lessee or Buyer  SARY SMA!  226 ANDELLE ST.  & Zip PINTUANI, ME   | * Telephone: 879 - 9207  |
| Lessee/DBA (If Applicable)   | Owner (if<br>Name<br>Address<br>City, State   | different from Applicant) & Zip   | Cost Of Work: \$ 3,500  C of O Fee: \$  Total Fee: \$ 35   |
| Current legal use (i.e. single family)  If vacant, what was the previous use?  Proposed Specific use:  Is property part of a subdivision?  Project description:  | N &   | If yes, please name   |  |
| Contractor's name: Portunn Po  |   |   |  |
| Address: 9 Border Road  City, State & Zip Sch (Strong b)  Who should we contact when the permit is r   | ME C  | 7 7 0 7 ° T   | Telephone: 883-4317  |
| Who should we contact when the permit is r   | ready: DAU!   | d W Croxford T  | elephone:  |
| Mailing address: Same As   | 103,06  |   |  |
| Please submit all of the information do so will result in t  |   | on the applicable Checkli<br>ic denial of your permit.  | ist. Failure to  |
|  |   |   |  |
| n order to be sure the City fully understands the lay request additional information prior to the last form and other applications visit the Inspectivision office, room 315 City Hall or call 874-8703 thereby certify that I am the Owner of record of the at I have been authorized by the owner to make the ws of this jurisdiction. In addition, if a permit for validation of the codes applicable to this permit. | e issuance of a perions Division  b.  le named proper  nis application as  work described i | permit. For further information of on-line at <a href="https://www.portlandmaine.gov">www.portlandmaine.gov</a> , ty, or that the owner of record authorized agent. I agree to this/her authorized agent. I certify this application is issued, I certify | or to download copies of or stop by the Inspections orizes the proposed work and to conform to all applicable that the Code Official's |