


 Permitting and Inspections Department  
 Michael A. Russell, MS, Director

## Demolition of a Structure Submission Checklist

A permit is required for the demolition of any structure. Permit for interior demolition should be combined with the permit for proposed interior construction (see Submission Requirements for One- and Two-Family Additions and Alterations or Commercial Interior Alterations, as appropriate).

**All applications shall be submitted online via the Citizen Self Service portal. Refer to the attached documents for complete instructions. The following items shall be submitted (please check and submit all items):**

- Demolition of a Structure Submission Checklist** (this form)
- Completion of the Demolition Call List** (see attached)
- Copies of written notices to property owners** of all abutting lots (see Tax Assessor's office for name and address of owner of record) *Portland Housing Authority and the City of Portland are only abutters.*
- A photo of the structure to be demolished**
- A plot plan or site plan** of the property showing the shape and dimension of the lot, footprint of all existing structures and structure(s) to be demolished including distance from property lines and the location and dimension of all parking areas and driveways
- Certification from an asbestos abatement company**, if required (See attached information regarding asbestos demolition.) *See attached post-abatement report.*
- Sealed Drain Permit** from the City of Portland Department of Public Works  
*Spoke with Gretchen Gagnon at DPW who said we did not need the Sealed Drain Permit now but will need it before we get to that phase of the work.*

**Work may not commence until the permit is issued.**


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## Demolition Call List & Requirements

Please call all of the numbers listed below, even if you believe certain utilities do not apply to your project.

**Site Address:** 54 Lancaster St. / 58 Boyd St.
**Owner:** Portland Housing Authority
**Structure Type:** Single story office building
**Contractor:** TBD

Utility Approvals	Phone #	Contact Name	Date
Central Maine Power	1-800-750-4000	Customer Service	1/24/19
Unitil	207-541-2502	Mark Allen	1/29/19
Portland Water District	761-8310	Karen @ Cust.Svc	1/24/19
Dig Safe	1-888-344-7233	Customer Service	1/30/19
<b>Note: After calling Dig Safe, you must wait 72 business hours before digging can begin.</b>			
DEP – Environmental (Augusta)	287-7688	Sandy Moody	1/30/19
<b>City of Portland:</b>			
DPW - Traffic Division	874-8891	Jeremiah Bartlett	1/30/19
DPW - Sealed Drain Permit	874-8822	Gretchen Gagnon	1/29/19
Historic Preservation	874-8726	Deb Andrews	1/29/19

U.S. EPA Region 1 – No Phone call required. Just mail copy of State Asbestos Building Demolition Notification to:

Demo / Reno Clerk  
 US EPA Region I (SEA)  
 JFK Federal Building  
 Boston, MA 02203

**I have contacted all of the necessary companies and departments as indicated above and attached all required documentation.**

**Signed:** Jay Waterman
**Date:** 2/1/19

*This is a legal document and your electronic signature is considered a legal signature per Maine state law.*

**For more information or to download this form and other permit applications visit the Permitting and Inspections Department on our website at [www.portlandmaine.gov/1728/Permitting-Inspections](http://www.portlandmaine.gov/1728/Permitting-Inspections).**



Reviewed for Code Compliance  
Permitting and Inspections Department  
Approved with Conditions  
03/06/2019

# Portland Housing Authority - Demolition Permit Application

## 58 Boyd Street, Portland ME



58 Boyd Street existing office building to be demolished. View from Franklin St.



58 Boyd Street existing office building to be demolished. View from Boyd Street.



November 21, 2018

Mr. Robert Rickett  
Abatement Professionals  
590 County Road, Suite 2  
Westbrook, ME 04092

Re: *Asbestos Air Sample Analyses*  
APC-18-253  
58 Boyd Street, Portland, Maine  
NTC Job #16946-2018

Mr. Rickett,

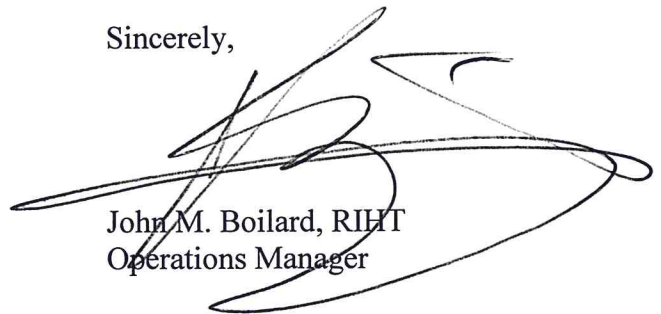
Please find enclosed the air analytical results for the clearance samples received on November 21, 2018.

Analysis for the numbers of fibers, longer than 5 microns and with an aspect ratio of 3:1 or greater, was performed by Phase Contrast Microscopy (PCM) technique at 400-X magnification. The method of analysis is per the National Institute for Occupational Safety and Health Method #7400, Issue Two, and Dated 08/15/94.

This method (NIOSH Method #7400) is an approved analytical procedure for the American Industrial Hygiene Association – PAT Program for Asbestos Fiber Counting. NIOSH Method #7400 does not differentiate between asbestos and non-asbestos fibers that meet the dimensional criteria of the method.

Should you have any questions regarding the analytical results, please contact me.

Sincerely,



John M. Boilard, RIHT  
Operations Manager

Attachments





# NORTHEAST TEST CONSULTANTS

587 SPRING STREET  
WESTBROOK, MAINE 04092  
(207) 854-3939

Indoor Air Quality Management

Asbestos & Lead Monitoring

Industrial Hygiene Consultants

Compliance Training



Reviewed for Code Compliance  
by the Health and Safety Department  
Approved with Conditions

03/06/2019

## AIRBORNE FIBER MONITORING REPORT

Client:	ABATEMENT PROFESSIONALS, INC.	P.O. #	NTC Job #	Report Date
	590 County Road, Suite 2 Westbrook, ME 04092		16946-2018	11/21/2018

NTC Sample #	Sample Description	Type	Fibers/CC.	Remarks
A8325057	Sampled: 11/21/2018 By: CLIENT Analyzed: 11/21/2018 By: Wayne Collupy LPM: 16.00 Total Volume: 2480.0 Field/Client Designation: C-1 APC-18-253 58 Boyd Street, Portland, Maine Hallway R+D of 2000 Sq. Ft. VAT Via Heat Lift Methods	Clearance	< 0.010	No Field Blanks Submitted
A8325058	Sampled: 11/21/2018 By: CLIENT Analyzed: 11/21/2018 By: Wayne Collupy LPM: 16.00 Total Volume: 2480.0 Field/Client Designation: C-2 APC-18-253 58 Boyd Street, Portland, Maine Rec. Room R+D of 2000 Sq. Ft. VAT Via Heat Lift Methods	Clearance	< 0.010	No Field Blanks Submitted

Analysis Method Unless noted in sample remarks: Analysis by Phase Contrast Microscopy at 400X as per NIOSH Method 7400, Issue 2, August 15, 1994.

This report only refers to the sample analyzed and is not necessarily denotative of the quality or condition of overtly identical or similar products. This report is submitted and approved for the private use of the client to whom it is addressed. It is not to be used, in part or in whole, in any advertising without prior written authorization from NTC. Sample types, locations and collection properties are based upon the information provided by the persons submitting them and, unless collected by NTC personnel, we explicitly disclaim any knowledge and liability for the accuracy of this data. All rights reserved by Northeast Test Consultants, Westbrook, Maine.

Approved By: 11/21/18 S.Broadhead

**ABATEMENT PROFESSIONALS**

590 County Road Westbrook, Maine 04092

OFFICE P:(207)773-1276

FAX(207)772-1203

CHAIN OF CUSTODY RECORD

ANALYTICAL REQUEST FORM



Reviewed for Code Compliance  
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Approved with Conditions

03/06/2019

SENT TO: <i>NTC</i>		PROJECT NAME: <i>58 Boyd St, Portland Me.</i>			PROJECT NUMBER: <i>APC-18-253</i>		SAMPLER'S NAME: <i>Todd Crestone</i>	
SAMPLE #	DATA SHEET REFERENCE #	SAMPLE TYPE			ANALYSIS METHOD	ANALYSIS/NEED / COMMENTS		
<i>C-1</i>	<i>517A</i>	<input type="checkbox"/> PERSONAL	<input checked="" type="checkbox"/> AIR CLEARANCE	<input type="checkbox"/> AIR AREA	<input type="checkbox"/> BULK	<input type="checkbox"/> SWIPE SAMPLE	<input checked="" type="checkbox"/> PCM	<input checked="" type="checkbox"/> NORMAL 24 HRS
<i>C-2</i>	<i>5180</i>	<input type="checkbox"/> PERSONAL	<input checked="" type="checkbox"/> AIR CLEARANCE	<input type="checkbox"/> AIR AREA	<input type="checkbox"/> BULK	<input type="checkbox"/> SWIPE SAMPLE	<input checked="" type="checkbox"/> PCM	<input checked="" type="checkbox"/> NORMAL 24 HRS
		<input type="checkbox"/> PERSONAL	<input type="checkbox"/> AIR CLEARANCE	<input type="checkbox"/> AIR AREA	<input type="checkbox"/> BULK	<input type="checkbox"/> SWIPE SAMPLE	<input type="checkbox"/> PCM	<input type="checkbox"/> NORMAL 24 HRS
		<input type="checkbox"/> PERSONAL	<input type="checkbox"/> AIR CLEARANCE	<input type="checkbox"/> AIR AREA	<input type="checkbox"/> BULK	<input type="checkbox"/> SWIPE SAMPLE	<input type="checkbox"/> PCM	<input type="checkbox"/> NORMAL 24 HRS
		<input type="checkbox"/> PERSONAL	<input type="checkbox"/> AIR CLEARANCE	<input type="checkbox"/> AIR AREA	<input type="checkbox"/> BULK	<input type="checkbox"/> SWIPE SAMPLE	<input type="checkbox"/> PCM	<input type="checkbox"/> NORMAL 24 HRS
		<input type="checkbox"/> PERSONAL	<input type="checkbox"/> AIR CLEARANCE	<input type="checkbox"/> AIR AREA	<input type="checkbox"/> BULK	<input type="checkbox"/> SWIPE SAMPLE	<input type="checkbox"/> PCM	<input type="checkbox"/> NORMAL 24 HRS
		<input type="checkbox"/> PERSONAL	<input type="checkbox"/> AIR CLEARANCE	<input type="checkbox"/> AIR AREA	<input type="checkbox"/> BULK	<input type="checkbox"/> SWIPE SAMPLE	<input type="checkbox"/> PCM	<input type="checkbox"/> NORMAL 24 HRS
		<input type="checkbox"/> PERSONAL	<input type="checkbox"/> AIR CLEARANCE	<input type="checkbox"/> AIR AREA	<input type="checkbox"/> BULK	<input type="checkbox"/> SWIPE SAMPLE	<input type="checkbox"/> PCM	<input type="checkbox"/> NORMAL 24 HRS
		<input type="checkbox"/> PERSONAL	<input type="checkbox"/> AIR CLEARANCE	<input type="checkbox"/> AIR AREA	<input type="checkbox"/> BULK	<input type="checkbox"/> SWIPE SAMPLE	<input type="checkbox"/> PCM	<input type="checkbox"/> NORMAL 24 HRS
		<input type="checkbox"/> PERSONAL	<input type="checkbox"/> AIR CLEARANCE	<input type="checkbox"/> AIR AREA	<input type="checkbox"/> BULK	<input type="checkbox"/> SWIPE SAMPLE	<input type="checkbox"/> PCM	<input type="checkbox"/> NORMAL 24 HRS
		<input type="checkbox"/> PERSONAL	<input type="checkbox"/> AIR CLEARANCE	<input type="checkbox"/> AIR AREA	<input type="checkbox"/> BULK	<input type="checkbox"/> SWIPE SAMPLE	<input type="checkbox"/> PCM	<input type="checkbox"/> NORMAL 24 HRS
		<input type="checkbox"/> PERSONAL	<input type="checkbox"/> AIR CLEARANCE	<input type="checkbox"/> AIR AREA	<input type="checkbox"/> BULK	<input type="checkbox"/> SWIPE SAMPLE	<input type="checkbox"/> PCM	<input type="checkbox"/> NORMAL 24 HRS
		<input type="checkbox"/> PERSONAL	<input type="checkbox"/> AIR CLEARANCE	<input type="checkbox"/> AIR AREA	<input type="checkbox"/> BULK	<input type="checkbox"/> SWIPE SAMPLE	<input type="checkbox"/> PCM	<input type="checkbox"/> NORMAL 24 HRS
		<input type="checkbox"/> PERSONAL	<input type="checkbox"/> AIR CLEARANCE	<input type="checkbox"/> AIR AREA	<input type="checkbox"/> BULK	<input type="checkbox"/> SWIPE SAMPLE	<input type="checkbox"/> PCM	<input type="checkbox"/> NORMAL 24 HRS
REQUESTED BY: <i>Todd Crestone</i>		DATE: <i>11-21-18</i>	TIME: <i>11:58</i>		RECEIVED BY: <i>Blanchette</i>		DATE: <i>11/21/18</i>	TIME: <i>11:58</i>
RECEIVED BY:		DATE:	TIME:		RECEIVED BY:		DATE:	TIME:
METHOD OF SHIPMENT:			AIRBILL NUMBER			RECEIVED BY:		DATE: TIME:

# ABATEMENT PROFESSIONALS CORP.

590 COUNTY RD. SUITE 2  
 WESTBROOK, ME 04092  
 PHONE: (207) 773-1276  
 FAX: (207) 772-1203

## AIR SAMPLE DATA COLLECTION SHEET

ANALYTICAL METHOD  
 UTILIZED: NIOSH 7400

NO: 51



Reviewed for Code Compliance  
 Permitting and Inspections Department  
 Approved with Conditions

81

5							
0							
5							

20 40 60 80 100

PROJECT # <i>58 Boyd St PHL</i>	SAMPLE # <i>C-1</i>	SAMPLE LOCATION <i>Hallway</i>	03/06/2019
SAMPLING INFORMATION			
SAMPLED BY: <i>Todd Crestorex</i>	D.E.P.#: <i>Am-5097</i>	DATE: <i>11-21-18</i>	
<input type="checkbox"/> AREA	<input checked="" type="checkbox"/> CLEARANCE	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> BULK <input type="checkbox"/> SWIPE
EMPLOYEE #:	D.E.P.#:		
RESPIRATORY PROTECTION:			
PROJECT ACTIVITY: <i>Red of 2000 ft<sup>2</sup> WAT via heat lift method</i>			
DATE: <i>11/21/18</i>	START TIME: <i>0637</i>	LPM: <i>16.0</i>	
	END TIME: <i>0912</i>	LPM: <i>16.0</i>	
	TOTAL TIME: <i>185min</i>		
(LAB USE ONLY)		ANALYTICAL INFORMATION	
ANALYST NAME: <i>Wayne Colopy</i>	D.E.P.#: <i>AA 0499</i>	DATE OF ANALYSIS: <i>11/21/18</i>	
TOTAL VOLUME: <i>2480</i>		L	
COUNT / 100 FIELDS: <i>4</i>		F	
FIBER CONC.: <i>&lt;.010</i>		f/CC	
NOTES:			

CALIBRATION INFORMATION		
PUMP# <i>7</i>	BEGINNING RATE <i>16.0 /LPM</i>	ENDING RATE <i>16.0 /LPM</i>
CALIBRATION METHOD:	<input type="checkbox"/> PRIMARY STANDARD <input checked="" type="checkbox"/> SECONDARY STANDARD	



