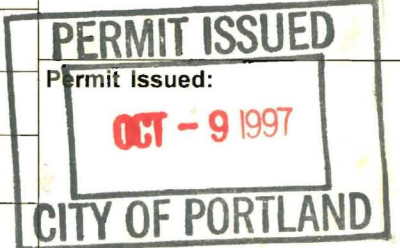


Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Construction: 135 Marginal Way		Owner: Five Live Co.		Phone:		Permit No: 971086	
Address:		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Portland Pump		Address: P.O. Box 1180 Scarborough, ME 04074		Phone: 682-4317		Permit Issued: OCT - 9 1997	
Past Use: Com.		Proposed Use: Same w/o tanks		COST OF WORK: \$		PERMIT FEE: \$ 50.00	
Proposed Project Description: Remove five (5) underground tanks		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:		Zone: CBL: 025-B-005	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zoning Approval: <i>[Signature]</i>	
Permit Taken By: Mary Gresik		Date Applied For: 03 October 1997		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		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 maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By:		Date Applied For:		Signature:		Date:	



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 provisions of the code(s) applicable to such permit

[Signature]
SIGNATURE OF APPLICANT **Bou Cyr** ADDRESS: DATE: 03 October 1997 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 2

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

Location of Construction: 135 Marginal Way		Owner: Five Liver Co.		Phone:		Permit No: 971086	
Owner Address:		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Portland Pump		Address: P.O. Box 1180 Scarborough, ME 04074		Phone: 883-4317		Permit Issued: OCT - 9 1997	
Past Use: Comm		Proposed Use: Same w/o tanks		COST OF WORK: \$		PERMIT FEE: \$ 50.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Remove five (5) underground tanks				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: <i>[Signature]</i> 10/7/97	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		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 maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Gresik		Date Applied For: 03 October 1997				Zoning Appeal	
						<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	

1. This permit application does not 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..

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

[Signature] *[Signature]* 03 October 1997 893-4317
SIGNATURE OF APPLICANT Don Cyr ADDRESS: DATE: 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 2
A. Rose

FIRE CODE PERMIT REPORT

DATE: 10/7/97 ADDRESS: 135 Marginal Way
PERMIT TO: Portland Pump
OWNER/CONTRACTOR: Scim
APPROVED ✓ DENIED _____

CONDITIONS OF APPROVAL/DENIAL

1. The boiler or furnace shall be protected by enclosing with one hour fire rated construction including fire doors and ceiling or by providing automatic extinguishment and smoke protected enclosure. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide a 0.15 gpm, per square foot of floor throughout the entire area. An indicating shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
2. All required Fire Alarm Systems shall have the capability of "Zone Disconnect" via switches or key pad program provided the method is approved by the Fire Prevention Bureau.
3. All remote annunciators shall have a visible "trouble" indicator along with the Fire Alarm "Zone" indicators.
4. Any Master Box connected to the Municipal Fire Alarm System shall have a supervised Municipal Disconnect Switch.
5. All Master Box locations shall be approved by the Fire Department Director of Communications. A Master Box shall be located so that the center of the box is five feet above finished floor.
6. All Master Box locations are required to have a locked box (knoxbox).
7. A fire alarm acceptance report shall be submitted to the Portland Fire Department.
8. All underground tank removal(s) and/or installation(s) shall be done in accordance with the Department of Environmental Regulations (Chapter 691).
9. No cutting of tanks on site. Cutting of tanks is to be done at an approved tank disposal site.
10. Fire Dispatcher must be at least 48 hours in advance of removal and/or transportation of tanks.
11. All above ground L/P storage tanks shall be located in accordance with NFPA 58 Standards.
12. Any tank located near the path of vehicle movement shall be protected with appropriate permanent barricades.

Maine Department of Environmental Protection
Bureau of Remediation and Waste Management
17 State House Station
Augusta, Maine 04333-0017
Attention: Tank Removal Notice
Telephone: (207) 287-2651

Expires after 6 (six) months if the
Department does not receive notice that
removal was completed.

924006996
Time: 2:45
DATE: 10/7/97

**NOTICE OF INTENT TO ABANDON (REMOVE)
AN UNDERGROUND OIL STORAGE FACILITY**

**THIS FORM MUST BE FILED WITH THE D.E.P. AND YOUR LOCAL FIRE DEPARTMENT AT
LEAST 30 DAYS PRIOR TO THE SCHEDULED REMOVAL**

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: FIVE LIVER CO.
Mailing Address: 135 MARGINAL WAY Telephone #: 1-800-442-8880
City: PORTLAND State: ME Zip Code: 04112
Contact Person (name, address & telephone #): DANA IRVING
RH Foster Co. 1-800-442-8880
Name of Facility: MARGINAL WAY FIVE LIVER CO. Registration #: 10464
Facility Location (town & street): 135 MARGINAL WAY PORTLAND

1. Identify the tanks at this location which are going to be removed:

Tank #	Tank Age	Tank Size (gallons)	Type of Product Stored
1	?	4,000	Gasoline
2	?	3,000	"
3	?	2,000	"
4	?	4,000	Diesel
5	?	4,000	Diesel

2. Directions to this facility (be specific):

3. Is or was the tank(s) used to store Class I liquids (e.g., gasoline, jet fuel)? Yes No
**IF YES, REMOVAL OF THE TANK(S) MUST BE DONE UNDER THE DIRECTION OF A
CERTIFIED TANK INSTALLER.**

Tank Installer's Name: DAVE GARDNER Certification Number: 097 Signature: [Signature]

4. Environmental site assessments are required for all tanks except those used for storing heating oil, not for resale, or for farm or residential motor fuel tanks under 1,100 gallons where the product is used on site. Site Assessor's Name and Address (if applicable):

ACADIA Environmental 780 8826

5. Name and telephone number of contractor who will do the tank removal:

TRIUMPH Pump Co

6. Expected date of removal (month/day/year): 9/30/97

I hereby provide Notice that I intend to properly abandon the underground oil storage facility as described above.

Date: 8/30/97 Signature: [Signature]

Printed Name and Title: DAVID U CRONFORD S.M.

**Mail original and yellow copy to DEP; pink copy to fire department; retain gold copy.
RETURN POSTCARD AFTER TANK(S) HAS BEEN REMOVED**