

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 021195

This is to certify that Proprietors Of Union Wharf / Base Escalators

has permission to Building Demolition

AT 28 Union Wharf 031 L035002

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.

Notification of inspection must be given and work on permit must be completed before this building or part thereof is closed or enclosed-in. **48 HOUR 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. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
10/23/02
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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

Permit No: 02-1195	Issue Date:	CBL: 031 L035002
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Location of Construction: 38 Union Wharf	Owner Name: Proprietors Of Union Wharf	Owner Address: 36 Union Wharf	Phone: 797-9093
Business Name: n/a	Contractor Name: Chase Escavating	Contractor Address: 50 Oray Road Falmouth	Phone: 2077728160
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Demolitions	Zone:

Past Use: Commercial / Vacant building	Proposed Use: Commercial / Building Demolition	Permit Fee: \$177.00	Cost of Work: \$22,000.00	CEO District: 1
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: N/A <i>Demolition</i> Signature: <i>[Signature]</i>
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Proposed Project Description:
Building Demolition

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 10/11/2002	Zoning Approval	
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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..	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"/> Date: _____	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 Date: _____	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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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	

02 1195

All Purpose Building Permit Application for Demolition

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.

224-240

Location/Address of Construction: #38 Union Wharf Commercial

Total Square Footage of Proposed Structure: 5,000 sq. ft. Square Footage of Lot: 5,000

Tax Assessor's Chart, Block & Lot: Chart# 031 Block# L Lot# 35 Owner: Proprietors of Union Wharf Telephone: 772-8160

Lessee/Buyer's Name (If Applicable): NA Applicant name, address & telephone: Prop. of Union Wharf PO Box 7467, 36 Union Wharf Portland, Me. 04112 Cost Of Work: \$ 22,000 Fee: \$ 1770.00

Current use: Vacant If the location is currently vacant, what was prior use: Gundrys Fish Gear Supply Approximately how long has it been vacant: 4 mos. Project description: Tearing building down. DEMOLITION CALL LIST MUST BE SUBMITTED WITH THIS APPLICATION

Contractor's name, address & telephone: Chase Excavating, 50 Gray Rd, Falmouth, Me Who should we contact when the permit is ready: Charlie Poole 797-9093 Mailing address: PO Box 7467 - would like to pickup. Portland, Me. 04112 Phone: 772-8160

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: Charlie A Poole Date: 10/11/02

This is not a permit, you may not commence ANY work until the permit is issued. This is for residential demolition. Commercial demolition will require other types of permitting along with this permit, please inquire with support staff

PROPRIETORS OF UNION WHARF

36 UNION WHARF — P.O. BOX 7467 DTS

PORTLAND, MAINE 04112

October 11, 2002

City of Portland
Building Inspections Dept.
389 Congress St.
Portland, Maine 04101

Re: Building Demolition Permit

Dear Buildings Inspections:

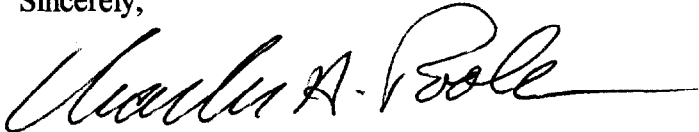
The Proprietors of Union Wharf are applying for a building demolition permit to tear down and remove Building #38 Union Wharf. Chase Excavating will be doing the demolition work. The building is vacant, tired and very old.

Attached are all of the necessary papers needed to make application. Please call me if you have any questions or when the permit is ready. I would be happy to come to your offices to pick it up.

I can be reached at 772-8160.

Thank you for your assistance on this project.

Sincerely,



Charles A. Poole
Vice President & Manager



CITY OF PORTLAND

The Demolition Call List must be submitted with a Building Permit Application

Property location: #38 Union Wharf Chart/Block/Lot 031 W 35

The call list below must be submitted with the building permit application. Please note any "commercial use" demolition will need additional approvals.

When making the submission please include a plot plan showing the location of the structure that is being removed along with a photograph. You may not remove or disconnect any type of lines (private or public) until you have received an *approved building permit*. If the building does not have one of the below utilities please put "does not apply". All Departments in bold must be notified under all circumstances.

City Approvals

<u>Department</u>	<u>Number</u>	<u>Contact</u>	<u>Date/Who you spoke with</u>
Public Works Sewer	874-8833	Todd Merkel	9/10/02 Todd Merkel
Public Works Traffic (if structure is being moved to another location)	874-8437	Gary Dobson	does not apply
Public Works Sealed Drain Permit	874-8822	Carol Merritt	9/10/02 Carol Merritt
Historical Preservation	874-8726	Deb Andrews	10/11/02 Deb Andrews
Fire Dispatch	874-8576	Dispatcher on Duty	9/10/02 Morton

Utility Approvals

Dig Safe (must receive 72 hours notice before digging can begin)	1-888-344-7233	Customer Service	Ref# 20023704704 Kathy 9/10/02
Asbestos	1-207-287-2651	Ed Antz	See attached

I have contacted all the necessary companies and departments as indicated above
Signature Charles A. Boole Date: 10/11/02

dig safe ok 9/13/02
after → after 2pm



Maine Department of Environmental Protection

Asbestos/Lead Unit

17 State House Station

Augusta, Me 04333-0017

Tel (207) 287-2651 FAX (207) 287-7826



Building Demolition Notification Form (BDNF)

A) Pre-Demolition Building Inspection and Abatement Information

Important Notice: This Notification is Required by Law
prior to demolition of any building except residential buildings with less than 5 units

Federal Law requires that prior to demolition "regulated facilities" be inspected for asbestos, that certain work practices be followed for larger projects (>160 square/260 linear feet), and that notification be provided to DEP. "Regulated facilities" include institutional, commercial, public, or industrial buildings, and residential buildings with 5 or more units.

Maine Law requires, prior to demolition, the removal of more than 3 square feet or 3 linear feet of friable asbestos by an asbestos firm licensed by the DEP. Notification of removal activities and removal standards are also required.

Demolition means the tearing down or intentional burning of a building or part of a building.

Municipalities are requested to have applicants for demolition permits complete this form prior to the issuance of a demolition permit. A municipality may wish to consider whether it should issue a demolition permit to an applicant for a "no" answer to any of the questions below. Please call (207) 287-2651 with any questions.

Please answer all questions:

1. yes no Is this a residential building with less than 5 units?
2. yes no Has the building been inspected by a DEP licensed asbestos consultant?*
3. yes no If asbestos was found, has a 10 day notification of abatement activities sent to the DEP?***
4. yes no n/a Has the asbestos (if any) been removed by a DEP licensed asbestos contractor?

Notes: *Residential dwellings with less than five units are exempt from notification and inspection requirements

**This form constitutes notification when asbestos is not present in the building being demolished.

B) General Information

property address: Former "Grundy's" #38 Union Wharf Portland, Maine 04112 telephone:	asbestos survey performed by: (name & address) Northeast Test Consultants 587 Spring Street Westbrook, Maine 04092 telephone: (207) 854 - 3939
property owner: (name & address) Proprietors of Union Wharf P.O. Box 7467 Portland, Maine 04112 telephone: (207) 772 - 8160	asbestos abatement contractor: (name & address) Acadia Contractors, LLC 145 Lisbon Street Suite 306 Lewiston, Maine 04240 telephone: (207) 783 - 5700
demolition contractor: (name & address) Chase Excavating 50 Gray Rd. Falmouth, Me 04105 telephone: 797-9093	demolition start date: 10/21/02 demolition end date: 11/21/02 building type: (commercial, residential, etc.) Commercial

Original to DEP

Once filled out, please fax or mail immediately to DEP

Copy to Municipality

Copy to Owner or Operator

Asbestos Project Notification	State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-7826	FORM N Page 1 of 2
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1. Project Code NTC 6573-2002	2. Type of Notification <input type="checkbox"/> Emergency (E) <input type="checkbox"/> Non-Scheduled O&M <input checked="" type="checkbox"/> Original (O)	3. Type of Activity <input checked="" type="checkbox"/> Demolition (D) <input type="checkbox"/> Renovation (R)	4. Variances (Check all that apply) <input type="checkbox"/> Non-Standard (NS) <input checked="" type="checkbox"/> Standard (S)
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5. Asbestos Contractor Name: ACADIA CONTRACTORS, LLC Address: 12 KING STREET City: NORWAY State: ME Zip: 04268 Contact: KEVIN PRATT TEL: (207) 232-0862 FAX: (207) 743-5511	6. Facility Owner Name: PROPRIETORS of UNION WHARF Address: P.O. BOX 7467 City: PORTLAND State: ME Zip: 04112 Contact: CHARLES POOLE TEL: (207) 772-8160 FAX: (207) 772-8471
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7. Facility Location (Where removal is to take place) BLDG Name: FORMER "GRUNDY'S" Physical Address: #38 UNION WHARF City: PORTLAND State: ME Zip: 04112	8. Facility Description Present Use: VACANT Prior Use: FISHERIES RETAIL/SUPPLIES BLDG Size: 4,050 sq ft No. Floors: 1 BLDG Age: 25+
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9. Notification Fees (Required fees must accompany notification) <input type="checkbox"/> \$100.00 = ACM amounts 100 SqFt/100 LnFt to 1000 SqFt/5000 LnFt. <input checked="" type="checkbox"/> \$200.00 = ACM amounts greater than 1000 SqFt/5000 LnFt. <input type="checkbox"/> Not Required or Not Included (Complete Block #9A)	9A. Notification Fee Not Included <input type="checkbox"/> Single family home exemption <input type="checkbox"/> ACM amount less than 100 SqFt/100 LnFt <input type="checkbox"/> Fees paid quarterly (Non-Scheduled O&M only) <input type="checkbox"/> BGS exemption	10. Project Work Hours 7:00 AM to 5:00 PM (Show actual hours) Weekdays (Check all that apply) X M X T X W X TH X F Weekend (Check all that apply) <input type="checkbox"/> Sat <input type="checkbox"/> Sun
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11. Scheduled Dates for Asbestos Removal (Also complete Block #12 for Phased Projects) Start Date (MM/DD/YY): 10 / 07 / 2002 Completion Date (MM/DD/YY): 10 / 11 / 2002	12. Scheduled Dates for Phased Projects Phase 1 Start Date _____ Completion Date _____ Phase 2 Start Date _____ Completion Date _____ Phase 3 Start Date _____ Completion Date _____ Phase 4 Start Date _____ Completion Date _____ Phase 5 Start Date _____ Completion Date _____
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13. Asbestos (ACM) Removal			ME DEP USE ONLY	
ACM Type	Amount	Measurement	Postmark _____	Date Received _____
ROOFING MATERIALS	4,600	SqFt X LnFt _____	Check # _____	NESHAP _____
		SqFt _____ LnFt _____	State _____	Variance _____
		SqFt _____ LnFt _____		
		SqFt _____ LnFt _____		

Asbestos Project Notification	<p align="center">State of Maine <i>Department of Environmental Protection</i> Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-7826</p>	<p align="center">FORM N Page 2 of 2</p>
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Project Code NTC 6573-2002	14. Notification Submitted by Name: NORTHEAST TEST CONSULTANTS Mailing Address: 587 SPRING STREET City: WESTBROOK State: ME Zip: 04092 Contact JOHN M. BOILARD TEL (207) 854 - 3939 FAX: (207) 854 - 3658
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15. Procedure Used to Detect Presence of Asbestos

Assumed Positive **Tested Positive**

Sampled By: **TAMMY GROSS; ME DEP #AI-0372**
 Company: **NORTHEAST TEST CONSULTANTS**

16. Project Clearance

Visual evaluation by: (List Air Monitor and Company)
NORTHEAST TEST CONSULTANTS

Air Clearance by: (List Air Monitor and Company)
N/A

17. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter)


Name: **WASTE MANAGEMENT / D.B.A. LOGANO**
 Address: **P.O. BOX 1442000 FOREST AVENUE**
 City: **PORTLAND** State: **CT** Zip: **06480**
 Contact: **RICK GONDON**
 TEL: **800 - 272 - 3867** FAX:

18. Disposal Site

Name: **VALLEY LANDFILL**
 Address: **P.O. BOX 782A; RD #2; PLEASANT VALLEY ROAD**
 City: **Irwin** State: **PA** Zip: **15642**
 Contact:
 TEL: **(724) 744 - 7446** FAX:

19. Certification

I certify that to the best of my knowledge, the information contained in this notification is true and accurate.


 Signature _____ Date **09 / 26 / 2002**

20. Emergency Notification Request (Complete when a waiver to the 10-day notification requirement is requested for an emergency asbestos removal project which is necessitated by a sudden, unexpected event (e.g., boiler and associated piping/valves failure), a public health threat (e.g., clean up following a fiber release), or discovery of additional ACM during a renovation or demolition for which a renovation or demolition inspection was conducted (e.g., within a wall cavity or plumbing chase).

Detailed Explanation:

 Signature _____ Date _____

20A. ME DEP Action on Emergency Notification Request

 ME DEP _____ Date _____ **APPROVED** **DISAPPROVED**

Asbestos Project Variance Request

State of Maine Department of Environmental Protection

Lead & Asbestos Hazard Prevention Program
17 State House Station, Augusta, ME 04333
TEL (207) 287-2651 FAX (207) 287-7826

FORM V

Page 1 of 1

NTC 6573-2002

1. Design Consultant (Variance requested by) Name: STEPHEN R. BROADHEAD Company: NORTHEAST TEST CONSULTANTS Address: 587 SPRINGF STREET City: WESTBROOK State: ME Zip: 04092 TEL: (207) 854 - 3939 FAX: (207) 854 - 3658		2. Facility Location (Where removal is to take place) BLDG Name: FORMER "GRUNDY'S" Floor and/or Rm.#: ROOF AREA Physical Address: #38 UNION WHARF City: PORTLAND State: ME Zip: 04112	
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3. Standard Variance(s) Requested (Check all that apply. Written Department approval is not required prior to implementation)

3A. Wetting ACM (during removal phase only) <input type="checkbox"/> Temperature inside regulated area below 32°F & heating not practical <input type="checkbox"/> Metal jacketing encloses TSI	3B. HVAC Shutdown <input type="checkbox"/> Continued operation is integral to building occupants' health & safety	3C. Exhausting to Ambient Air <input type="checkbox"/> Distance too great <input type="checkbox"/> Limited egress	3D. Aggressive Air Clearances <input type="checkbox"/> Dirty or dusty conditions exist not related to asbestos activities outside the regulated area which likely will result in count overloads (Non-Aggressive Air Samples are required)
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3E. Containment <input type="checkbox"/> Enclosure activities do not impact ACM <input type="checkbox"/> Removal of TSI components including "wrap & cut" <input type="checkbox"/> Confined Space such as crawl spaces <input type="checkbox"/> Pipe runs have insufficient clearance for poly sheeting	3F. Critical Barriers <input type="checkbox"/> Distance from regulated area to critical opening too great (Limited to hangers, mills, warehouses, storage areas, & field houses)	3G. Contiguous Decon Unit <input type="checkbox"/> SSSD <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Decon Unit in walking distance <input type="checkbox"/> Heated/cooled Decon Unit desirable	3H. VAT/Mastic Removals <input type="checkbox"/> Single layer containment
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4. Non-Standard Variance(s) Requested (Written Department approval is required prior to implementation)

4A. Reasons for Non-Standard Variance(s) (Explain in detail. You may add an attachment when necessary)

5. Design Consultant Sign-off

 **STEPHEN R. BROADHEAD** **09 / 26 / 2002**
 Signature Print Name Date

5A. ME DEP Action on Work Practices Variance(s) (Only required for Non-Standard Variances)

ME DEP _____ **Date** _____ **APPROVED** **DISAPPROVED**

NORTHEAST TEST CONSULTANTS
587 SPRING STREET
WESTBROOK, MAINE 04092



KEY BANK OF MAINE
SOUTH PORTLAND, MAINE 04106
52-60/112

005449

9/26/2002

PAY TO THE ORDER OF Maine Environmental Protection Fund

\$ ****200.00**

Two Hundred and 00/100***** DOLLARS

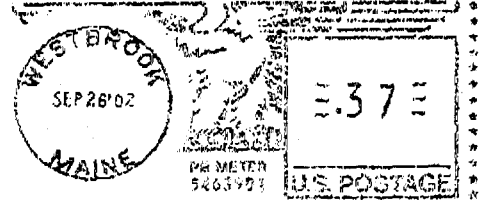
MAINE ENVIRONMENTAL
PROTECTION FUND

MEMO NTC # 6573-2002

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW.

⑈005449⑈ ⑆011200608⑆ 191344002578⑈

Northeast Test Consultants
587 Spring Street
Westbrook, Maine 04092



**Department of Environmental Protection
Lead & Asbestos Program
17 State House Station
Augusta, ME 04333**

ATTN: ASBESTOS NOTIFICATIONS

STREET EXCAVATION AND/OR
SEWER CONNECTION PERMIT

Public Works 874-8461
CITY OF PORTLAND, MAINE
DEPARTMENT OF PUBLIC WORKS

PERMIT NO. **S000138**

THIS PERMIT EXPIRES THIRTY DAYS FROM DATE OF ISSUE

Charlie Poole called 10/10/02 - DPW said OK will not expire
DATE: 09/18/2002

PERMISSION IS HEREBY GIVEN TO Chase Excavating, Inc. 50 Gray Road
NAME ADDRESS

TO OPEN 38 - 38 Union Wharf Street/Avenue

FOR THE PURPOSE OF Disconnecting sewer lateral on private property - building demoli
SAID WORK SHALL BE PROPERLY DONE ACCORDING TO The Excavation Ordinance, Chapter 25 of the Municipal Code, "STREETS, SIDEWALKS AND OTHER PUBLIC PLACES." and abide by all provisions of Chapter 6, Plumbing Code and Chapter 24, Sewer Use Ordinance, of the Municipal Codes of the City of Portland, Maine. I HAVE READ AND UNDERSTOOD MY RESPONSIBILITIES AS A LICENSED EXCAVATOR AS DESCRIBED IN THE STREET EXCAVATOR ORDINANCE, SECTION 25, ARTICLE VII OF THE MUNICIPAL CODE.

THE WORK IS BEING DONE BY:

CONTRACTOR: Chase Excavating, Inc., 50 Gray Road, Falmouth
NAME ADDRESS
PLUMBER: _____
NAME ADDRESS
OWNER: _____
NAME ADDRESS

NOTES: _____

DIG SAFE:

STREET EXCAVATION PERMIT \$142.00
SEWER CONNECTION PERMIT \$ 25.00*
COMBINATION PERMIT \$167.00

William J. Bray
William J. Bray
Director of Public Works

This permit does not create in the applicant any permission for him to enter or use the land of another property owner, either temporarily or permanently, for the purpose of connection with the City sewer line. Questions concerning such permission should be referred to Applicant's attorney.

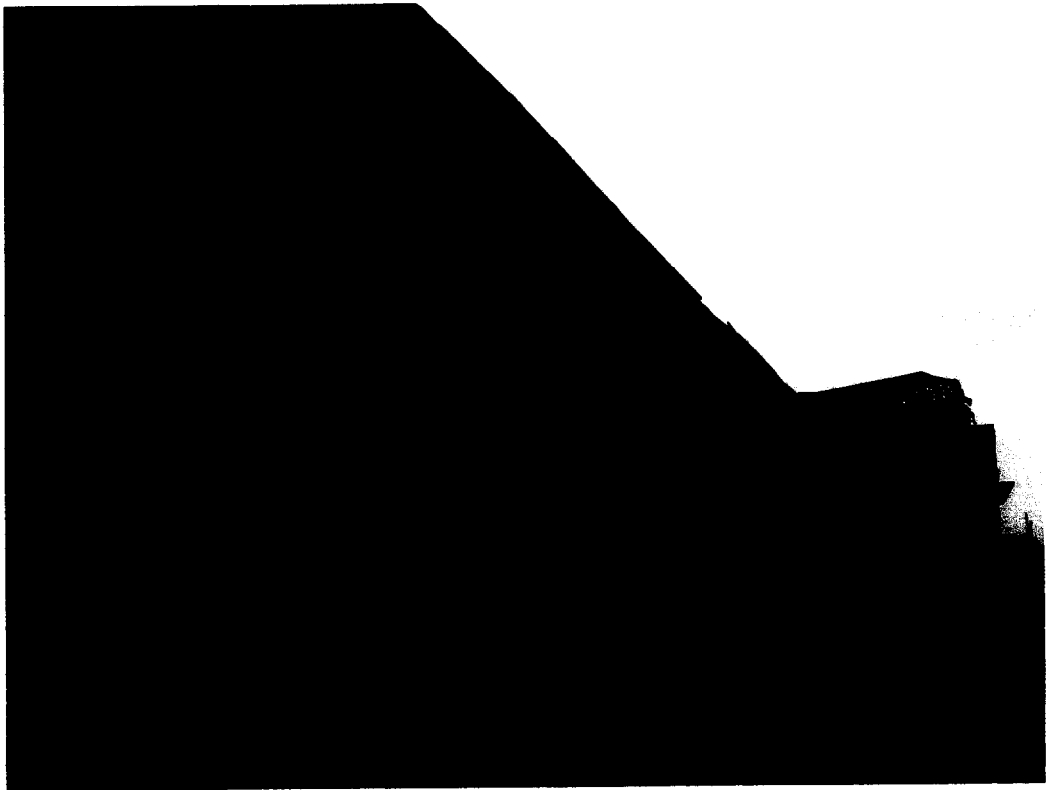
Qty	Description	Rate per Unit	Charge	Paid	Due
0.200	Sealed Drain	\$250.00	Each \$60.00	\$60.00	\$0.00
Totals:			<i>Pd</i> \$50.00	\$50.00	\$0.00

OK # 9228
C. Merritt

*CHARGE INCLUDES INSPECTION AND CONNECTION FEE

White copy - Permittee's • Yellow copy - Billing • Pink copy - File

#38
Union
Wharf



#38
Union Ward

