Location of Construction:		Owner:		417	341281
Owner Address:	Leasee/Buyer's Name:	Phone:	Business	sName:	341401
Contractor Name:	Address:	Phone	151-	4511	PerPERWHT ISSUED
Past Use:	Proposed Use:	COST OF WOR	K:	PERMIT FEE:	DEC - 8 1994
205-500000	gas station ato	FIRE DEPT.	Approved Denied	INSPECTION: Use Group: U Type:	
	I with three illigit	Signature:	/ >	Moch Bignature:	CHTY OF PORTLAND
Proposed Project Description:		PEDESTRIAN A		S DISTRICT (P.U.D.)	Zoning Approval:
remove three national tax	si (see slie)		Approved Approved w Denied	vith Conditions:	Special Zone or Reviews: ☐ Shoreland ☐ Wetland
		Signature:		Date:	☐ Flood Zone ☐ Subdivision
Permit Taken By: 👢 🐫 👣 🕦 🔭	Date Applied For:	/ 1/11			☐ Site Plan maj ☐ minor ☐ mm ☐ Zoning Appeal
 Building permits do not include plumbing, see Building permits are void if work is not starte tion may invalidate a building permit and sto 	d within six (6) months of the date of iss	uance. False informa-	IAM PE	Rhsin	☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review
I hereby certify that I am the owner of record of the authorized by the owner to make this application if a permit for work described in the application is areas covered by such permit at any reasonable here.	as his authorized agent and I agree to co ssued, I certify that the code official's a	onform to all applicable authorized representation	e owner of the laws of this	is jurisdiction. In addition,	Action: Approved Approved with Conditions Denied Date:
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	18	PHONE:	1 / timba
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE			PHONE:	CEO DISTRICT
White-Pe	ermit Desk Green-Assessor's Can	ary-D.P.W. Pink-Pu	blic File I	vory Card-Inspector	Ms Munson

BUILDING PERMIT REPORT

Date:	12/8/94	MI.
Address:	101 Yol St.	
Type of Permit:	remove tanks	
Owner:	Down esst Energy	
Contractor:	Les Willon & Jose	
Applicant:	Ron Willer	
	Approved:	Denied:

Conditions:

- 1. All underground tank removal(s) and/or installation(s) shall be done in accordance with Department of Environmental Protection Regulations (Chapter 691).
- 2. No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
- 3. Fire Dispatcher must be notified 48 hours in advance of removal and/or transporation of tanks.

ne Departmental of Environmental Protection reau of Oil & Hazardous Materials Control tate House Station #17, Augusta, Maine 04333 Telephone: 207-289-2651 Attn: Tank Removal Notice

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

Nama	of Facility Owner: Down Eart Energy Corp
Maile	ing Address: P. O. Bay F490 Telephone No: 229 33 F5
	Forthell P State: ME Zip Code: 04104
0	the Dance of the second of the
172	Hain It A. Pottub No 04106 196-15 PV of Facility: York ST Mulib Registration No.: 2324
Name	of Facility! York ST Mulil Registration No.: \$3.74
Faci	lity Location: 101 York St. Forthal Me
1.	Identify the tanks at this location which are to be removed:
	Age of fank Size Type of Product
	Tank Number Tank (Years) (Gallons) Most Recently Stored
	vis 3000 saratine
	A. 2 NK 5000 1)
	5000 m
	G. I was a second of the secon
	o. I This tunk abundy summer!
_	j ,
2.	Corner of York & High the
	Cocaro of your & High son
	To describe a second for the second of Class T disulds to a second of the
3.	Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet
	fuel)? Yes No (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE
	DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)
4	Name and welephone number of contractor who will do the tank
٧.	removal: Les William & Sans 854-4583
	Temovali, per
	Certified, Tank Installer Ceptification Number & Name (if applicable):
	Ronald Weller # 299
	Professional Firefighter Yes No Y (Affiliation:)
5.	Expected date of removal: /2/19/84
I h	reby provide Notice that I intend to properly abandon the underground oil
	r. 231. A
	1/2/2/
Dat	11 9 94 Stephe W. Will
	Stephe H. W. Signature of Tank Owner or Operator
	O I Wallo to W
	Stephen M. HALL Operation Myre Printed Name and Title
	Printed Name and Title
	•
THI	S FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 30 DAYS DE TO REMOVED - RETURN POSTCARD WHEN TARK(S) HAS BEEN REMOVED.
PRT	DE TO REMOVED - RETURN POSTOARD WHEN TARKIST HAS BEEN REMOVED.

Mail original and yellow copy to DEP; pink copy to fire dept.; retain gold copy