

Location of Construction: 21 State St		Owner: W & W Associates		Phone:	
Owner Address:		Lessee/Buyer's Name:		Phone:	
Contractor Name: L.W. Grubb Excavating		Address: & Demolition 94 Ledgewood Dr		Phone: Falmouth, ME 04105 797-0930	
Past Use: Mix Use		Proposed Use: Same		<b>COST OF WORK:</b> \$ <b>PERMIT FEE:</b> \$ 10.00 <b>FIRE DEPT.</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <b>INSPECTION:</b> Use Group: Type: Signature: <i>[Signature]</i> Signature:	
Proposed Project Description: Remove 1-500 Gallon Tank (Underground)		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: Date:		Signature: Date:	
Permit Taken By: Mary Gresik		Date Applied For: 10 April 1997			

Permit No: **970305**

**PERMIT ISSUED**

**APR 16 1997**

**CITY OF PORTLAND**

Permit Issued:

Zone: *FE* CBL: 044-B-009

Zoning Approval: *OK 4/14/97*

**Special Zone or Reviews:**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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 OF APPLICANT <i>[Signature]</i> Bill Grubb	ADDRESS 94 Ledgewood Dr	DATE 10 April 1997	PHONE: 7970930
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE <i>[Signature]</i>	SAME		PHONE: 7970930

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:

Approved  
 Approved with Conditions  
 Denied

Date: 4/11/97

*[Signature]*

CEO DISTRICT 2

COMMENTS

10/6/47 OK MR

	Type	Inspection Record	Date
Foundation:	_____	_____	_____
Framing:	_____	_____	_____
Plumbing:	_____	_____	_____
Final:	_____	_____	_____
Other:	_____	_____	_____

## FIRE CODE PERMIT REPORT

DATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PERMIT TO: \_\_\_\_\_

OWNER/CONTRACTOR: \_\_\_\_\_

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.

13. All piping shall be protected from possible mechanical damage and vandalism.
14. 1.5" storz fire department connection is required.
15. Any new sprinkler construction over six sprinkler heads needs to have State Fire Marshal approval.
16. Any renovations of sprinkler systems over 20 sprinkler heads needs to have State Fire Marshal approval.
17. A sprinkler performance test shall be submitted to the Portland Fire Department after completion of sprinkler work.
18. State Fire Marshal approval is required for this project.

Lt. G. McDougall  
Fire Prevention Officer  
City of Portland

**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: Peter C. Williams  
Mailing Address: 116 Lettwood Dr. Telephone #: 797-6033  
City: Bellevue State: ME Zip Code: 04105  
Contact Person (name, address & telephone #): \_\_\_\_\_

Name of Facility: NAK Tanks Registration #: 2275  
Facility Location (town & street): 11 Lettwood St. Bellevue

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

<u>Tank #</u>	<u>Tank Age</u>	<u>Tank Size (gallons)</u>	<u>Type of Product Stored</u>
1	25 yrs	500	#2 Fuel Oil
2			
3			
4			

2. Directions to this facility (be specific):

Drive down State St. Facility is last building on the left.

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: \_\_\_\_\_ Certification Number: \_\_\_\_\_ 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): \_\_\_\_\_

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

L.W. Gault Excavating & Demolition (207) 797-0930

6. Expected date of removal (month/day/year): \_\_\_\_\_

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

Date: 5 April 1997 Signature: [Signature]

Printed Name and Title: [Name]

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