

City of Portland, Maine – Building or Use Permit Application

389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 58 Park St		Owner: Park St Townhouse Assoc.		Phone:		Permit No: 941100
Owner Address:		Leasee/Buyer's Name:		Phone:		
Contractor Name: RHEZ Portland Pump		Address: P.O. Box 1180 Muzzy Rd Ext Scarborough, ME 04074 883-4317		Phone:		Permit Issued: PERMIT ISSUED OCT 14 1994 045 B 011 Zone: CBL CITY OF PORTLAND
Past Use: Condo Units		Proposed Use: Same w/o Tanks		COST OF WORK: \$ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:		
Proposed Project Description: Remove tanks as per plans		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature:		PERMIT FEE: \$ 20. INSPECTION: Use Group: Type:		Zoning Approval: 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 <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
				Signature:		
Permit Taken By: Mary Gresik		Date Applied For: 11 Oct 94				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 Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied 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 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: Don Cyr ADDRESS: DATE: 11 Oct 94 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

MSMarsa

BUILDING PERMIT REPORT

Date: 10/10/94
Address: 88 Park St.
Type of Permit: Remove tanks
Owner: Park St Townhouse
Contractor: Portlan Pugs
Applicant: Don Cyr
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.

Maine Department of Environmental Protection
Bureau of Hazardous Materials & Solid Waste Control
State House Station #17
Augusta, Maine 04333-0017
Attention: Tank Removal Notice
Telephone: (207) 287-2651

7/93

944000386

DATE 10/6

Time 8:30

**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: Park Street Townhouse
Mailing Address: 88 Park St Telephone #: 856 6150
City: Portland State: ME Zip Code: 04101
Contact Person (name, address & telephone #): Jeff Davis
200 Park St
Name of Facility: _____ Registration #: 6332
Facility Location (town & street): _____

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	201	3,000	#2 fuel
2	201	"	#2 fuel
3			
4			

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: _____ Certification Number: _____ Signature: _____

N/A

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):**

N/A

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

Beard Pump Co. 1-800-67-7867

6. Expected date of removal (month/day/year): 1/12/94

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

Date: 9/13/94

Signature: [Signature]

Printed Name and Title: David W. Co. Inc. M.

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

Park St.

88 Park St
 Bull house
 Bldg

Grey St

