

Form # P 04

**DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
CITY OF PORTLAND**

Please Read  
Application And  
Notes, If Any,  
Attached

**BUILDING INSPECTION**

**PERMIT**

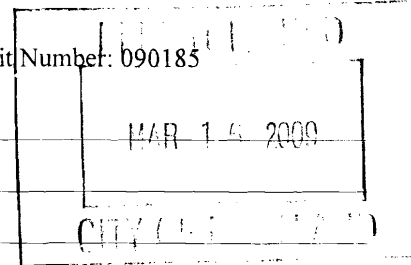
Permit Number: 090185

This is to certify that BAYSIDE MAINE LLC /Bio-services Environmental Services

has permission to Asbestos removal of pipe wrap textured ceilings

AT 645 CONGRESS ST

CB 046-D022001



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 written permission procured before this building or part thereof is lathed or otherwise worked-in. 24 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]*  
3/16/00  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 09-0185	<b>Date Applied For:</b> 03/10/2009	<b>CBL:</b> 046 D022001
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<b>Location of Construction:</b> 645 CONGRESS ST	<b>Owner Name:</b> BAYSIDE MAINE LLC	<b>Owner Address:</b> 477 CONGRESS ST STE 1012	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Bio-safe Enviromental Services	<b>Contractor Address:</b> 5 Delta Drive Westbrook	<b>Phone</b> (207) 632-6165
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Demolitions - Interior	

<b>Proposed Use:</b> USM Dormitory - Asbestos removal of pipe wrap & textured ceilings	<b>Proposed Project Description:</b> Asbestos removal of pipe wrap & textured ceilings
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 03/11/2009

**Note:** **Ok to Issue:**

- 1) This permit does not give permission to demolish any of the buildings. It only allows internal removal of asbestos and ceiling tiles. NO EXTERIOR WORK is permitted. The building shells shall remain intact and structurally sound.
- 2) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 03/16/2009

**Note:** **Ok to Issue:**

- 1) Please provide the information of the facility where the material will be transported and disposed of prior to final inspection.
- 2) A final statement from your licensed abatement professional must be submitted to this office stated the removal is in compliance with the submitted report prior to your final inspection.
- 3) This permit authorizes the work stated in the letter dated March 16, 2009 from enny Littell

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Keith Gautreau      **Approval Date:** 03/12/2009

**Note:** **Ok to Issue:**

- 1) Fire Alarm system shall be maintained.  
If system is to be off line over 4 hours a fire watch shall be in place.  
Dispatch notification required 874-8576.
- 2) No means of egress shall be affected by this renovation
- 3) Any cutting or welding operations require a seperate permit from the Fire dept.

**Comments:**

3/11/2009-Ldobson: Owes 100 dollars for stop work order. Greg S has been notified. Permit came in at 4 p.m. Tuesday

3/11/2009-mes: I wrote an e-mail asking planning as to whether this permit could be issued in advance of planning board approvals.  
DO NOT ISSUE PERMIT UNTIL GIVEN THE PLANNING APPROVALS.



*Strengthening a Remarkable City. Building a Community for Life* [www.portlandmaine.gov](http://www.portlandmaine.gov)

**Planning & Urban Development Department**  
Penny St. Louis Littell, Director

March 16, 2009

Bayside Maine LLC  
477 Congress Street, Suite 1012  
Portland, Maine 04101

Re: 645 Congress Street

Dear Mr. Shinberg:

I have reviewed your request, submitted on behalf of Bayside Maine LLC to initiate the removal of asbestos from portions of the structure located at 645 Congress Street (sometimes referred to as Portland Hall). I have reviewed the scope of work outlined in the report by Northeast Test Consultants dated January 30, 2009.

Pursuant to section 14-528 (b) (2), at this time the City grants your request as follows:

- remove asbestos from the A, B, and C wings of the building
- remove pipe wrap and boiler wrap at the boiler room in the main building
- remove pipe wrap in the main building cellar

I am notifying the Building Inspections Department of this approval so that your stop work order may be lifted.

Sincerely,

Penny St. Louis Littell  
Director of Planning and Urban Development

cc. Tammy Munson, Inspections Division Director  
Barbara Barhydt, Development Review Services Manager

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 09-0185	Issue Date:	CBL: 046 D022001
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Location of Construction: 645 CONGRESS ST	Owner Name: BAYSIDE MAINE LLC	Owner Address: 477 CONGRESS ST STE 1012	Phone:
Business Name:	Contractor Name: Bio-safe Enviromental Services	Contractor Address: 5 Delta Drive Westbrook	Phone 2076326165
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions - Interior	Zone: B-3 Prime R-6

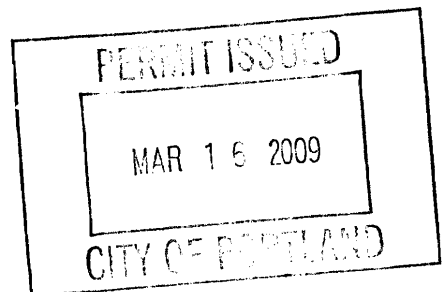
Past Use: USM Dormitory	Proposed Use: USM Dormitory - Asbestos removal of pipe wrap & textured ceilings	Permit Fee: \$470.00	Cost of Work: \$44,800.00	CEO District: 2
Proposed Project Description: Asbestos removal of pipe wrap & textured ceilings		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>NA</i>	INSPECTION: Use Group: Asbestos Removal Type: only	
		Signature: <i>[Signature]</i>		

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: <i>[Signature]</i> Date:

Permit Taken By: Ldobson	Date Applied For: 03/10/2009	<b>Zoning Approval</b>
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- 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..

<b>Special Zone or Reviews</b> <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: <i>3/14/09</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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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*Any exterior work requires a separate review approval*

**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



# General Building Permit Application

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.

Location/Address of Construction: <u>645 CONGRESS ST.</u>		
Total Square Footage of Proposed Structure <u>N/A</u>	Square Footage of Lot <u>72,569 S.F.</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>46</u> Block# <u>D</u> Lot# <u>22</u>	Owner: <u>BAYSIDE MAINE LLC</u> <u>477 CONGRESS ST. SUITE</u> <u>DOUGLAND ME 04101 1012</u>	Telephone: <u>207 772</u> <u>7070</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>BAYSIDE MAINE</u> <u>207 772 7070</u>	Cost Of Work: \$ <u>41,800</u> Fee: \$ <u>470.00</u> C of O Fee: \$ _____
Current legal use (i.e. single family)	<u>DORMITORY</u>	
If vacant, what was the previous use?	<u>DORMITORY</u>	
Proposed Specific use:	<u>DEMOLISH BUILDING ASBESTOS</u>	
Is property part of a subdivision?	<u>NO</u> If yes, please name _____	
Project description:	<u>ASBESTOS REMOVAL OF PIPE WRAP &amp;</u> <u>TEXTURED CEILINGS - SEE SURVEY</u> <u>BY NE TESTING DATED</u> <u>JAN 30, 2009</u>	
Contractor's name, address & telephone:	<u>BIDSAFE ENVIRONMENTAL 5 DELTA DRIVE</u> <u>WESTBROOK, ME 04092</u>	
Who should we contact when the permit is ready:	<u>GREG SHINBERG</u>	
Mailing address:	Phone: <u>603 7510</u>	

Please submit all of the information outlined in the Commercial Application Checklist.  
Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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: \_\_\_\_\_ Date: 3/10/09

This is not a permit; you may not commence ANY work until the permit is issued.

3/16/09

**From:** Marge Schmuckal  
**To:** ALEX JAEGERMAN; Barbara Barhydt; PENNY LITTELL; Shukria Wiar  
**Date:** 3/11/2009 12:08:33 PM  
**Subject:** Greg Shinberg

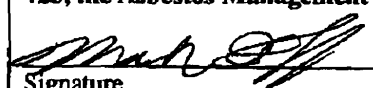
Greg Shinberg has applied for a permit to start asbestos removal and removal of ceilings from the buildings he wants to demolish in the rear.


He has not finished the planning approval process yet. Can this permit be issued before the planning process has been completed? Could he write a letter to planning to allow the approval to begin this work?

Please advise.

Marge

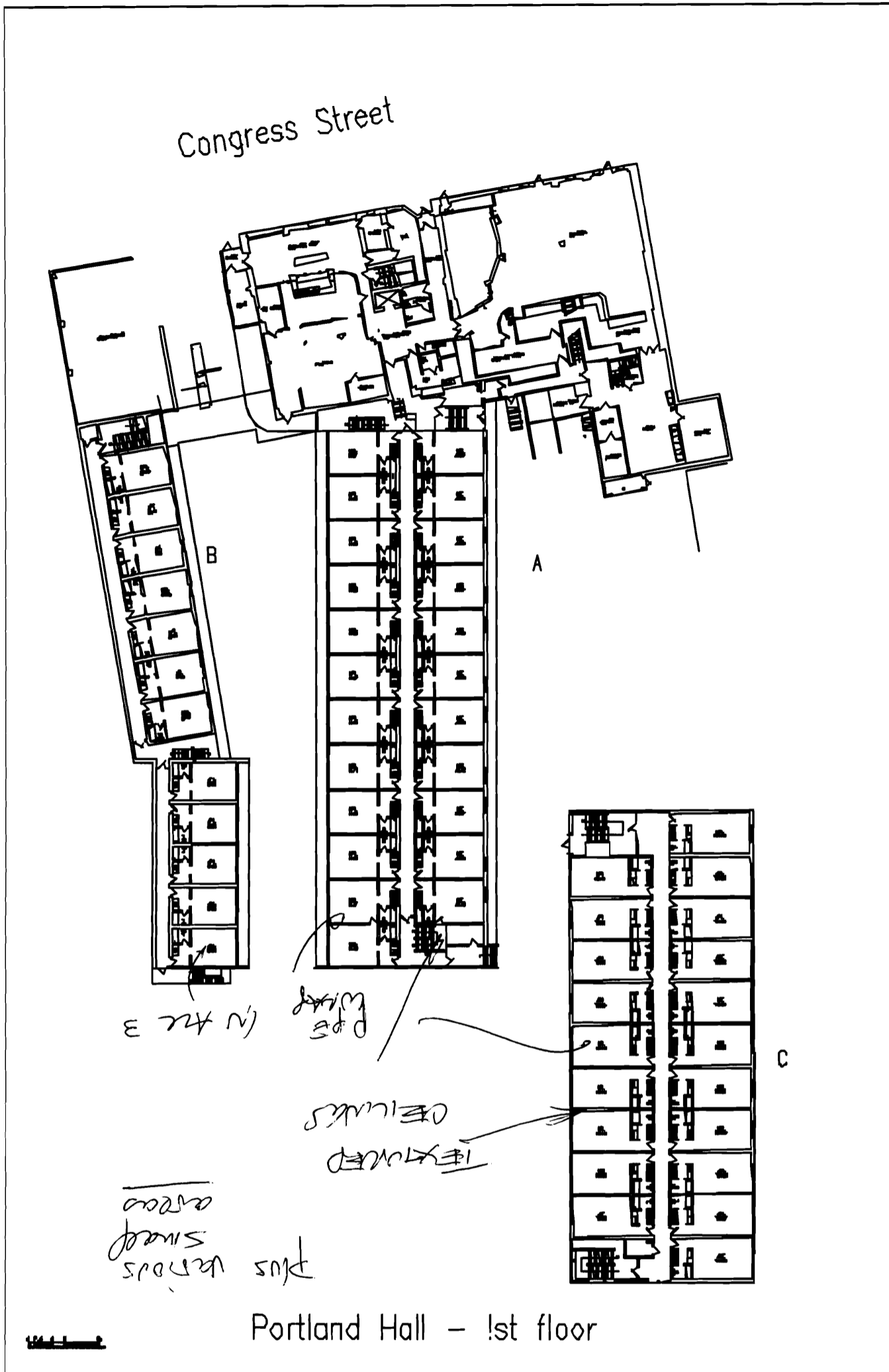
**CC:** Tammy Munson

<b>Asbestos Project Notification</b> 2004 Revision	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	<b>FORM N</b> Page 2 of 3
<b>Project Code</b>  <b>BIO-09-81</b> (As listed on page 1)	<b>13. Demolition</b> (complete as applicable) <input type="checkbox"/> Ordered demolition (structurally unsound) by State or local government (attach copy of order and name of professional engineer who determined building structurally unsound) <input checked="" type="checkbox"/> All other demolitions Demolition Dates: <u>3/30/2009</u> to <u>TBD</u>	
<b>14. Procedure Used to Detect Presence of Asbestos</b> Testing <input type="checkbox"/> Assumed Positive <input checked="" type="checkbox"/> Tested Positive Method <input checked="" type="checkbox"/> PLM <input type="checkbox"/> TEM Sampled By <u>Northeast Test Consultants</u> (Print Name) Company <u>Northeast Test Consultants</u>	<b>15. Project Clearance</b> Visual evaluation by: (Air Monitor (if known) and Company) <u>MidCoast Environmental</u> Air Clearance by: (Air Monitor (if known) and Company) <u>MidCoast Environmental</u>	
Note: Whenever building materials are assumed to contain asbestos, signed bulk sampling disclosure forms must be at the asbestos abatement project site and available for review by the Department.		
<b>16. Asbestos Abatement Methods</b> (check all that apply & submit variance request (Form V) if required) <input type="checkbox"/> Regulated area with containment consisting of 2-layers 4 mil poly on walls & ceiling & 2 layers 6 mil poly on floors <input checked="" type="checkbox"/> Regulated area with containment consisting of 1-layer 6 mil poly on walls & ceiling & 2 layers 6 mil poly on floors <u>Main Building</u> <input checked="" type="checkbox"/> Regulated area with Exclusion zone <input type="checkbox"/> Intact flooring demo by heavy equipment <input type="checkbox"/> Multiple non-contiguous glovebags (variance required) <input type="checkbox"/> Adhesive by grinding or bead blasting <input checked="" type="checkbox"/> Contiguous glovebags less than 30 Ln/ft (variance required) <u>Main Building</u> <input type="checkbox"/> Enclosure <input checked="" type="checkbox"/> Wrap & cut- TSI in good condition (no containment)(variance required) <input type="checkbox"/> Encapsulation <input type="checkbox"/> Wrap & cut- TSI not in good condition (containment required) <input type="checkbox"/> Roofing removal by mechanical saws/cutters <input checked="" type="checkbox"/> Flooring by mechanical equipment/ice scrapers/pry bars <input checked="" type="checkbox"/> Other (specify)		
<b>17. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter)</b> Name <u>Service Transport Group, Inc.</u> Address <u>58 Pyles Lane</u> City <u>New Castle</u> State <u>DE</u> Zip <u>19720</u> Contact <u>Thomas Gaudet</u> TEL <u>302-778-5930</u> FAX <u>302-778-0446</u>	<b>18. Disposal Site</b> Name <u>A &amp; L Salvage</u> Address <u>11225 State Route 45</u> City <u>Lisbon</u> State <u>Ohio</u> Zip <u>44432</u> TEL <u>330-424-3739</u> FAX <u>330-424-5318</u>	
<b>19. Certification (Notification Submitted by)</b> I certify that to the best of my knowledge, the information contained in this notification is true and accurate, and that the asbestos abatement contractor will be/has been contracted to implement work practices as required by Maine DEP Chapter 425, the Asbestos Management Regulations. <div style="display: flex; justify-content: space-between;"> <div data-bbox="583 1724 1234 2011">             Signature            Date <u>2/25/2009</u>            Mailing Address <u>5 Delta Drive</u>            City <u>Westbrook</u> State <u>Maine</u> Zip <u>04092</u>            TEL <u>207-854-5262</u> </div> <div data-bbox="1321 1746 2040 2011"> <u>Mark Griffeth</u>            Print Name            Zip <u>04092</u>            FAX <u>207-854-2609</u> </div> </div>		

<b>Asbestos Project Variance Request</b>  <b>BIO-09-81</b> <b>Project Code</b>	<b>State of Maine</b> <b>Department of Environmental Protection</b> <b>Lead &amp; Asbestos Hazard Prevention Program</b> <b>17 State House Station, Augusta, ME 04333</b> <b>TEL (207) 287-2651 FAX (207) 287-7826</b>	<b>FORM V</b>  <b>Page 1 of 2</b>  <b>2004 Revision #1</b>
<p align="center"><b>Standard Variance(s) Requested by Maine Certified Asbestos Design Consultant</b></p> <p>Check all that apply. Written Department approval is not required prior to implementation. Standard variances submitted during or before the project due to unforeseeable conditions shall not be implemented until 5 days after the variance is received by the Department unless otherwise approved by the Department.</p>		
<p><b>1. Wetting ACM (during removal phase only) is not required when:</b></p> <p><input checked="" type="checkbox"/> Temperature inside regulated area below 32°F &amp; heating not feasible nor practical</p> <p><input type="checkbox"/> Electrical conditions exist that would create shock/electrocution hazard</p> <p><input type="checkbox"/> Operational high-pressure steam lines are being abated/repared</p>		
<p><b>2. Exhausting to Ambient Air is not feasible when:</b></p> <p><input type="checkbox"/> Distance too great      <input type="checkbox"/> Health &amp; Safety concerns (limited egress)</p>		
<p><b>3. Aggressive Air Clearances in dirt crawl spaces only are not required when:</b></p> <p><input type="checkbox"/> Dirty or dusty conditions exist not related to asbestos activities exist inside or outside the regulated area and will likely result in count overloads (Static Air Samples are required)</p>		
<p><b>4. Containment and air clearances not necessary when:</b></p> <p><input type="checkbox"/> Enclosure activities do not impact ACM</p> <p><input checked="" type="checkbox"/> Removal of TSI components that utilize "wrap &amp; cut" methods, provided that an Asbestos Inspector has determined the components to be in good condition &amp; not likely to release fibers during removal, &amp; has recorded this determination in the project design. <u>By signing below, the Design Consultant attests that an Inspector has determined the TSI is in good condition.</u></p> <p><input checked="" type="checkbox"/> Removal or repair of ACM using multiple non-contiguous glovebags that are no larger than 60 inches by 60 inches</p> <p><input checked="" type="checkbox"/> Removal or repair, using contiguous glovebags, that involve a total of no more than 30 l/ft of ACM on a single pipeline, or any amount of ACM that can be removed within 10 glovebags for pipelines running parallel to each other</p>		
<p><b>5. Remote decontamination unit is needed:</b></p> <p><input checked="" type="checkbox"/> Explain: <b>Demo Building</b></p>		
<p><b>6. Smaller than standard decontamination unit needed in residential structure:</b></p> <p><input type="checkbox"/> A variance to the requirements for minimum decontamination unit size is allowed in residential structures where construction of a decontamination unit meeting minimum size requirements is not possible due to room size and configuration, HVAC system component locations, or restriction of safe egress for residents.</p> <p><b>Note:</b> A detailed floor plan showing the work area, decontamination unit n and room dimensions must be submitted with the requested variance.</p>		
<p><b>Design Consultant Sign-off for Standard Variance(s)</b></p> <p>  Signature _____ <b>Mark P. Coleman</b>  Print Name</p> <p>Date <u>2/25/09</u></p> <p>Company <b>BIOSAFE Environmental Services, Inc.</b> ME Certification Number <b>DC-0069</b>  Address <b>5 Delta Drive</b> Certification Expiration Date <b>3/31/2009</b>  City <b>Westbrook</b> State <b>Maine</b> Zip <b>04092</b>  TEL <b>207-854-5262</b> FAX <b>207-854-2609</b>  Asbestos 2004 Notification Form V.doc</p>		



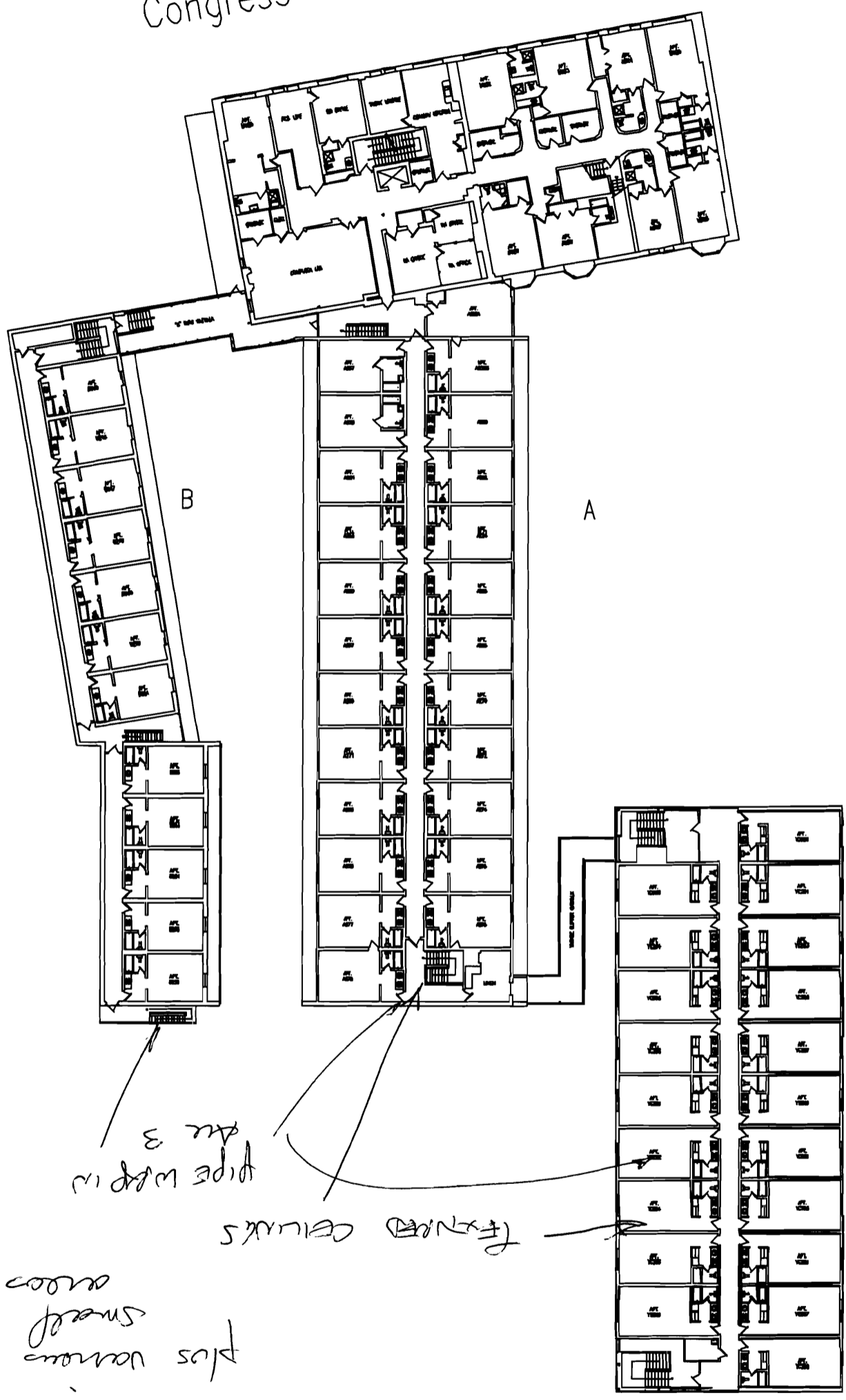
<b>Asbestos Project Notification</b>		State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-7826		<b>FORM N</b> Page 1 of 3	
<b>2004 Revision</b>					
<b>Important Notice:</b> The notification submitter must send a complete notification including any applicable fee which is postmarked at least 10 calendar days or received by the Department at least 5 working days prior to the start of an asbestos abatement project. This notification must be typewritten or easily legible. An incomplete notification is not acceptable & therefore not of record.					
<b>1. Project Code</b>  BIO- 09-81		<b>2. Type of Notification</b> X Standard (O) <input type="checkbox"/> Facility O&M (Annual) <input type="checkbox"/> Emergency (E) <input type="checkbox"/> Courtesy (Not Regulated)		<b>3. Type of Activity</b> X Demolition (D) <input type="checkbox"/> Renovation (R) <input type="checkbox"/> Repair	
				<b>4. Variances</b> (Check all that apply) <input type="checkbox"/> Non-Standard (NS) X Standard (S) <input type="checkbox"/> Notification Waiver (10 day)	
<b>5. Asbestos Contractor</b> Name BIOSAFE Environmental Services, Inc. Address 5 Delta Drive City Westbrook State Maine Zip 04092 Contact Mark P. Coleman TEL 207-854-5262 FAX 207-854-2609			<b>6. Facility Owner</b> Name Bayside Maine L.L.C Mailing Address 477 Congress Street City Portland State Maine Zip 04101 Contact Greg Shinberg TEL 772-7070 FAX 772-7080		
<b>7. Facility Location (Where removal is to take place)</b> BLDG Name Mixed Commercial Space Floor and/or Rm.# Wings -A,B&C and Main Building Physical Address 645 Congress Street City Portland State Maine Zip 04101			<b>8. Facility Description</b> Present Use Vacant- wings to be demolished, Main building to remain Prior Use USM Dormitory BLDG Size 10,000 sq/ft No. Floors 6 BLDG Age 1950's		
<b>9. Notification Fees (Required fees must accompany notification)</b> <input type="checkbox"/> \$100.00 = ACM amounts 100 SqFt/100 LnFt to 1000 SqFt/5000 LnFt. X \$200.00 = ACM amounts greater than 1000 SqFt/5000 LnFt. <input type="checkbox"/> Not Required or Not Included (Complete Block #9A)		<b>9A. Notification Fee Not Included</b> <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		<b>10. Project Work Hours</b> 7:00 AM to 3:30 PM (Show actual hours) <b>Weekdays (Check all that apply)</b> X M X T X W X T X F <b>Weekend (Check all that apply)</b> <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
<b>11. Scheduled Dates for Asbestos Project</b> Project Start Date 3/9/2009 Project Completion Date 4/10/09 ACM Removal Dates (from) 3/11/2009 (to) 4/10/2009					
<b>12. Asbestos (ACM) Removal</b>					
<b>ACM Type</b>		<b>Amount</b>		<b>Measurement</b>	
Textured Ceilings		20,046		SqFt XXX LnFt	
Mudded Fittings		1043 Each		SqFt LnFt	
9"x 9"		300		SqFt XXX LnFt	
Transite Panels		144		SqFt XXX LnFt	
9"x 9"		1500 Main Building		SqFt XXX LnFt	
Pipe Covering		163 Main Building		SqFt LnFt XXX	
Beam Paper		8 Main Building		Sq/ft XXX	
				<b>ME DEP USE ONLY</b>	
				Postmark/ FAX/ hand delivered _____	
				Date Received _____	
				Check # _____	
				NESHAP _____	
				State _____	
				Variance _____	



643 Congress St

10

Congress Street



plus various  
small  
areas  
FIXED CEILING  
PIPE WORK IN  
ARE 3

Portland Hall - 2nd floor

645 Congress