

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

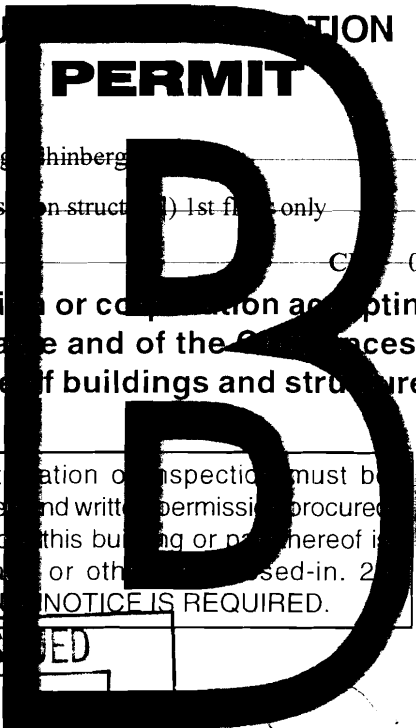
BUILDING DEPARTMENT

PERMIT

Permit Number: 090239

This is to certify that BAYSIDE MAINE LLC / Greg Weinberg
has permission to Remove old ceilings and walls on structure (1) 1st floor only
AT 645 CONGRESS ST City ID 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 altered or otherwise used-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. CAPT. K. [Signature]

Health Dept. _____

Appeal Board _____

Other _____

Department Name _____

PERMIT ISSUED

APR 24 2009

CITY OF PORTLAND

[Signature]
4/24/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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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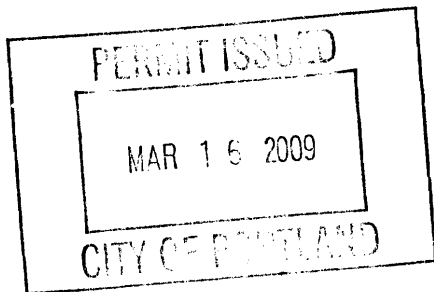
Location of Construction: 645 CONGRESS ST	Owner Name: BAYSIDE MAINE LLC	Owner Address: 477 CONGRESS ST STE 1012	Phone:
Business Name:	Contractor Name: Bio-safe Enviromental Services	Contractor Address: 5 Delta Drive Westbrook	Phone 2076326165
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions - Interior	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 checked="" type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group: Type: <i>Asbestos Removal only</i> 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: Date:		

Proposed Project Description:
Asbestos removal of pipe wrap & textured ceilings

Permit Taken By: Ldobson	Date Applied For: 03/10/2009	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: <i>3/14/09</i>	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:
	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

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-0239	Issue Date:	CBL: 046 D022001
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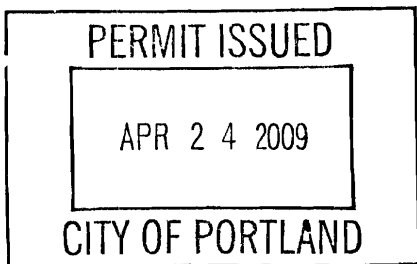
Location of Construction: 645 CONGRESS ST	Owner Name: BAYSIDE MAINE LLC	Owner Address: 477 CONGRESS ST STE 1012	Phone:
Business Name:	Contractor Name: Greg Schinberg	Contractor Address:	Phone 2076537510
Lessee/Buyer's Name	Phone:	Permit Type: Interior Demo ONLY	Zone: B-3

Past Use: USM Dormitory	Proposed Use: USM Dormitory - Remove old ceilings and walls (non structural) 1st floor only	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 2	INSPECTION: Use Group: Demo Type:
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Proposed Project Description: Remove old ceilings and walls (non structural) 1st floor only	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Signature: <i>[Signature]</i>
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Permit Taken By: Ldobson	Date Applied For: 03/25/2009	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>3/26/09</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>within Historic</i></p>
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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

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0239	Date Applied For: 03/25/2009	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: Greg Schinberg	Contractor Address:	Phone (207) 653-7510
Lessee/Buyer's Name	Phone:	Permit Type: Interior Demo ONLY	

Proposed Use: USM Dormitory - Remove old ceilings and walls (non structural) 1st floor only	Proposed Project Description: Remove old ceilings and walls (non structural) 1st floor only
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 03/26/2009
Note:			Ok to Issue: ✓
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 04/24/2009
Note:			Ok to Issue: ✓
1) This permit approves demolition only.			
2) This permit is approved based on the letter dated 04/24/09 from Penny St. Louis Littell.			
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Keith Gautreau	Approval Date: 03/26/2009
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			

Comments: 3/26/2009-mes: I e-mailed planning concerning the ok to issue this permit. WAIT UNTIL PLANNING GIVES THE OK TO ISSUE.



General Building Permit Application

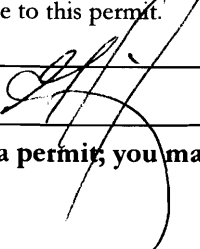
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>645 CONGRESS ST.</u>		
Total Square Footage of Proposed Structure/Area <u>NA</u>	Square Footage of Lot <u>72,569 SF</u>	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# <u>46</u> Block# <u>D</u> Lot# <u>22</u>	Applicant * must be owner, Lessee or Buyer * Name <u>BAYSIDE MAINE LLC</u> Address <u>477 CONGRESS SUITE 1012</u> City, State & Zip <u>PORTLAND ME 04101</u>	Telephone: <u>207</u> <u>772 7070</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>1000</u> C of O Fee: \$ _____ Total Fee: \$ <u>30</u>
Current legal use (i.e. single family) <u>DORMITORY</u> Number of Residential Units _____ If vacant, what was the previous use? <u>DORMITORY</u> Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>REMOVE SOME OLD CEILING AND WALLS (NON STRUCTURAL)</u> <u>AS 1ST FLOOR ONLY</u>		
Contractor's name: <u>RAW CONSTRUCTION</u> Address: <u>5074 ST.</u> City, State & Zip <u>FREEDBORO ME 04032</u> Telephone: <u>653 9766</u> Who should we contact when the permit is ready: <u>GREG SILNBERG</u> Telephone: <u>653 7510</u> Mailing address: <u>477 CONGRESS ST. PORTLAND ME 04101</u>		

Please submit all of the information outlined on the applicable 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, 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:  Date: 3/25/09

This is not a permit, you may not commence ANY work until the permit is issue

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

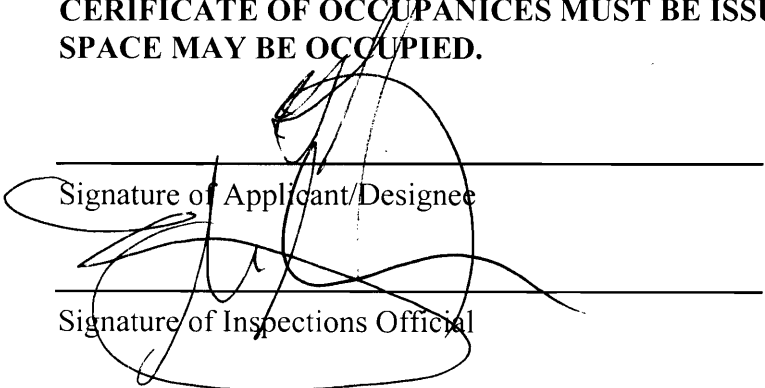
A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Final inspection required at completion of work.**

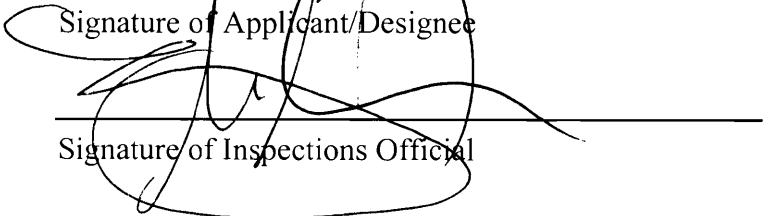
Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

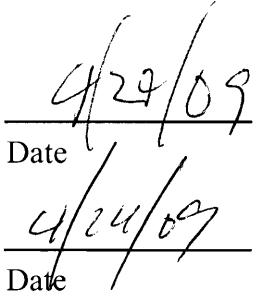
CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



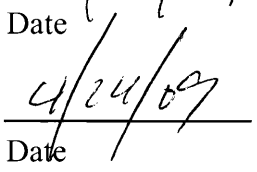
 Signature of Applicant/Designee



 Signature of Inspections Official



 Date



 Date

From: "Greg Shinberg" <gls@shinbergconsulting.com>
To: "Penny Littell" <PL@portlandmaine.gov>, <tmm@portlandmaine.gov>
Date: 4/18/2009 9:33:12 AM
Subject: FW: Small clarification for asbestos removal

Penny / Tammy - please see below. The info is on page 4 of the report.

Greg

Shinberg Consulting, LLC
477 Congress Street, Suite 1012
Portland, Maine 04101
Office 207 772 7070
Fax 207 772 7080
Cell 207 653 7510
gls@shinbergconsulting.com

From: Greg Shinberg [mailto:gls@shinbergconsulting.com]
Sent: Monday, March 16, 2009 1:39 PM
To: 'Penny Littell '
Cc: 'gls@shinbergconsulting.com'; 'rmn@shinbergconsulting.com'
Subject: Small clarification for asbestos removal

Hi Penny,

In addition to the information sent in my last email, please also see page 4 of the project report, listed as Main Building Supplemental Sampling. Please call me if you have any questions.

Shinberg Consulting, LLC
477 Congress Street, Suite 1012
Portland, Maine 04101
Office 207 772 7070
Fax 207 772 7080
Cell 207 653 7510
gls@shinbergconsulting.com



477 Congress Street, Suite 1012
Portland, Maine 04101
Ph: 207.772.7070
F:207.772.7080

From: Greg Shinberg, Manager

To: Penny Littell, Director of Planning and Urban Development City of Portland
Maine and Staff members Alex Jaegerman, Barbara Barhydt, Shukria Wiar

Date: March 25, 2009

Re: Request for permission to non structural ceilings and walls at 645 Congress Street

This is a request to obtain permission to remove some non structural ceilings and walls on the first floor at the main building at 645 Congress Street. Under Section 14-528 (b) (2), it is my understanding that you may grant permission for this act during at time when the project is under review by the City Planning Board for Site Plan Review.

The scope of work is limited to approximately 5,000 square feet of ceilings and approximately 120 lineal feet of 10 tall walls.

Please contact me if you need any additional information.

From: Marge Schmuckal
To: ALEX JAEGERMAN; Barbara Barhydt ; PENNY LITTELL; Shukria Wiar
Date: 3/26/2009 9:48:12 AM
Subject: Greg Shinberg - 645 Congress St

FYI,

This Division just received ANOTHER demolition permit for 645 Congress St. The are in question is basically the first floor of the main building along Congress Street. Parts of the rear building are also included. The application states "remove some old ceilings and walls (nonstructural) at 1st floor only".

I can give you a copy of the drawing that was submitted to us.

The question is: Can we issue this permit?

Thanks,
Marge

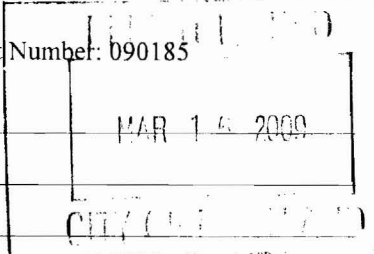
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 090185



This is to certify that BAYSIDE MAINE LLC /Bio-s 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 finished-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

[Handwritten Signature]
3/16/09
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

Permit No: 09-0185	Date Applied For: 03/10/2009	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 (207) 632-6165
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions - Interior	

Proposed Use: USM Dormitory - Asbestos removal of pipe wrap & textured ceilings	Proposed Project Description: 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

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



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>44,800</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 & TEXTURED CEILING - SEE SURVEY BY NE TESTING DATED JAN 30, 2009</u>		
Contractor's name, address & telephone: <u>BIOSAFE ENVIRONMENTAL 5 DELTA DRIVE WESTBROOK, ME 04092</u>		
Who should we contact when the permit is ready: <u>GREG SHANBERG</u> Mailing address: _____ Phone: <u>653 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, 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: <u>3/10/09</u>
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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

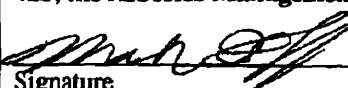
Greg Shinberg has applied for a permit to start asbestos removal and removal of ceilings from the buildings he wants to demolish in the rear.

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

<p>Asbestos Project Notification 2004 Revision</p>	<p>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</p>	<p>FORM N Page 2 of 3</p>
<p>Project Code BIO- 09-81 (As listed on page 1)</p>	<p>13. Demolition (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></p>	
<p>14. Procedure Used to Detect Presence of Asbestos 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></p>	<p>15. Project Clearance 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></p>	
<p>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.</p>		
<p>16. Asbestos Abatement Methods (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)</p>		
<p>17. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter) 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></p>	<p>18. Disposal Site Name <u>A & 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></p>	
<p>19. Certification (Notification Submitted by) 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.</p>		
<p> Signature Date <u>2/25/2009</u></p>	<p><u>Mark Griffith</u> Print Name</p>	
<p>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> FAX <u>207-854-2609</u></p>		

Asbestos Project Variance Request

BIO- 09-81
Project Code

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 2

2004 Revision #1

Standard Variance(s) Requested by Maine Certified Asbestos Design Consultant

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.

1. Wetting ACM (during removal phase only) is not required when:

- Temperature inside regulated area below 32°F & heating not feasible nor practical
- Electrical conditions exist that would create shock/electrocution hazard
- Operational high-pressure steam lines are being abated/repaired

2. Exhausting to Ambient Air is not feasible when:

- Distance too great
- Health & Safety concerns (limited egress)

3. Aggressive Air Clearances in dirt crawl spaces only are not required when:

- 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)

4. Containment and air clearances not necessary when:

- Enclosure activities do not impact ACM
- Removal of TSI components that utilize "wrap & cut" methods, provided that an Asbestos Inspector has determined the components to be in good condition & not likely to release fibers during removal, & has recorded this determination in the project design. By signing below, the Design Consultant attests that an Inspector has determined the TSI is in good condition.
- Removal or repair of ACM using multiple non-contiguous glovebags that are no larger than 60 inches by 60 inches
- 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

5. Remote decontamination unit is needed:


- Explain: **Demo Building**

6. Smaller than standard decontamination unit needed in residential structure:

- 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.

Note: A detailed floor plan showing the work area, decontamination unit n and room dimensions must be submitted with the requested variance.

Design Consultant Sign-off for Standard Variance(s)


Signature

Mark P. Coleman
Print Name

Date 2/25/09

Company **BIOSAFE Environmental Services, Inc.**

ME Certification Number **DC-0069**

Address **5 Delta Drive**

Certification Expiration Date **3/31/2009**

City **Westbrook** State **Maine** Zip **04092**

TEL **207-854-5262** FAX **207-854-2609**

Asbestos 2004 Notification Form V.doc

Asbestos Project Notification 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	FORM N Page 1 of 3
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Important Notice: 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.

1. Project Code BIO-09-81	2. Type of Notification <input checked="" type="checkbox"/> Standard (O) <input type="checkbox"/> Facility O&M (Annual) <input type="checkbox"/> Emergency (E) <input type="checkbox"/> Courtesy (Not Regulated)	3. Type of Activity <input checked="" type="checkbox"/> Demolition (D) <input type="checkbox"/> Renovation (R) <input type="checkbox"/> Repair	4. Variances (Check all that apply) <input type="checkbox"/> Non-Standard (NS) <input checked="" type="checkbox"/> Standard (S) <input type="checkbox"/> Notification Waiver (10 day)
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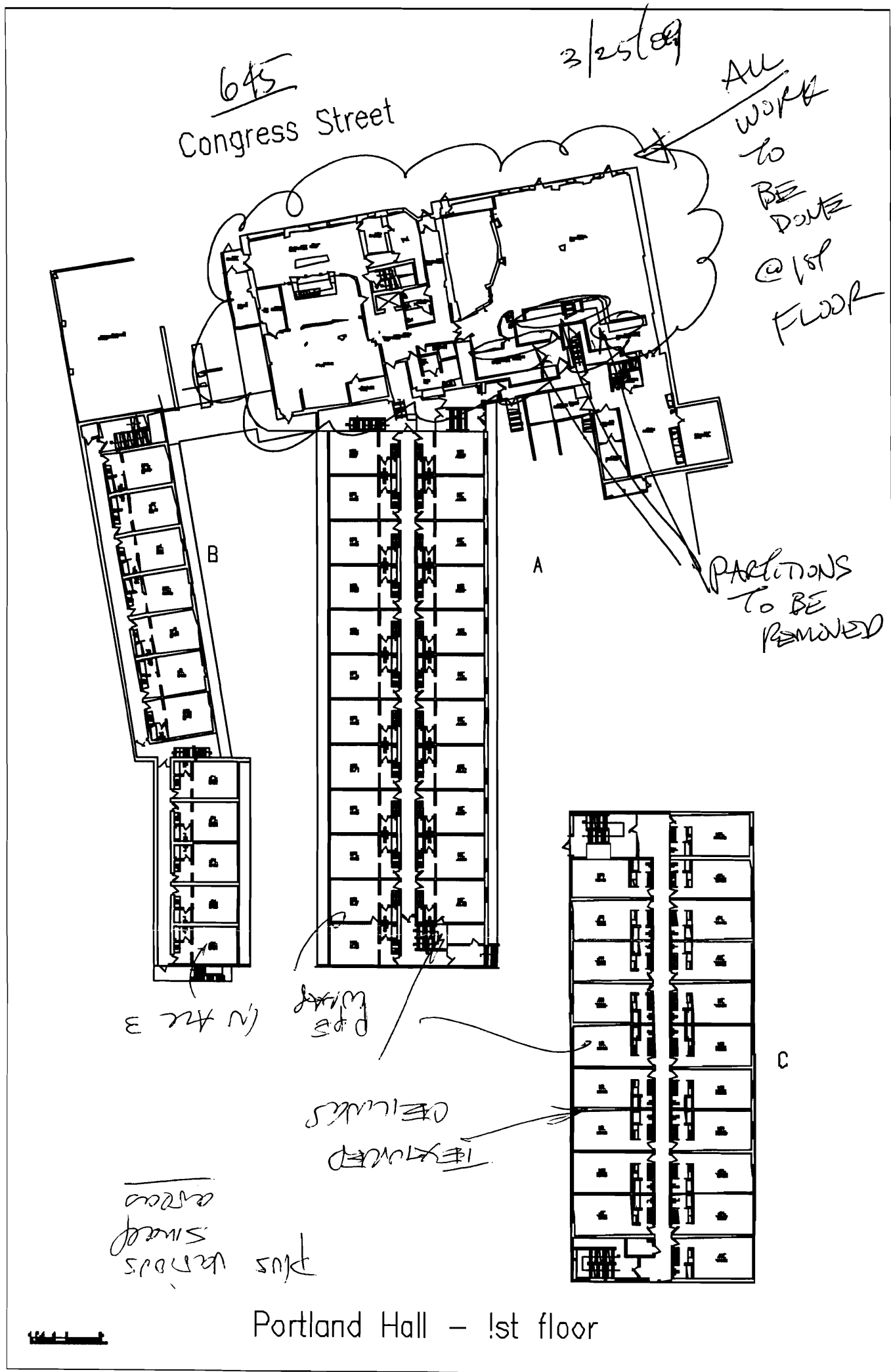
5. Asbestos Contractor Name BIOSAFE Environmental Services, Inc. Address 5 Delta Drive City Westbrook State Maine Zip 04092 Contact Mark P. Coleman TEL 207-854-5262 FAX 207-854-2609	6. Facility Owner Name Bayside Maine L.L.C Mailing Address 477 Congress Street City Portland State Maine Zip 04101 Contact Greg Shinberg TEL 772-7070 FAX 772-7080
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7. Facility Location (Where removal is to take place) 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	8. Facility Description 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
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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 3:30 PM (Show actual hours) Weekdays (Check all that apply) X M X T X W X T X F Weekend (Check all that apply) <input type="checkbox"/> Sat <input type="checkbox"/> Sun
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11. Scheduled Dates for Asbestos Project
 Project Start Date 3/9/2009 Project Completion Date 4/10/09
 ACM Removal Dates (from) 3/11/2009 (to) 4/10/2009

12. Asbestos (ACM) Removal			ME DEP USE ONLY
ACM Type	Amount	Measurement	Postmark/ FAX/ hand delivered
Textured Ceilings	20,046	SqFt XXX LnFt	_____
Mudded Fittings	1043 Each	SqFt LnFt	Date Received _____
9"x 9"	300	SqFt XXX LnFt	Check # _____
Transite Panels	144	SqFt XXX LnFt	NESHAP _____
9"x 9"	1500 Main Building	SqFt XXX LnFt	State _____
Pipe Covering	163 Main Building	SqFt _____ LnFt XXX	Variance _____
Beam Paper	8 Main Building	Sq/ft XXX	

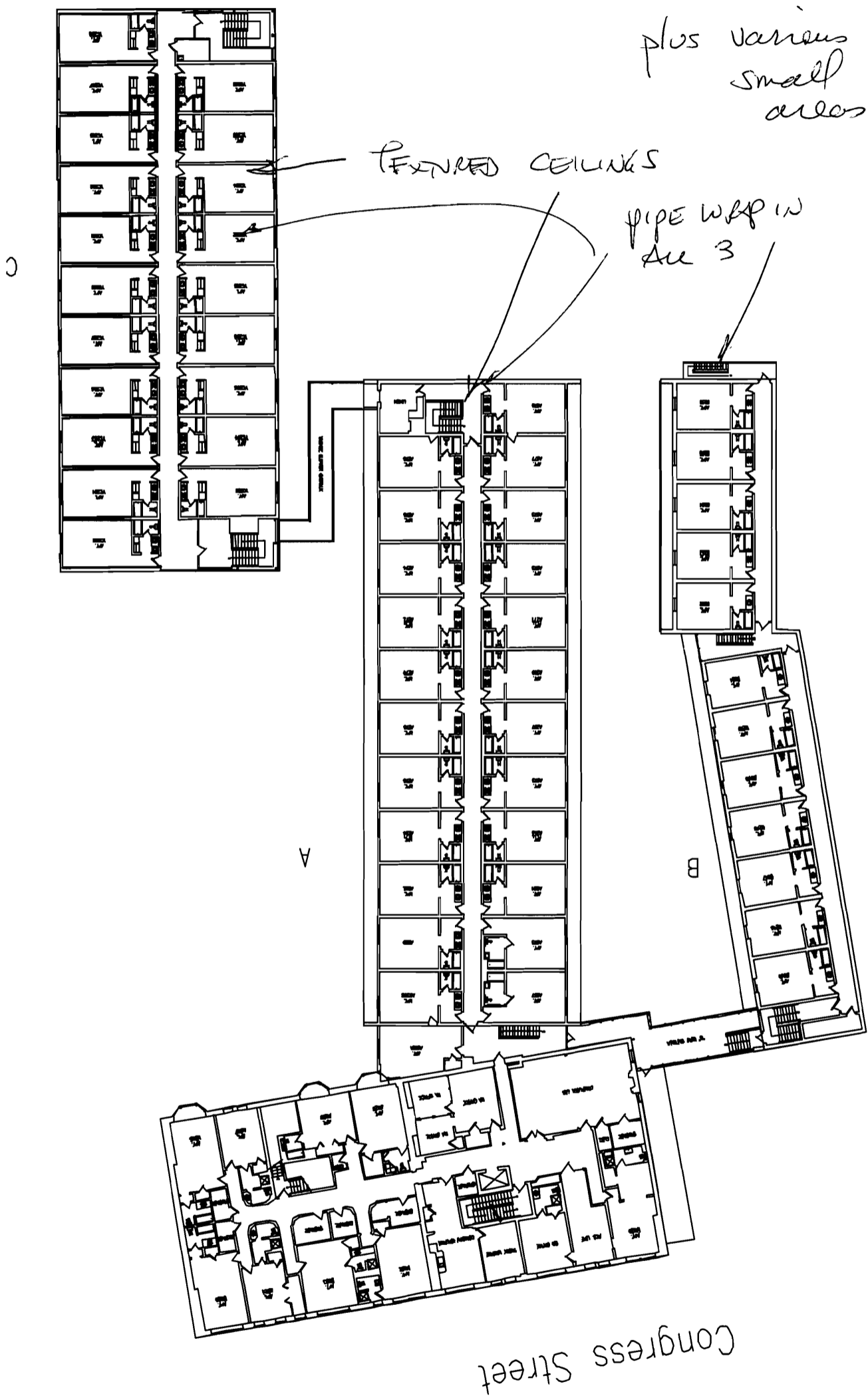


645 Congress St

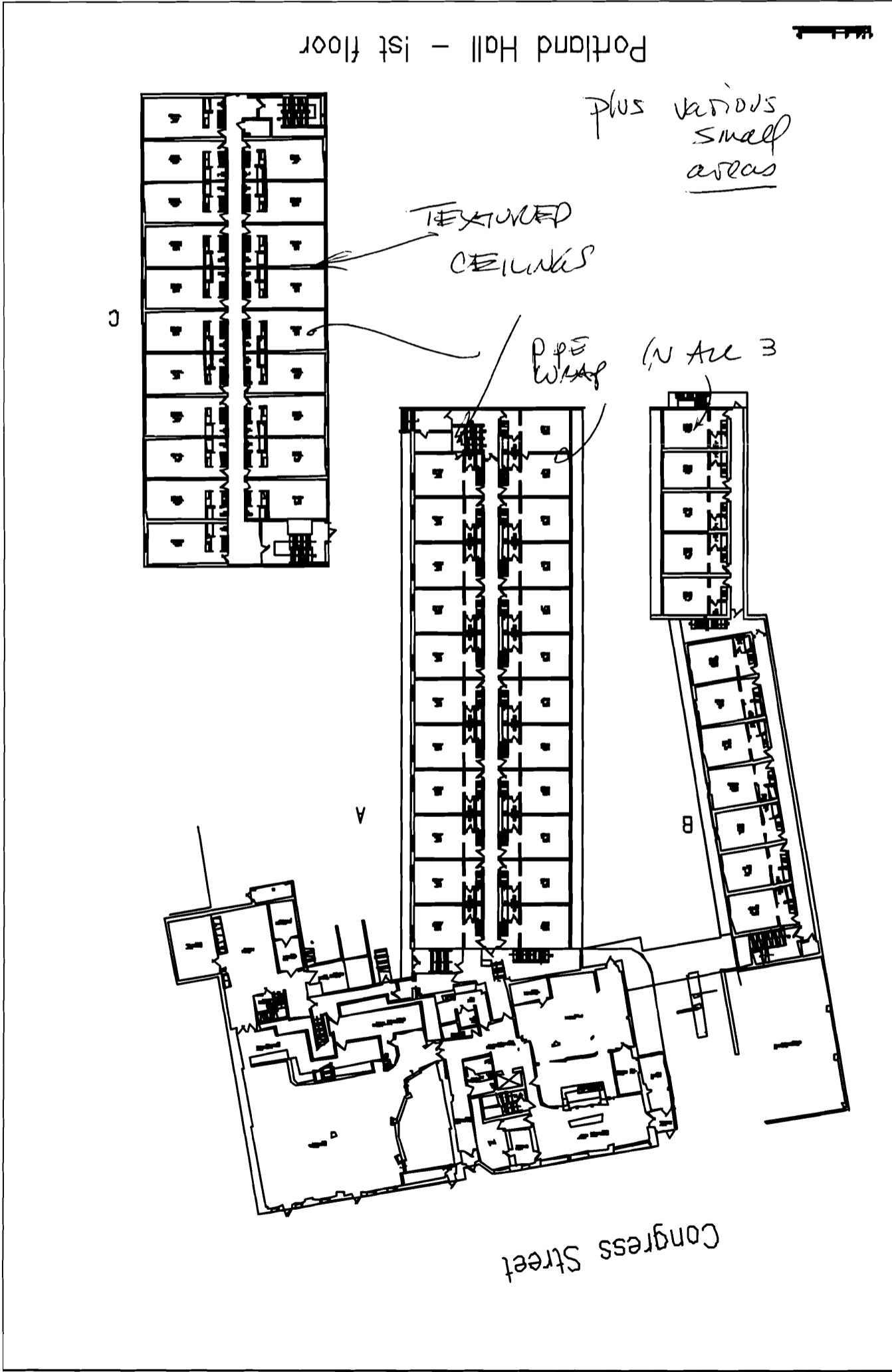
10

645 Congress

Portland Hall - 2nd floor



645 Congress St





CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

3-25 20 09

Received from _____

Dayside Maine, LLC

Location of Work _____

645 Congress

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 30

Building (11) Plumbing (15) _____ Electrical (12) _____ Site Plan (U2) _____

Other _____

CBL: 46-D-22

Check #: 250

Total Collected \$ 30

No work is to be started until permit issued.

If permit is Withdrawn or Denied, amount of the Refund is based on \$20.00 or 20% of the fee, (whichever is greater)

In order to receive a refund, you MUST present the Original Receipt.

Taken by: [Signature]

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy