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52 214-86 227 29411

051-E-021

Permit # \_\_\_\_\_ City of \_\_\_\_\_ BUILDING PERMIT APPLICATION Fee \_\_\_\_\_ Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

Please fill out any part which applies to job. Proper plans must accompany form.

PERMIT ISSUED

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

LOCATION OF CONSTRUCTION \_\_\_\_\_

Contractor: \_\_\_\_\_ Sub.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Est. Construction Cost: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

\_\_\_\_\_ Past Use: \_\_\_\_\_

# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion \_\_\_\_\_

**For Official Use Only**

Date \_\_\_\_\_ Subdivision: \_\_\_\_\_

Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_

Bldg Code \_\_\_\_\_ Lot \_\_\_\_\_

Time Limit \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

Estimated Cost \_\_\_\_\_

MAR 12 1992

CITY OF PORTLAND

**Zoning:**

Street Frontage Provided: \_\_\_\_\_

Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

**Review Required:**

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_

Special Exception \_\_\_\_\_

Other (Explain) \_\_\_\_\_

**Foundation:**

1. Type of Soil: \_\_\_\_\_

2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_

3. Footings Size: \_\_\_\_\_

4. Foundation Size: \_\_\_\_\_

5. Other \_\_\_\_\_

**Floor:**

1. Sills Size: \_\_\_\_\_ Sills must be anchored.

2. Girder Size: \_\_\_\_\_

3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_

4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.

5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_

6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_

7. Other Material: \_\_\_\_\_

**Exterior Walls:**

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_

2. No. windows \_\_\_\_\_

3. No. Doors \_\_\_\_\_

4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_

5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_

6. Corner Posts Size \_\_\_\_\_

7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_

8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_

9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_

10. Masonry Materials \_\_\_\_\_

11. Metal Materials \_\_\_\_\_

**Interior Walls:**

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_

2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_

3. Wall Covering Type \_\_\_\_\_

4. Fire Wall if required \_\_\_\_\_

5. Other Materials \_\_\_\_\_

**Ceiling:**

1. Ceiling Joists Size: \_\_\_\_\_

2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ **HISTORIC PRESERVATION**

3. Type Ceilings: \_\_\_\_\_ **Not in District nor Landmark.**

4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_ **Does not require review.**

5. Ceiling Height: \_\_\_\_\_ **Requires Review.**

**Roof:**

1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_

2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ **Action: Approved.**

3. Roof Covering Type \_\_\_\_\_ **Approved with Conditions**

**Chimneys:**

Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_ **Denied.**

**Heating:**

Type of Heat: \_\_\_\_\_ **Date: 1992**

Signature: \_\_\_\_\_

**Electrical:**

Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

**Plumbing:**

1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_

2. No. of Tubs or Showers \_\_\_\_\_

3. No. of Flushes \_\_\_\_\_

4. No. of Lavatories \_\_\_\_\_

5. No. of Other Fixtures \_\_\_\_\_

**Swimming Pools:**

1. Type: \_\_\_\_\_

2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_

3. Must conform to National Electrical Code and State Law.

Permit Received By \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

CEO's District \_\_\_\_\_

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

White - Tax Assessor

Ivory Tag - CEO

CONTINUED TO REVERSE SIDE

BUILDING PERMIT REPORT

DATE: 3-10-92  
ADDRESS: 25 Granite St  
REASON FOR PERMIT: Underground Tank Removal Installation  
1-550? gal fuel oil.  
BUILDING OWNER: William Ludwig  
CONTRACTOR: Tide water petroleum Services  
PERMIT APPLICANT Peter Reynolds  
APPROVED:  ~~DENIED~~

CONDITION OF APPROVAL OR DENIAL:

- ✓ (1) All underground tank removal and/or installation 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 transportation of tanks.

**\*\* WAIVER FROM THE REQUIREMENT THAT NOTICE OF ABANDONMENT BY REMOVAL OF AN UNDERGROUND OIL TANK BE FILED TEN DAYS PROPER TO REMOVAL \*\***

Due to exceptional circumstances the Department of Environmental Protection grants a waiver to the ten day filing period for abandonment by removal of the listed underground tanks, provided that the owner or operator meets the following conditions:

1. A written notice of removal is filed with the Department and local fire department within one day of receiving this waiver.
2. The Department is kept advised of removal plans and schedule so that a department representative can observe the removal of the tank(s) and the excavation from which the tank(s) was/were removed.

Tank(s) owned by:

Name William J Ludwig Phone # 773-2977  
Mailing Address 25 Granite Street Town Portland

Located at:

Name Same Phone # \_\_\_\_\_  
Address Same Town \_\_\_\_\_

Reason for Waiver: Tank found during construction activity

List Tanks below:

Registration #	Size	Location on Site (Describe or Diagram)
<u>Applied for</u>	<u>550 gal?</u>	<u>in front of house</u>

Planned Date of Removal : 3-9-92

This waiver is granted on 5 March, 1992 by \_\_\_\_\_ (Date)

John S. Darden, a copy of which is  
(Department of Environmental Protection Representative)

presented to Peter Reynolds Tidewater Petroleum  
(Name of individual receiving the copy)

FBWAIVER 8/87

Maine Department of Environmental Protection  
Bureau of Oil & Hazardous Materials Control  
State House Station #17  
Augusta, Maine 04333  
Telephone: 207-289-2651  
Attn: Tank Removal Notice

ATTACHMENT IV

To:  
Fire Department

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

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: William J. Ludwig  
Mailing Address: 25 GRANITE Telephone No.: 773-8977  
City: PORTLAND State: ME Zip Code: 04103  
Contact Person (name, address & telephone no.):  
owner  
Name of Facility: \_\_\_\_\_ Registration No.: None  
Facility Location: \_\_\_\_\_

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

	<u>Tank Number</u>	<u>Age of Tank (Years)</u>	<u>Tank Size (Gallons)</u>	<u>Type of Product Most Recently Stored</u>
A.	<u>1</u>	<u>60 YRS</u>	<u>unknown</u>	<u>Fuel oil</u>
B.				
C.				
D.				

2. Directions to Facility (be specific):

In town PORTLAND

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes \_\_\_ No X

IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.

4. Name and telephone number of contractor who will do the tank removal: Tidco After Petroleum Service 797-7214

Certified Tank Installer Certification No. & Name: (if applicable)  
: RICHARD HAZEL # 297

Professional Firefighter Yes \_\_\_ No X (Affiliation: \_\_\_\_\_)

5. Expected date of removal: 3-9-10-92 Request Waiver

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

Date: 3-4-92

Peter H Reynolds

Signature of Tank Owner or Operator

FOR

PETER REYNOLDS PROTECT LIABILITY CO  
Printed Name and Title

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 10 DAYS PRIOR TO REMOVAL

Mail 2 copies to D.E.P.; mail 1 copy to Fire Dept.; 1 - Facility copy

If the answer to item (H), (I) or (K) above is yes, the facility is in a sensitive geologic area.

STATE USE ONLY

Reviewer: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Map Number: \_\_\_\_\_  
Comment: \_\_\_\_\_

N. Facility is now or will be used for (check one):

- |   |   |
|---|---|
| <input type="checkbox"/> Wholesale Distribution of Oil                                      | <input type="checkbox"/> Oil storage at a single family residence           |
| <input type="checkbox"/> Retail Distribution of Oil   | <input checked="" type="checkbox"/> Oil storage at a multi-family residence |
| <input type="checkbox"/> Oil storage at a Commercial Establishment for on-site consumption  | <input type="checkbox"/> Oil storage/farm                                   |
| <input type="checkbox"/> Oil storage at an Industrial Establishment for on-site consumption | <input type="checkbox"/> Oil storage/Public Facility (state or local)       |
|   | <input type="checkbox"/> Oil Storage/Federal Facility                       |

3. TANK OWNER:

A. Name: Ludwig William J.  
(last) (first) (middle initial)

B. Mail Address: 25 GRANITE ST.

C. Town/City: PORTLAND D. State: ME

E. Zip Code: 04102 F. Phone: 773-8977

4. TANK OPERATOR: (if different from owner.)

A. Name: S. [unclear]  
(last) (first) (middle initial)

B. Mail Address: \_\_\_\_\_

C. Town/City: \_\_\_\_\_ D. State: \_\_\_\_\_

E. Zip Code: \_\_\_\_\_ F. Phone: \_\_\_\_\_

5. CONTACT PERSON:

A. Name: MR. Ludwig B. Phone: 773-8977

7. Attach a check for the applicable registration fee made payable to the State of Maine Groundwater Fund and return with this form to the Department of Environmental Protection (Bureau of Oil and Hazardous Materials Control-State House Station #17, Augusta, Maine 04333).

A registration fee of \$35.00 is required for all tanks except for tanks serving single family residences. Registration fees are due upon registration and annually thereafter, prior to the FIRST DAY OF JANUARY.

Fee Computation: \_\_\_\_\_ # tanks at \$35.00 per tank = \$ \_\_\_\_\_

Motor fuel stored in a non-conforming tank is subject to an additional annual fee payable to the Third Party Commercial Risk Pool.

8. MAKE TWO (2) COPIES OF THIS FORM. Submit the original to the Department of Environmental Protection (Bureau of Oil and Hazardous Materials Control-State House Station #17, Augusta, Maine 04333). SEND ONE (1) COPY TO THE LOCAL FIRE DEPARTMENT having jurisdiction. RETAIN THE THIRD COPY FOR YOUR RECORDS. For new and replacement tanks, registrations are due at least five (5) business days prior to installation.
9. Your registration shall not be considered complete and will be returned to you if all 5 pages are not completed.
10. IF NEW, REPLACEMENT OR RETROFITTING EXISTING TANKS OR PIPING ARE INCLUDED WITH THIS REGISTRATION, PLEASE PROVIDE:

- A. Name of Installer: N/A
- B. Installer ID Number: N/A Date to be Installed: \_\_\_\_\_

11. CERTIFY THIS FORM BY SIGNING. By signing this form, I, the tank registrant, certify that all information is accurate and complete to the best of my knowledge, and that I will comply with all applicable federal, state, and local laws and regulations concerning the underground storage of petroleum products. The owner or operator is required by Maine statutes to file an amendment to this registration with the Department of Environmental Protection immediately upon any change of information contained in this form.

Date: 3-4-92 PETER REYNOLDS PROJECT MANAGER  
FOR Owner or Authorized Title (Please print  
Employee of the Owner or type)

Signature: Peter Reynolds Title 4

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
REGISTRATION FORM FOR UNDERGROUND OIL  
AND PETROLEUM PRODUCTS STORAGE TANKS  
(Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 280)

To: Fire Department

1. REGISTRATION NUMBER: \_\_\_\_\_  
(Complete only if a registration has been previously assigned by the Department of Environmental Protection.)

STATE USE ONLY
DATE OF REGISTRATION ___/___/___

2. FACILITY INFORMATION:

- A. Name of Facility: Wm. J. Ludwig
- B. Street Address of Facility: 25 GRANITE STREET
- C. Town/City where facility is located: PORTLAND
- D. Mailing address: SAME  
\_\_\_\_\_ Maine \_\_\_\_\_
- E. F. Telephone: 773-8977
- G. Directions to Facility: \_\_\_\_\_

- H. Are any planned or existing tank(s) (including piping and pumps) within 1000 feet of a public water supply source? Yes \_\_\_ No X.
- I. Are any planned or existing tank(s) (including piping and pumps) within 300 feet of a private water supply source? Yes \_\_\_ No X.
- J. (Complete if the answer to (I) above is YES.) Is the water supply which is located within 300 feet of the tank(s) owned by someone other than the facility owner or operator? Yes \_\_\_ No X.
- K. Is the facility located on a sand and gravel aquifer or recharge area as mapped by the Maine Geological Survey? Yes \_\_\_ No X.
- L. Is the facility located within 250 feet of a fresh or salt water body or wetland? Yes \_\_\_ No X.
- M. Is the facility located within a 100 year flood plain? Maps are available at most municipal offices. Yes \_\_\_ No X.

Note: If you wish assistance in answering items (K) or (L), please call the Department at (207) 289-2651. Sand and gravel aquifer maps can be reviewed at any of the Department's offices or purchased for a nominal fee from the Maine Geological Survey, State House Station #22, Augusta, Maine 04333, (207) 289-2801.

**6. INDIVIDUAL TANK DATA: Complete for each tank.**

**A. TANK TYPE:**

- C = Cathodically Protected Steel - Single Wall with Excavation Liner.
- W = Cathodically Protected Steel - Double Walled
- E = Fiberglass - Single wall with Liner.
- G = Fiberglass - Double Walled
- N = Other - Please specify.

**B. Piping Type:**

- E = Single Walled Fiberglass with liner
- G = Double Walled Fiberglass
- M = Single Walled Steel with Liner.
- O = Copper with Secondary Containment
- W = Cathodically Protected Steel

**C. Tank Size:**

Fill in with the Size of the Tank in gallons.

**D. Form of Leak Detection/Retrofitted Tank:**

- 1 = Continuous Electronic Monitoring of Ground-water
- 2 = Continuous Electronic Monitoring of Vapors
- 3 = Secondary Containment with Interstitial space monitoring
- 4 = Manual Groundwater Sampling
- 5 = Continuous In-Tank Gauging
- 6 = In-Line Leak Detector

**E. Product Stored:**

- 1 = Kerosene    2 = #2 Fuel Oil    4 = #4 Fuel Oil
- 5 = #5 Fuel Oil    6 = #6 Fuel Oil    20 = Unleaded-Plus
- 22 = Premium    23 = Unleaded    28 = Premium unlead
- 29 = Diesel    81 = Waste Oil    99 = Other-Please Specify

**F. Date Installed:**

Fill in Month and Year of Installation.

**G. Tank Status:**

- B = Active
- C = Out of Service
- D = Abandoned in Place-Filled
- E = Planned for Removal

**H. System Type:**

- 1 = Suction    2 = Pressurized

**I. Form of Interstitial Tank Leak Detection/ New and Replacement Tanks**

- 1 = Continuous Groundwater in Liner
- 2 = Manual Groundwater in Liner
- 3 = Continuous Vapor Monitoring
- 4 = Continuous Hydrostatic
- 5 = Continuous Free Product
- 6 = Continuous Vacuum or Pressure
- 7 = Other-Please Specify

**J. Overfill Spill/Leak Detection:**

- 1 = Automatic Shutoff (95% Tank Capacity)
- 2 = Automatic Alarm (95% Tank Capacity)
- 3 = Overfill Spill Container (3-gallon minimum)

*None of the ABOVE*

TANK 1:

A. \_\_\_\_\_ B. \_\_\_\_\_ C. *UNK* D. \_\_\_\_\_ E. \_\_\_\_\_ F. / G. \_\_\_\_\_ H. \_\_\_\_\_ I. \_\_\_\_\_ J. \_\_\_\_\_

TANK 2:

A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_ D. \_\_\_\_\_ E. \_\_\_\_\_ F. / G. \_\_\_\_\_ H. \_\_\_\_\_ I. \_\_\_\_\_ J. \_\_\_\_\_

TANK 3:

A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_ D. \_\_\_\_\_ E. \_\_\_\_\_ F. / G. \_\_\_\_\_ H. \_\_\_\_\_ I. \_\_\_\_\_ J. \_\_\_\_\_

TANK 4:

A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_ D. \_\_\_\_\_ E. \_\_\_\_\_ F. / G. \_\_\_\_\_ H. \_\_\_\_\_ I. \_\_\_\_\_ J. \_\_\_\_\_