

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that IRIS NETWORK THE

Located At 189 PARK AVE

Job ID: 2011-10-2514-HVAC

CBL: 052- C-004-001

has permission to remove three (3) underground tanks.

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

10/28/2011

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

1. Pre-Demolition
2. Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City. Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-10-2514-HVAC

Located At: 189 PARK AVE

CBL: 052- C-004-001

Conditions of Approval:

Building

1. Demolition permits are valid for a period of 30 days from the date of issuance. A written request must be submitted and granted for an extension to this time period. Dust prevention shall be controlled per Chapter 6 of the Municipal Ordinance and demolition per Section 3303 of the IBC 2009.
2. Permit approved based on the plans submitted and reviewed w/owner/ contractor, with additional information as agreed on and as noted on plans.
3. Removal of fuel tanks and all fuel in tanks or containers shall be disposed of per state law.
4. All site work pertaining to the tank removal must be completed and properly graded after the tanks are removed.

Fire

1. Removal from service of storage tanks shall comply with NFPA 1:66.21.7.4. A copy is available upon request.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-10-2514-HVAC	Date Applied: 10/14/2011	CBL: 052- C-004-001	
Location of Construction: 189 PARK AVE (205)	Owner Name: HAMILTON REALTY LLC	Owner Address: 35 SHADY LANE SINCLAIR, ME 04779	Phone:
Business Name:	Contractor Name: Clean Harbors	Contractor Address: 17 Main St., South Portland, ME 04106	Phone: 207-799-8111
Lessee/Buyer's Name:	Phone:	Permit Type: HVAC - HVAC	Zone: R-5
Past Use: Hamilton Service Station	Proposed Use: Same – Service Station – remove three underground tanks	Cost of Work:	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature: <i>Capt. Irvine 10/25/11</i>	Inspection: Use Group: <i>U</i> Type: <i>MU BEC</i> Signature: <i>[Signature]</i>
Proposed Project Description: removal of 3 tanks		Pedestrian Activities District (P.A.D.)	

Permit Taken By:	Zoning Approval		
<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 informatin may invalidate a building permit and stop all work.</p>	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>OK 10/25/11 ABW</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 checked="" type="checkbox"/> Not in Dist 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: <i>ABW</i>

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.

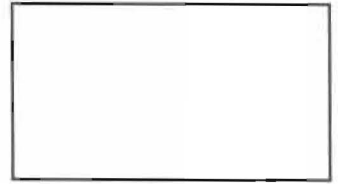
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

2-5



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



2011 10 25 14

052 C004

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL 189 505 Park Ave Use of Building Garage Date 10/14/2011
 Name and address of owner of appliance Hamilton - SERVICE STATION
205 Park St, Portland, ME 04102
 Installer's name and address Clean Harbors 17 Main Street, So Portland ME 04106
799 8111 Telephone _____

Location of appliance:
 Basement Floor
 Attic Roof

Type of Fuel:
 Gas Oil Solid

Appliance Name: _____
 U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:
 Master Plumber # _____
 Solid Fuel # _____
 Oil # _____
 Gas # _____
 Other _____

Type of Chimney:
 Masonry Lined
 Factory built _____

Metal
 Factory Built U.L. Listing # _____

Direct Vent
 Type _____ UL# _____

Type of Fuel Tank
 Oil
 Gas

Size of Tank _____

Number of Tanks 3

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ _____

Permit Fee: \$ _____

RECEIVED
 OCT 14 2011
 Dept. of Building Inspections
 City of Portland Maine

8000 GAL UNL
 6000 GAL MIDGRADE
 6000 GAL SUPER

Approved

Approved with Conditions

Fire: _____
 Ele.: _____
 Bldg.: _____

See attached letter or requirement

Signature of Installer Gordon E. [Signature] Inspector's Signature _____ Date Approved _____
Certified UST INSTALLER # 227

▶ 207 626-3870



STATE OF MAINE
Department of Environmental Protection



Notice of Intent to Remove an Underground Oil Storage Tank Facility OR Underground Product Piping

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND YOUR LOCAL FIRE DEPARTMENT AT LEAST 30 DAYS PRIOR TO THE SCHEDULED REMOVAL.

NOTE: WHEN TANK AND/OR PIPING HAS BEEN REMOVED, PLEASE FILL OUT AND SEND IN THE REMOVAL CONFIRMATION.

Facility Ownership Information

Facility Owner: Christopher Hamilton Owner Phone #: 773-1461
Owner Mailing Address: 205 Park Ave Portland ME 04102
Address Town State Zip Code

Facility Information

Facility Name: Hamilton's Service Station Registration #: 7395
Facility Location: 205 Park Avenue Portland
Street Town
Directions to this Facility: _____
(Be Specific)

Please Identify which tank(s) and/or piping at this location are going to be removed

Tank #	6	Tank Size:	8000	Tank Age:	21 yrs
		Product:	Unleaded Reg	Piping Age:	21 yrs
Tank #	7	Tank Size:	6000	Tank Age:	21 yrs
		Product:	Premium	Piping Age:	21 yrs
Tank #	8	Tank Size:	6000	Tank Age:	21 yrs
		Product:	Mid-grade	Piping Age:	21 yrs

Additional Removal Information

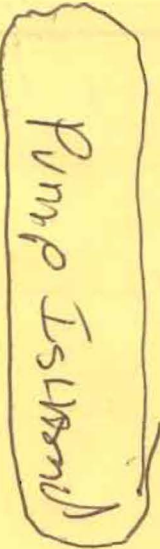
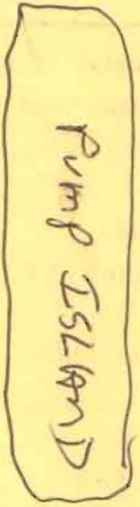
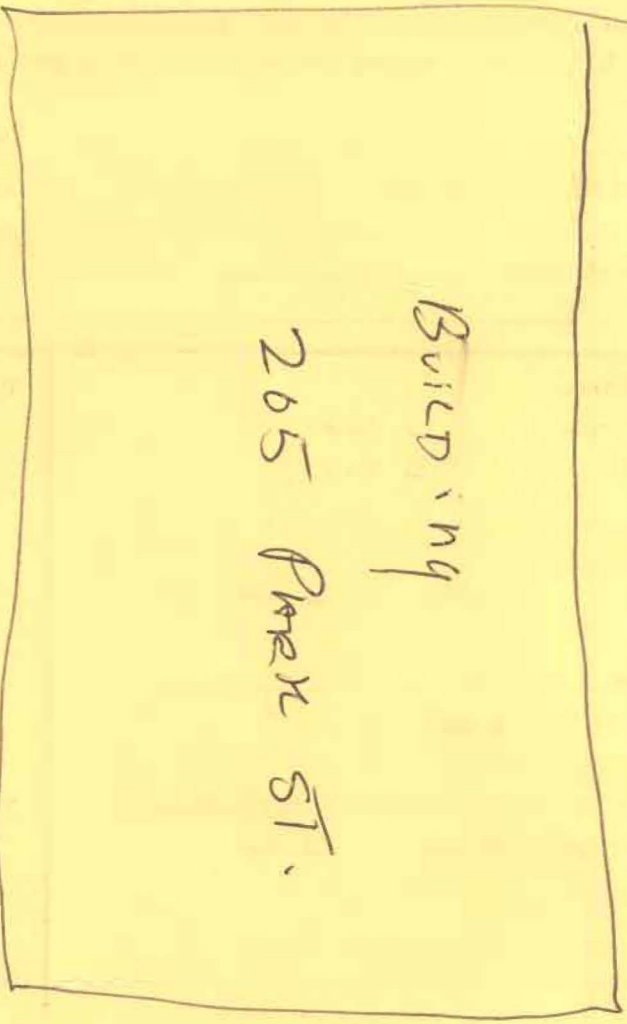
YES NO Is or was the tank(s) or piping used to store Class I liquids (e.g., gasoline, jet fuel)?
IF YES, REMOVAL OF THE TANK(S) OR PRODUCT PIPING MUST BE DONE UNDER THE DIRECTION OF A MAINE CERTIFIED TANK INSTALLER.

227 London E. Pott 9/16/2011
Maine Certified Tank Installer Name and Number Installer Signature Date

Note: Site assessments must be conducted in accordance with Chapter 691(11)(A)(1)(d) and Appendix P.
Name and Address Site Assessor (if applicable): St. Germain (Scott Collins) 591-7000
Name of Site Assessor Phone Number
Name of Contractor who will do tank removal: Clean Harbors, INC. 207-799-8111
Name of Contractor Phone Number
Expected Date of Removal: September or October 2011
Month/Date/Year

I hereby provide Notice that I intend to properly remove the underground oil storage tank facility as described above
Christopher Hamilton Christopher Hamilton 9/17/2011
Print Owner or Operator Name and Title Signature Date

EXPIRES AFTER SIX (6) MONTHS IF DEPARTMENT DOES NOT RECEIVE REMOVAL CONFIRMATION



ENTRANCE

Park St.

ENTRANCE