

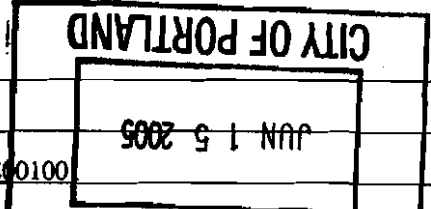
# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, if Any,  
Attached

BUILDING DEPARTMENT

## PERMIT

Permit Number: 050688



This is to certify that MAINE MEDICAL CENTER Williamsons, Inc.

has permission to Demolition of structure

AT 37 CRESCENT ST

53 E0100

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 when permission procured before this building or part thereof is laid or closed-in. **HEAR 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. Greg Cass 6-2-05

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

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: 050688	Issue Date: JUN 15 2005	CBL: 053 E001001
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Location of Construction: 37 CRESCENT ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 335 BRIGHTON AVE	Phone:
Business Name:	Contractor Name: William Berry & Sons, Inc.	Contractor Address: 99 Conifer Hill Drive Danvers	Phone: 2032236026
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	Zone:

Past Use: Residential Home	Proposed Use: Vacant Land for new space for MMC/ Demolition of structure	Permit Fee:	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Demolition of structure		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>with conditions</i>	INSPECTION: Use Group: <i>DEMO</i> Type: <i>DEM</i>	
		Signature: <i>Chot Coas</i>	Signature: <i>[Signature]</i>	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

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

Permit Taken By: Idobson	Date Applied For: 06/02/2005	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<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: _____	<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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**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

**Please call 874-8703 or 874-8693 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.

Footing/Building Location Inspection: Prior to pouring concrete

Re-Bar Schedule Inspection: Prior to pouring concrete

Foundation Inspection: Prior to placing ANY backfill

Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling

Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

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

Date

Signature of Inspections Official

Date

CBL:

053 E001

Building Permit #:

050685

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

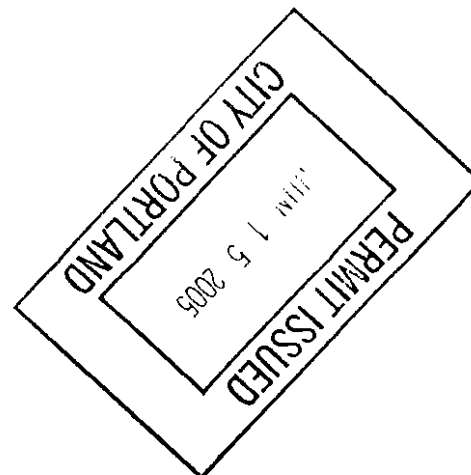
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-0688	Date Applied For: 06/02/2005	CBL: 053 E001001
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Location of Construction: 37 CRESCENT ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 335 BRIGHTON AVE	Phone:
Business Name:	Contractor Name: William Berry & Sons, Inc.	Contractor Address: 99 Conifer Hill Drive Danvers	Phone (203) 223-6026
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	

Proposed Use: Vacant Land for new space for MMC/ Demolition of structure	Proposed Project Description: Demolition of structure
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<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b> 06/13/2005
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Cptn Greg Cass	<b>Approval Date:</b> 06/02/2005
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Maintain access to area fire hydrants at all times			
2) Maintain access for fire apperatiuous at all times			
<b>Dept:</b> Fire	<b>Status:</b>	<b>Reviewer:</b>	<b>Approval Date:</b>
<b>Note:</b>			<b>Ok to Issue:</b> <input type="checkbox"/>



# All Purpose Building Permit Application for Demolition of A Structure

**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: 33 & 37 Crescent Street, Portland, ME		
Total Square Footage of Proposed Structure 6,893 SF	Square Footage of Lot 10,977 SF	
Tax Assessor's Chart, Block & Lot Chart# 53    Block# .E    Lot#1 & 2	Owner: Maine Medical Center 22 Bramhall Street Portland, ME 04102	Telephone: 207.662.2013
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: Henry Dunn 22 Bramhall Street Portland, ME 04102 207.662.2013	Cost Of Work: \$ _____ Fee: \$ _____
Current use: _____		
If the location is currently vacant, what was prior use: <u>Residential</u>		
Approximately how long has it been vacant: <u>2 or more Years</u>		
Project description: Demolition of existing Structures		
<b>DEMOLITION CALL LIST MUST BE SUBMITTED WITH THIS APPLICATION</b>		
Contractor's name, address & telephone: <u>William A. Berry &amp; Son, Inc., 99 Conifer Hill Drive, Danvers, MA 01923</u> Phone: 978. 774.1057		
Whom should we contact when the permit is ready: <u>Jason Lansberry</u>		
Mailing address: <u>William A. Berry &amp; Son, Inc., c/o Maine Medical Center (Mail Box 113), 22 Bramhall Street, Portland, ME 04102-3175</u> <i>ERNIE CARRIER - 617-799-1170</i> Phone: 203.223.6026		

**IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.**

*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:
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**This is not a permit, you may not commence ANY work until the permit is issued. This is for residential demolition. Commercial demolition will require other types of permitting along with this permit. please inquire with support staff**

# City of Portland Inspection Services Division Demolition Call List and Requirements

Site Address: 33 & 37 Crescent Street

Owner: Maine Medical Center

Structure Type: Residential

Contractor: William A. Berry & Son, Inc.

**UTILITY APPROVALS**

**NUMBER**

**CONTACT NAME/DATE CONTACTED**

Central Maine Power 1-800-750-4000  
Verizon 1-800-941-9900  
Northern Utilities 797-8002 ext 6241  
Portland Water District 761-8310  
Time Warner Cable Co. 253-2222  
Dig Safe \*\*\* 1-888-344-7233

GARY CRABTREE / 3-29-05 SITEWALK  
CAROL Mc DONALD / 4-15-05 MTH  
RICK BELLSMARS / 4-1-05 MTH  
FRANK MEADOR - 5/12/05 MTH.  
GLENN RAMMOND / 3-29-05 (PHONE)  
TICKET # 70051507354 / 4-6-05

\*\*\*(After Call, There is a wait of 72 Business Hours before digging can begin)

**CITY APPROVALS**

**NUMBER**

**CONTACT NAME/DATE CONTACTED**

DPW/ Traffic Division 874-8891  
DPW/ Forestry Division 874-~~8899~~ **8793**  
DPW/ Sealed Drain Permit <sup>\$750</sup> 874-8822  
Building Inspections ( Insp. Req'd.) <sup>\$179</sup> 874-8703  
Historic Preservation 874-8726  
Fire Dispatcher 874-8576  
DEP - Environmental (Augusta) 287-2651

(L. Cole) 5/24/05 ; 6/1/05  
(J. Tarling) 6/1/05  
(C. Merritt) 6/1/05  
MILS NUGENT 5/26/05  
DEB ANDREWS 6/1/05  
JESSE BELL 6/1/05  
SANDY 6/1/05

U.S. EPA Region I - No Phone call required. Just mail copy of State notification to:

Demo / Reno Clerk  
US EPA Region I (SEA)  
JFK Federal Building  
Boston, MA 02203

**ADDITIONAL REQUIREMENTS:**

- 1) **Written Notice to Adjoining Owners:** Only when written notice has been given by the Applicant to the owners of adjoining lots will a demolition permit be issued. **Provide a list of those notified and a copy of the notification sent with your completed application.**
- 2) **A Photo of the Structure(s) to be demolished must be submitted with your application.**
- 3) **Certification From an Asbestos Abatement Company that the building is asbestos-free may be required as per state law notification form attached.**

I have contacted all of the necessary companies / departments as indicated above and attached all required documentation.

Signed: \_\_\_\_\_

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

<b>Request Number</b>	20051507354	<b>Date</b>	04/06/2005	<b>Time</b>	14:36:53
<b>Start Date</b>	04/25/2005	<b>Start Time</b>	07:00		
<b>Location Info.</b>	MAINE	PORTLAND	33-37 CRESCENT ST		
<b>Member Utility List</b>					
<b>Code</b>	<b>Abbreviation</b>	<b>Name</b>			
MA	VERIZN	VERIZON			
ML	MCI	MCI			
MN	N.UTIL	NORTHERN UTILITIES - ME			
MR	CENPOW	CENTRAL MAINE POWER COMPANY			
PC	TIMCAB	TIME WARNER CABLE - NE DIVISION			
PD	PRTWAT	PORTLAND WATER DISTRICT			
PR	CTYPOR	PORTLAND WASTEWATER & SEWER			
ON	ONTARG	ON TARGET LOCATING			
RJ	VERIZN	VERIZON			

- There may be non member utilities in the area that you need to notify.
- Electric and other companies may not mark lines they don't own or maintain. You may want to contact them for more information.
- The excavator is responsible to maintain markings placed by member utilities...

[Create New](#)
[Create From Existing](#)
[Return To Menu](#)
[Return To Home](#)



**Maine Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program**

17 State House Station, Augusta, Me 04333-0017

Tel: (207) 287-2651 Fax: (207) 287-7826



**Building Demolition Notification Form (BDNF)**

**Important Notice: Maine law requires the filing of this Building Demolition Notification Form prior to demolition of any building except a single-family home**

1) Building owners are required to provide this notification of the demolition of a building to the DEP at least 5 working days prior to the demolition. This notification is not required before the demolition of a single-family residence or related structure (e.g., garage, shed, barn). It is also not required if previous notification of the demolition has been provided to the DEP as part of an asbestos abatement project notification. *Demolition* means the tearing down or intentional burning of a building or part of a building.

2) Prior to demolition, building owners must determine if there is any asbestos-containing material(s) (ACM) in the building. An "asbestos inspection" by a DEP-licensed Asbestos Consultant is required for all buildings except single-family homes and residential buildings with 2-4 units built after 1980. In lieu of an asbestos inspection, pre-1981 residential buildings with 2-4 units can be surveyed to identify possible ACM by someone knowledgeable about ACM, such as a code enforcement officer or building inspector. If materials that may contain asbestos are found, then you can either assume they are ACM or hire a DEP-licensed Asbestos Consultant to test the materials.

3) Whenever more than 3 square feet or 3 linear feet of ACM is identified, the ACM must be abated in accordance with the Maine Asbestos Management Regulations by a DEP-licensed Asbestos Abatement Contractor. This includes materials presumed to be ACM. Check [www.state.me.us/dep/rwm/asbestos/index.htm](http://www.state.me.us/dep/rwm/asbestos/index.htm) for a listing of asbestos contractors.

Prior to issuing a local demolition permit, the DEP requests that municipalities have applicants for municipal demolition permits complete this form and fax it to the DEP at 207-287-7826. Municipalities should not issue local demolition permits if the required asbestos inspection or survey has not been performed and identified ACM removed.

Were asbestos-containing materials found?  yes  no  no inspection or survey required (post-1980 2-4 unit)

<p><i>property address:</i> 33 &amp; 37 Crescent Street Portland, ME 04102</p>	<p><i>building description:</i> <input checked="" type="checkbox"/> pre-1981 residential with 2-4 units <input type="checkbox"/> post-1980 residential with 2-4 units <input type="checkbox"/> other:</p>
<p><i>asbestos survey performed by: (name &amp; address)</i> McCarthy Environmental Services Windsor, ME 04363  <i>telephone: 207.549.5529</i></p>	<p><i>asbestos inspection performed by: (name of licensed Asbestos Consultant)</i> McCarthy Environmental Services  <i>telephone: 978.549.5529</i></p>
<p><i>property owner: (name &amp; address)</i>  Maine Medical Center 22 Bramhall Street Portland, ME 04102 <i>telephone: 207.662.2013</i></p>	<p><i>demolition contractor: (name &amp; address)</i> <b><u>Construction Manager</u></b> William A. Berry &amp; Son, Inc. 99 Conifer Hill Drive Danvers, MA 01923 <i>Telephone: 978.774.1057</i></p>
<p><i>demolition start date: ASAP</i></p>	<p><i>demolition end date: 5/20/05</i></p>

Notification Submitted by: (please print)

Date Submitted



43,560

This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

### Current Owner Information

<b>Card Number</b>	1 of 1
<b>Parcel ID</b>	053 E001001
<b>Location</b>	[REDACTED]
<b>Land Use</b>	BENEVOLENT & CHARITABLE

<b>Owner Address</b>	MAINE MEDICAL CENTER 335 BRIGHTON AVE PORTLAND ME 04102
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<b>Book/Page</b>	18032/68
<b>Legal</b>	53-E-1-10-13 CRESCENT ST 35-37 CONGRESS ST 874-878 6456 SF

### Valuation Information

<b>Land</b>	<b>Building</b>	<b>Total</b>
\$36,650	\$97,860	\$134,510

### Building Information

<b>Bldg #</b>	<b>Year Built</b>	<b># Units</b>	<b>Bldg Sq. Ft.</b>	<b>Identical Units</b>
1	1910	5	4211	1

<b>Total Acres</b>	<b>Total Buildings</b>	<b>Sq. Ft.</b>	<b>Structure Type</b>	<b>Building Name</b>
0.148	4211		APARTMENT - GARDEN	

### Exterior/Interior Information

<b>Section</b>	<b>Levels</b>	<b>Size</b>	<b>Use</b>
1	B1/B1	955	UNFINISHED RES BSMT
1	01/01	973	APARTMENT
1	02/02	1038	APARTMENT
1	03/03	885	APARTMENT
1	04/04	360	APARTMENT

<b>Height</b>	<b>Walls</b>	<b>Heating</b>	<b>A/C</b>
6			
9	BRICK/STONE	UNIT HEAT	
9	FRAME	UNIT HEAT	
9	FRAME	UNIT HEAT	
8	FRAME	UNIT HEAT	

### Building Other Features

<b>Line</b>	<b>Structure Type</b>	<b>Identical Units</b>
2	PORCH - COVERED	1

### Yard Improvements

<b>Year Built</b>	<b>Structure Type</b>	<b>Length or Sq. Ft.</b>	<b># Units</b>
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This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

**Current Owner Information**

**Card Number** 1 of 1  
**Parcel ID** 053 E002001  
**Location** [REDACTED]  
**Land Use** BENEVOLENT & CHARITABLE

**Owner Address** MAINE MEDICAL CENTER  
 335 BRIGHTON AVE  
 PORTLAND ME 04102

**Book/Page** 18032/68  
**Legal** 53-E-2  
 CRESCENT ST 31-33  
 CONGRESS ST 872  
 4532 SF

**Valuation Information**

<b>Land</b>	<b>Building</b>	<b>Total</b>
\$33,810	\$65,940	\$99,750

**Property Information**

<b>Year Built</b> 1890	<b>Style</b> Old Style	<b>Story Height</b> 2	<b>Sq. Ft.</b> 2682	<b>Total Acres</b> 0.104		
<b>Bedrooms</b> 4	<b>Full Baths</b> 3	<b>Half Batha</b>	<b>Total Rooms</b> 11	<b>Attic</b> None	<b>Basement</b> Full	

**Outbuildings**

<b>Type</b>	<b>Quantity</b>	<b>Year Built</b>	<b>Size</b>	<b>Grade</b>	<b>Condition</b>
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**Sales Information**

<b>Date</b>	<b>Type</b>	<b>Price</b>	<b>Book/Page</b>
09/01/2002	LAND + BLDING	\$1,450,000	18032-68
06/30/2000	LAND + BLDING	\$85,000	15569-208
06/01/1994	LAND + BLDING	\$60,000	11514-012

**Picture and Sketch**

**Picture**      **Sketch**      **Tax Map**

[Click here to view Tax Roll Information.](#)

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or e-mailed.

**New Search!**

