

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

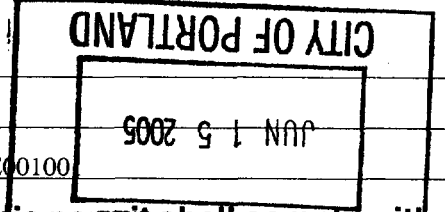
Permit Number: 050688

This is to certify that MAINE MEDICAL CENTER William & Sons, Inc.

has permission to Demolition of structure

AT 37 CRESCENT ST

053 E00100



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 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

[Signature]
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

No: 0510688	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: 12032236026
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>6/17/05</i>	
		Signature: <i>Chot. Cass</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: _____		

Permit Taken By: Idobson	Date Applied For: 06/02/2005	Zoning Approval		
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<ol style="list-style-type: none"> 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.. 	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"/> late: _____	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 late: _____	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: _____
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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

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.

CERTIFICATE OF OCCUPANCIES 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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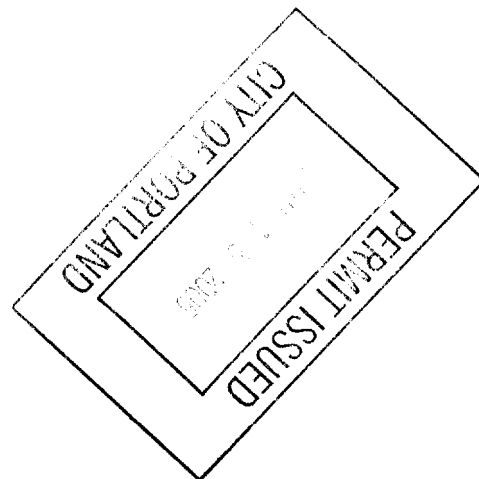
Location of Construction: 37 CRESCENT ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 335 BRIGHTON AVE	Phone:
Business Name:	Contractor Name: William Berry & Sons, Inc.	Contractor Address: 99 Conifer Hill Drive Danvers	Phone (203) 223-6026
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	

Proposed Use: Vacant Land for new space for MMC/ Demolition of structure	Proposed Project Description: Demolition of structure
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**Dept:** Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 06/02/2005**Note:** **Ok to Issue:**

1) Maintain access to area fire hydrants at all times

2) Maintain access for fire apperatiuous at all times

Dept: Fire **Status:** **Reviewer:** **Approval Date:****Note:** **Ok to Issue:** 

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: Residential _____		
Approximately how long has it been vacant: 2 or more Years _____		
Project description: Demolition of existing Structures		
DEMOLITION CALL LIST MUST BE SUBMITTED WITH THIS APPLICATION		
Contractor's name, address & telephone: William A. Berry & Son, Inc., 99 Conifer Hill Drive, Danvers, MA 01923 Phone: 978. 774.1057		
Whom should we contact when the permit is ready: Jason Lansberry _____		
Mailing address: William A. Berry & Son, Inc, c/o Maine Medical Center (Mail Box 113), 22 Bramhall Street, Portland, ME 04102-3175 <i>ERNE CARIER - 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,

Signature of applicant: _____	Date: _____
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This is not a permit.

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

<u>UTILITY APPROVALS</u>	<u>NUMBER</u>	<u>CONTACT NAME/DATE CONTACTED</u>
Central Maine Power	1-800-750-4000	<u>GARY CRABTREE / 3-29-05 SITE WALK</u>
Verizon	1-800-941-9900	<u>CAROL Mc DONALD / 4-15-05 MTK</u>
Northern Utilities	797-8002 ext 6241	<u>RICK BELLESMAR / 4-1-05 MTK</u>
Portland Water District	761-8310	<u>FRANK MEADOR - 5/12/05 MTK</u>
Time Warner Cable Co.	253-2222	<u>GLENN RAMMOND / 3-29-05 (P/NONE)</u>
Dig Safe ***	1-888-344-7233	<u>TICKET # 20051507354 / 4-6-05</u>

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

<u>CITY APPROVALS</u>	<u>NUMBER</u>	<u>CONTACT NAME/DATE CONTACTED</u>
DPW/ Traffic Division	874-8891	<u>(L. Cole) 5/24/05 ; 6/1/05</u>
DPW/ forestry Division	874- 8550 8793	<u>(L. Tarding) 6/1/05</u>
DPW/ Sealed Drain Permit \$750	874-8822	<u>(C. Merritt) 6/1/05</u>
Building Inspections (Insp. Req'd.) \$179	874-8703	<u>MILK NUGENT 5/26/05</u>
Historic Preservation	874-8726	<u>DEB ANDREWS 6/1/05</u>
Fire Dispatcher	874-8576	<u>JESSE BELL 6/1/05</u>
DEP - Environmental (Augusta)	287-2651	<u>SIMON 6/1/05</u>

U.S. EPA Region 1 - 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 Isw notification form attached.

I have contacted all of the necessary companies / department6 as indicated above and attached all required documentation.

Signed: _____

Date: _____

Request Number	20051507354	Date	04/06/2005	Time	14:36:53
Start Date	04/25/2005	Start Time	07:00		
Location Info.	MAINE	PORTLAND	33-37 CRESCENT ST		
Member Utility List					
Code	Abbreviation	Name			
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...



**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 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)

<i>property address:</i> 33 & 37 Crescent Street Portland, ME 04102	<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:
<i>asbestos survey performed by: (name & address)</i> McCarthy Environmental Services Windsor, ME 04363 <i>telephone: 207.549.5529</i>	<i>asbestos inspection performed by: (name of licensed Asbestos Consultant)</i> McCarthy Environmental Services <i>telephone: 978.549.5529</i>
<i>property owner: (name & address)</i> Maine Medical Center 22 Bramhall Street Portland, ME 04102 <i>telephone: 207.662.2013</i>	<i>demolition contractor: (name & address)</i> Construction Manager William A. Berry & Son, Inc. 99 Conifer Hill Drive Danvers, MA 01923 <i>Telephone: 978.774.1057</i>
<i>demolition start date: ASAP</i>	<i>demolition end date: 5/20/05</i>

Notification Submitted by: (please print)

Date Submitted

Help save Maine fisheries – Remove and recycle mercury thermostats and fluorescent lamps from

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

Card Number 1 of 1
 Parcel ID 053 E001001
 Location [REDACTED]
 Land Use BENEVOLENT & CHARITABLE
 Owner Address MAINE MEDICAL CENTER
 335 BRIGHTON AVE
 PORTLAND ME 04102
 Book/Page 18032/68
 Legal 53-E-1-10-13
 CRESCENT ST 35-37
 CONGRES ST 874-878
 6456 SF

Valuation Information

Land	Building	Total
\$36,650	\$97,860	\$134,510

Building Information

Bldg #	Year Built	# Units	Bldg Sq Ft	Identical Units
1	1910	5	4 11	

Total Acres	Total Buildings	Sq. Ft.	Structure Type	Building Name
0.148	4211		APARTMENT - GARDEN	

Interior Information

Section	Levels	Size	Use
	B1/B1	955	UNFINISHED RES BSMT
	01/01	973	APARTMENT
	02/02	1038	APARTMENT
	03/03	885	APARTMENT
	04/04	313	APARTMENT

Height	Walls	Heating	A/C
6			
6	BRICK/STONE	UNIT HEAT	
6	FRAME	UNIT HEAT	
9	FRAME	UNIT HEAT	
9	FRAME	UNIT HEAT	

Building Other Features

Line	Structure Type	Identical Units
	PORCH - COVERED	

Yard Improvements

Year Built	Structure Type	Length or Sq. Ft	# Units
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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	I of 1
Parcel ID	053 E002001
Location	33 CRESCENT ST
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

Land	Building	Total
\$33,810	\$65,940	\$99,750

Property Information

Year Built 1890	Style Old St le	Story Height	Sq Ft 2682	Total Acres 0.104		
Bedrooms 1	Full Baths 3	Half Baths	Total Rooms 4	Attic None	Basement Full	

Outbuildings

Type	Quantity	Year Built	Size	Grade	Condition
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Sales Information

Date	Type	Price	Book/Page
09/01/2002	LAM3 + 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
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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!

