

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

**CITY OF PORTLAND**

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING PERMITS DIVISION

**PERMIT**

Permit Number: 090273

This is to certify that CRESCENT HEIGHTS LLC / Witt Earthhas permission to Remove existing structure- foundation to remain, Foundation will be back-filledAT 25 CRESCENT ST CE 053 E005001

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 lathes or other used-in. 2 HOUSING 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

*Christy A. Bell* 4/15/09  
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: 09-0273	Issue Date: 4/15/09	CBL: 053 E005001
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Location of Construction: 25 CRESCENT ST	Owner Name: CRESCENT HEIGHTS LLC	Owner Address: 17 CHESTNUT ST	Phone:
Business Name:	Contractor Name: Leavitt Earthworks	Contractor Address: 248 Warren Ave Portland	Phone 2076423675
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions - Building	Zone: R-6

Past Use: Residential - Apartment - Boarding House	Proposed Use: Vacant Land - Remove existing structure- foundation to remain, Foundation will be back filled	Permit Fee: \$220.00	Cost of Work: \$19,209.00	CEO District: 2
Proposed Project Description: Remove existing structure- foundation to remain, Foundation will be back filled		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-2 Type: SB IBC-2003	
		Signature:	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: Ldobson	Date Applied For: 04/03/2009	<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"/>	<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	<b>Historic Preservation</b> <input checked="" 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: 4/15/09 <i>[Signature]</i>	Date: _____	Date: <i>[Signature]</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

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

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

<b>Permit No:</b> 09-0273	<b>Date Applied For:</b> 04/03/2009	<b>CBL:</b> 053 E005001
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<b>Location of Construction:</b> 25 CRESCENT ST	<b>Owner Name:</b> CRESCENT HEIGHTS LLC	<b>Owner Address:</b> 17 CHESTNUT ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Leavitt Earthworks	<b>Contractor Address:</b> 248 Warren Ave Portland	<b>Phone</b> (207) 642-3675
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Demolitions - Building	

<b>Proposed Use:</b> Vacant Land - Remove existing structure- foundation to remain, Foundation will be back filled	<b>Proposed Project Description:</b> Remove existing structure- foundation to remain, Foundation will be back filled
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:**  
**Note:** Demo of this building is connected to siteplan 2008-0140. A 44 unit lodging house will be built on this lot and at 29 Crescent Street.      **Ok to Issue:**   
1) A separate building permit must be applied for to build the 44 unit lodging house.  
2) 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:** Chris Hanson      **Approval Date:** 04/08/2009  
**Note:**      **Ok to Issue:**   
1) Pre-demo/construction mtg. to be scheduled with Phil DiPierro prior to any work.  
2) The disposal of mixed construction debris must be handled based on the agreement with the Department of Public Services  
3) 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.  
4) Demolition permit only. No other construction activities allowed.

<b>Comments:</b> 4/6/2009-amachado: Left voicemail with Barbara asking if it is OK to demo this building. Connected to site plan 2008-0140. 4/6/2009-amachado: Left voicemail with Alan Nichols, Permit on hold until planning approves final site plan & receive performance guarantee. 4/7/2009-amachado: Moving permit forward in the system to complete the review process. Can't issue until receive final sign off from planning.
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# Demolition of a Structure 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>25 CRESCENT STREET, PORTLAND, ME</u>		
Total Square Footage of Proposed Structure <u>3,654</u>	Square Footage of Lot: <u>3,133</u>	
Tax Assessor's Chart, Block & Lot: Chart#      Block#      Lot# <u>053            E            005</u>	Owner: <u>CRESCENT HEIGHTS LLC</u>	Telephone: <u>207-772-7673</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>CRESCENT HEIGHTS LLC 17 CHESTNUT STREET PORTLAND, ME 04101</u>	Cost Of Work: \$ <u>19,209</u> Fee: \$ <u>220</u>
Current legal use: (i.e. garage, warehouse) <u>VACANT</u> If vacant, what was the previous use? <u>ART / BOARDING HOUSE</u> How long has it been vacant? <u>3 1/2 YEARS</u> Project description: <u>REMOVE EXISTING STRUCTURE - FOUNDATION TO REMAIN - FOUNDATION TO BE BACK FILLED</u>		
Contractor's name, address & telephone: <u>LEAVITT EARTHWORKS CO. INC. 248 WARREN AVE PORTLAND, ME</u>		
Who should we contact when the permit is ready: <u>Alan Nichols</u>		
Mailing address: <u>17 CHESTNUT STREET PORTLAND, ME 04101</u> Telephone: <u>207-522-0688</u>		

Please submit all of the information outlined in the Demolition call list. Failure to do so will result in the automatic denial of your permit.

APR - 3 2009

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](http://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: <u>Richard Rowe</u>	Date: <u>April 3 09</u>
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**This is not a permit; you may not commence ANY work until the permit is issued.**

**From:** Philip DiPierro  
**To:** Code Enforcement & Inspections  
**Date:** 4/15/2009 10:53:53 AM  
**Subject:** 29 Crescent Street Demolition Permit

Hi all, I have signed off, with conditions, on the Demolition Permit only for this project. See UI.

thanks,

phil

Please return to me after  
the reviews are complete  
Don't issue!

Thanks  
Ann

**From:** Barbara Barhydt  
**To:** Machado, Ann  
**Date:** 4/6/2009 5:11:43 PM  
**Subject:** Re: 25-29 Crescent Street

The revised plans are supposed to come in tomorrow and I will be distributing the plans on Monday for review of consistency with the conditions of approval. Phil will be getting the pg info soon. I will add him, as well.

Thanks.

Barbara

>>> Ann Machado Monday, April 06, 2009 3:32 PM >>>

Thanks for you voicemail about not issuing the demo permits for 15, 25 & 29 Crescent Street. Can you send me an email when you have the final plans and performance guarantee?

Thanks,,

Ann



## Demolition Call List & Requirements

Site Address: 25 CRESCENT STREET Owner: CRESCENT HEIGHTS LLC

Structure Type: 3 STORY / WOOD FRAME Contractor: LEAVITT EARTHWORKS

Utility Approvals	Number	Contact Name/Date
Central Maine Power	1-800-750-4000	<u>JEN FEHAN 3/25/09</u> <u>TRACIE 3/24/09</u>
Northern Utilities	797-8002 ext 6241	<u>MARK ALLEN 04/02/09</u>
Portland Water District	761-8310	<u>LONDON SHEEMAKE 03/30/09</u>
Dig Safe	1 888-344-7233	<u>DIGSAFE # 20091202151 03/20/09</u>

After calling Dig Safe, you must wait 72 business hours before digging can begin.

DPW/ Traffic Division (L. Cote)	874-8891	<u>LUCY COTE 03/24/09</u>
DPW/ Sealed Drain Permit (C. Merritt)	874-8822	<u>CHERYL MERRITT 03/24/09</u>
Historic Preservation	874-8726	<u>SCOTT HANSEN - X 8023 03/24/09</u>
Fire Dispatcher	874-8576	<u>JIM 03/24/09</u>
DEP - Environmental (Augusta)	287-2651	<u>SANDY MOODY - 287-7751 03/24/09</u>

### Additional Requirements

- 1) Written notice to adjoining owners
- 2) A photo of the structure(s) to be demolished
- 3) A plot plan or site plan of the property
- 4) Certification from an asbestos abatement company

All construction and demolition debris generated in Portland must be delivered to Riverside Recycling Facility at 910 Riverside Street. Source separated salvage materials placed in specifically designated containers are exempt from this provision. For more information contact Troy Moon @ 874-8467.

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

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

Signed: Richard Bomer

Date: April 30<sup>th</sup>

# Attention

## **NOTICE OF DEMOLITION**

**When:** Demolition is scheduled to START on April \_\_\_\_\_, 2009.

**Duration:** The work will be completed within ten working days of the start date.

**Location:** Three buildings are scheduled for demolition:

- 1) 15 Crescent Street**
- 2) 25 Crescent Street**
- 3) 29/31 Crescent Street**

**Notes:**

- Permits have been issued by the City of Portland dated \_\_\_\_\_.
- Any questions, comments or concerns should be directed to Alan at 207-522-0688.







## ASBESTOS BUILDING DEMOLITION NOTIFICATION

MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Lead & Asbestos Hazard Prevention Program  
17 State House Station, Augusta, Maine 04333



**Maine law requires the filing of the ASBESTOS BUILDING DEMOLITION NOTIFICATION with the Department prior to demolition of any building except a single-family home.**

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.

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.


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.maine.gov](http://www.maine.gov) 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 207-287-6220. Municipalities should not issue local demolition permits if the required asbestos inspection or survey has not been performed and identified ACM removed.

Were regulated asbestos-containing building materials found?  yes  no

property address: 25 Crescent Street Portland Maine 04101	building description: <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:
asbestos survey/inspection performed by: (name & address) McCarthy Environmental P.O. Box 481 Belgrade Lakes Maine telephone: 293-4821	asbestos abatement contractor BIOSAFE Environmental Services, Inc. 5 Delta Drive Westbrook, Maine 04092 telephone: 207.854.5262
property owner: (name & address) Crescent Heights L.L.C 17 Chestnut Street Portland Maine 04101 telephone: 522-0688	demolition contractor: (name & address)  telephone:
demolition start date: (mm/dd/yy)	demolition end date: (mm/dd/yy)

*This demolition notification does not take the place of the Asbestos Project Notification if applicable*

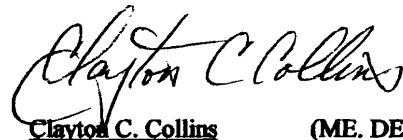
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT		
Print Name: Owner/Agent	Title Member	Signature 
Telephone # 772 3225	FAX #	Date April 30, 2009

**MIDCOAST ENVIRONMENTAL, INC.  
P.O. BOX 34  
BRUNSWICK, MAINE 04011**

**CERTIFICATE OF RE-OCCUPANCY**

**CLIENT:** BIOSAFE ENVIRONMENTAL  
**PROJECT:** 25 CRESCENT STREET -- PORTLAND, MAINE  
**MIDCOAST #:** 09 - 0020  
**BUILDING:** VACANT  
**WORK AREA:** SECOND FLOOR BEDROOM

The airborne fiber concentration in the work area has been determined to be below the Environmental Protection Agency recommended safe level for re-occupancy of  $\leq 0.010$  f/cc. The Midcoast Environmental representative has declared this area available for re-occupancy by unprotected personnel on the 10<sup>th</sup> day of March 2009 at 1600 hours.



Clayton C. Collins (ME. DEP #AA-0111)  
President  
MIDCOAST ENVIRONMENTAL, INC.

MARCH 10, 2009  
Date

# BIOSAFE

Environmental Services, Inc.

- Asbestos Removal
- Bioremediation
- Lead Paint Removal
- Controlled Demolition

## FINAL VISUAL EVALUATION RELEASE FORM FOR ASBESTOS TRANSITE SIDING

VISUAL INSPECTION DATE: 3/20/2009

PROJECT CLIENT: Crescent Heights L.L.C

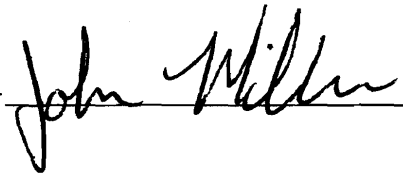
PROJECT ADDRESS: 25 Crescent Street, Portland Maine

PROJECT DESCRIPTION: Removal and Disposal of Exterior Asbestos Transite Siding

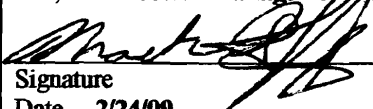
After completing a thorough Visual evaluation of the asbestos abatement regulated area as described in the MEDEP Notification, BIOSAFE has confirmed the area was free of accessible and visible asbestos debris. The abatement comprised of the removal and disposal of approximately 3800 square feet of exterior asbestos-containing transite siding material. The visual evaluation was conducted in accordance with State of Maine Asbestos Management Regulations, Chapter 425.

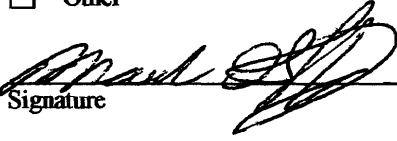
Visual Evaluation: Passed X Failed       

Maine DEP Asbestos Supervisor # AS-0871: Chris Miller -



<b>Asbestos Project Notification</b> 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		<b>FORM N</b> Page 1 of 3	
<b>Important Notice:</b> 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 <b>BIO-09-74</b>		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 X 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)					
5. Asbestos Contractor Name <b>BIOSAFE Environmental Services, Inc.</b> Address <b>5 Delta Drive</b> City <b>Westbrook</b> State <b>Maine</b> Zip <b>04092</b> Contact <b>Mark P. Coleman</b> TEL <b>207-854-5262</b> FAX <b>207-854-2609</b>			6. Facility Owner Name <b>Crescent Height L.L.C.</b> Mailing Address <b>17 Chestnut Street</b> City <b>Portland</b> State <b>Maine</b> Zip <b>04101</b> Contact <b>Alan Nichols</b> TEL <b>522-0688</b> FAX <b>865-1699</b>		
7. Facility Location (Where removal is to take place) BLDG Name <b>Multi Family</b> Floor and/or Rm.# <b>Basement &amp; 2<sup>nd</sup> floor</b> Physical Address <b>25 Crescent Street</b> City <b>Portland</b> State <b>Maine</b> Zip <b>04101</b>				8. Facility Description Present Use <b>Vacant to be demolished</b> Prior Use <b>Multi Family</b> BLDG Size <b>1000 sq/ft</b> No. Floors <b>3</b> BLDG Age <b>1940's</b>	
9. Notification Fees (Required fees must accompany notification) \$100.00 = ACM amounts 100 SqFt/100 LnFt to 1000 SqFt/5000 LnFt. XXX \$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 7:00AM to 3:30 PM (Show actual hours) Weekdays (Check all that apply) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F Weekend (Check all that apply) <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
11. Scheduled Dates for Asbestos Project Project Start Date <b>3/3/09</b> Project Completion Date <b>3/6/09</b> ACM Removal Dates (from) <b>3/3/09</b> (to) <b>3/6/09</b>					
12. Asbestos (ACM) Removal					<b>ME DEP USE ONLY</b>
ACM Type		Amount	Measurement		Postmark/ FAX/ hand delivered
Floor Tile		169	SqFt XXX LnFt		Date Received _____
Transite Siding		3800	SqFtXXX LnFt		Check # _____
			SqFt LnFt		NESHAP _____
			SqFt LnFt		State _____
			SqFt LnFt		Variance _____

<b>Asbestos Project Notification</b>  <b>2004 Revision</b>	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		<b>FORM N</b>  Page 2 of 3
<b>Project Code</b>  <b>BIO-09-74</b> (As listed on page 1)	<b>13. Demolition (complete as applicable)</b> <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>TBD</u> to <u>TBD</u>		
<b>14. Procedure Used to Detect Presence of Asbestos</b>  Testing <input type="checkbox"/> Assumed Positive <input checked="" type="checkbox"/> Tested Positive Method <input checked="" type="checkbox"/> PLM <input type="checkbox"/> TEM Sampled By <b>McCarthy Environmental</b> (Print Name) Company <b>McCarthy Environmental</b>	<b>15. Project Clearance</b>  Visual evaluation by: (Air Monitor (if known) and Company) <b>Mid Coast Environmental</b>  Air Clearance by: (Air Monitor (if known) and Company) <b>Mid Coast Environmental</b>		
<p align="center"><b>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.</b></p>			
<b>16. Asbestos Abatement Methods (check all that apply &amp; submit variance request (Form V) if required)</b> <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 type="checkbox"/> Regulated area with containment consisting of 1-layer 6 mil poly on walls & ceiling & 2 layers 6 mil poly on floors <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 type="checkbox"/> Contiguous glovebags less than 30 Ln/ft (variance required) <input type="checkbox"/> Enclosure <input 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) <b>Remote Decontamination</b>			
<b>17. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter)</b>  Name <b>Service Transport Group, Inc.</b> Address <b>58 Pyles Lane</b> City <b>New Castle</b> State <b>DE</b> Zip <b>19720</b> Contact <b>Thomas Gaudet</b> TEL <b>302-778-5930</b> FAX <b>302-778-0446</b>	<b>18. Disposal Site</b>  Name <b>A &amp; L Salvage</b> Address <b>11225 State Route 45</b> City <b>Lisbon</b> State <b>Ohio</b> Zip <b>44432</b> TEL <b>330-424-3739</b> FAX <b>330-424-5318</b>		
<b>19. Certification (Notification Submitted by)</b>  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.  <div style="display: flex; justify-content: space-between;"> <div data-bbox="575 1703 1213 1977">             Signature            Date <b>2/24/09</b>             Mailing Address <b>5 Delta Drive</b>            City <b>Westbrook</b> State <b>Maine</b> Zip <b>04092</b>            TEL <b>207-854-5262</b> FAX <b>207-854-2609</b> </div> <div data-bbox="1344 1735 1522 1800"> <b>Mark Griffeth</b>            Print Name         </div> </div>			

<b>Asbestos Project Notification Revision</b>	<p style="text-align: center;">State of Maine Department of Environmental Protection Lead &amp; Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-7826</p>		<p style="text-align: center;"><b>FORM R</b></p> <p style="text-align: center;">Page 1 of 1 2004 Revision</p>
<p>1. Project Code <b>BIO-09-74</b></p> <p>2. Revision # <b>1</b></p>	<p>3. Revision Information Submitted by</p> <p>Name <b>BIOSAFE Environmental Services, Inc.</b></p> <p>Mailing Address <b>5 Delta Drive</b></p> <p>City <b>Westbrook</b> State <b>Maine</b> Zip <b>04092</b></p> <p>Contact <b>Mark P. Coleman</b></p> <p>TEL <b>207-854-5262</b> FAX <b>207-854-2609</b></p>		
<p>4. Asbestos Contractor (As listed in original notification)</p> <p>Name <b>BIOSAFE Environmental Services, Inc.</b></p> <p>Address <b>5 Delta Drive</b></p> <p>City <b>Westbrook</b> State <b>Maine</b> Zip <b>04092</b></p> <p>Contact <b>Mark P. Coleman</b></p> <p>TEL <b>207-854-5262</b> FAX <b>207-854-2609</b></p>		<p>5. Facility Location (Where removal is to take place)</p> <p>BLDG Name <b>MULTI FAMILY</b></p> <p>Floor and/or Rm.# <b>BASEMENT, 2<sup>ND</sup> FLOOR &amp; EXTERIOR</b></p> <p>Physical Address <b>25 CRESCENT STREET</b></p> <p>City <b>PORTLAND</b> State <b>Maine</b> Zip <b>04101</b></p>	
<p>6. Notification Revisions (Check all that apply)</p> <p><input type="checkbox"/> Change Start Date from _____ to _____</p> <p><input checked="" type="checkbox"/> Change End Date from <b>3/6/09</b> to <b>3/20/09</b></p> <p><input type="checkbox"/> Change in Work Hours</p> <p><input type="checkbox"/> Cancellation of Project Date _____ to _____</p> <p><input type="checkbox"/> Change in Contractor to _____</p> <p><input type="checkbox"/> Change in amount of ACM being removed (Show increase or decrease)</p> <p><input type="checkbox"/> Change in Waste Transporter to _____</p> <p><input type="checkbox"/> Change in Disposal Site to _____</p> <p><input type="checkbox"/> Variance Request not previously submitted (Non-Standard Variance Request requires Department written approval)</p> <p><input type="checkbox"/> Change in abatement methods</p> <p><input type="checkbox"/> Other</p> <p> Signature</p> <p style="text-align: right;"><b>Mark Griffeth</b> Print Name</p> <p>Date <b>3/6/09</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <p style="text-align: center;"><b>ME DEP USE ONLY</b></p> <p style="text-align: center;">Postmark/ FAX/ Hand delivered</p> <p>Date Received _____</p> </div>			
<p><b>Important Note:</b> This form may be faxed to the Department. Remember to keep a record of all notifications sent to the Department.</p>			

**Variance Request**BIO- 09-74  
Project Code

Department of Environmental Protection  
 Lead & Asbestos Hazard Prevention Program  
 17 State House Station, Augusta, ME 04333  
 TEL (207) 287-2651 FAX (207) 287-7826

**V**

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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

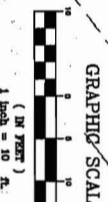
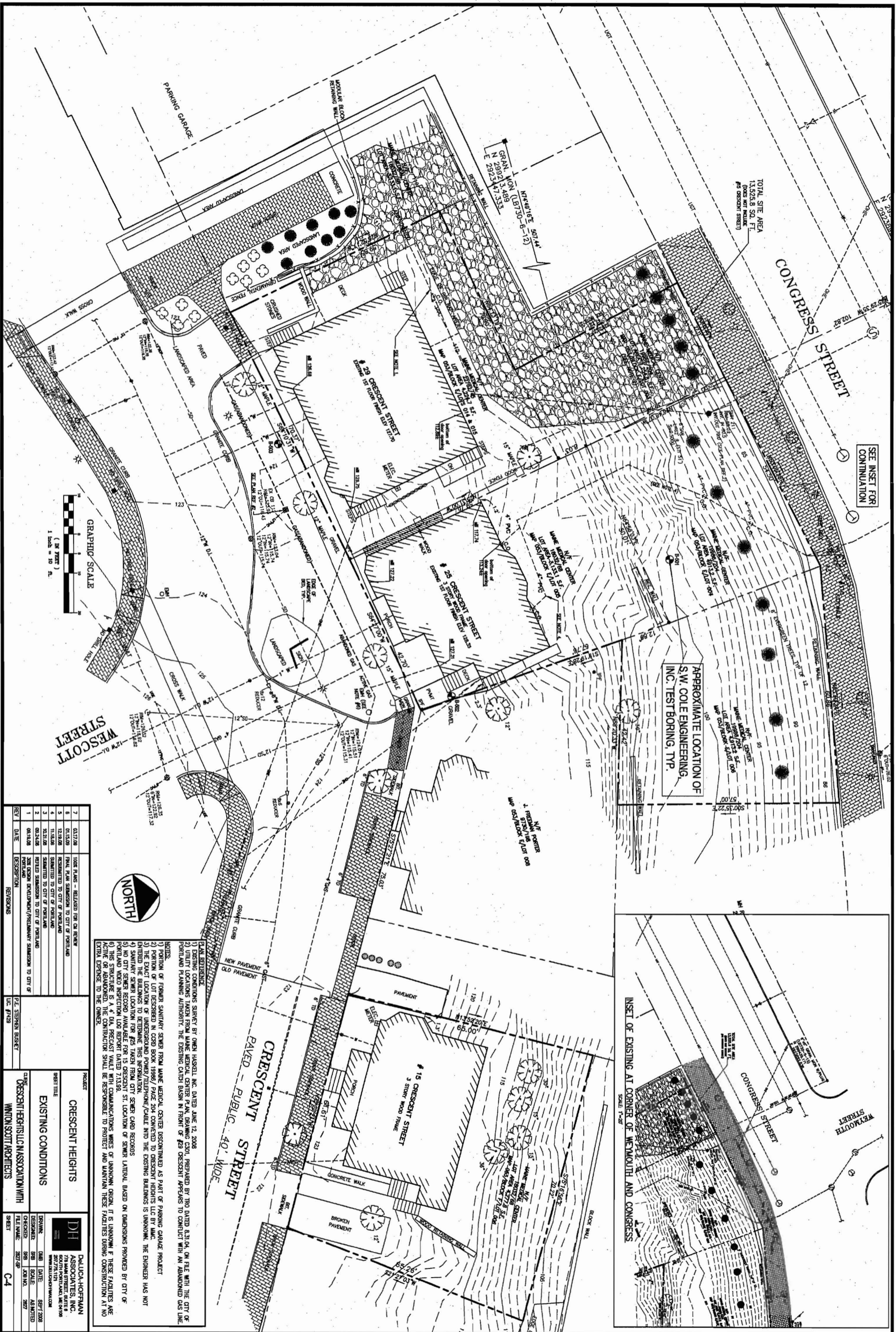
Mark P. Coleman

Print Name

Date 2/24/09Company **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





REV	DATE	DESCRIPTION	REVISIONS
1	06/10/08	PRELIMINARY SUBMISSION TO CITY OF PORTLAND	
2	07/24/08	REVISIONS TO CITY OF PORTLAND	
3	07/24/08	REVISIONS TO CITY OF PORTLAND	
4	07/24/08	REVISIONS TO CITY OF PORTLAND	
5	07/24/08	REVISIONS TO CITY OF PORTLAND	
6	07/24/08	REVISIONS TO CITY OF PORTLAND	
7	03/17/09	FINAL PLAN SUBMISSION TO CITY OF PORTLAND	

**NOTES:**

- 1) PORTION OF FORMER SANITARY SEWER FROM MAINE MEDICAL CENTER DISCONTINUED AS PART OF PARKING GARAGE PROJECT.
- 2) THE EXISTING LOCATION OF UNDERGROUND POWER/TELEPHONE/CABLE INTO THE EXISTING BUILDINGS IS UNKNOWN. THE ENGINEER HAS NOT VERIFIED THE LOCATION OF THESE UTILITIES.
- 3) SANITARY SEWER LOCATION FOR 25' TAKEN FROM CITY SANITARY SEWER CAD RECORDS.
- 4) NO CITY SEWER RECORD AVAILABLE FOR 15' CRESCENT ST. LOCATION OF SEWER LATERAL BASED ON DIMENSIONS PROVIDED BY CITY OF PORTLAND VIDEO INSPECTION LOG REPORT DATED 7/13/09.
- 5) THIS STRUCTURE IS A 4' DIA. PRECAST VAULT WITH COMMUNICATIONS WIRES OF UNKNOWN ORIGIN. IT IS UNKNOWN IF THESE FACILITIES ARE ACTIVE OR ABANDONED. THE CONTRACTOR SHALL BE RESPONSIBLE TO PROTECT AND MAINTAIN THESE FACILITIES DURING CONSTRUCTION AT NO EXTRA EXPENSE TO THE OWNER.

**FINAL CONDITIONS:**

- 1) EXISTING CONDITIONS SURVEY BY OWEN HASTELL, INC. DATED JUNE 13, 2008.
- 2) UTILITY LOCATIONS TAKEN FROM MAINE MEDICAL CENTER PLAN, DRAWING CON. PREPARED BY TRO DATED 8/31/04, ON FILE WITH THE CITY OF PORTLAND PLANNING AUTHORITY. THE EXISTING CATCH BASIN IN FRONT OF 229 CRESCENT APPEARS TO CONFLICT WITH AN ABANDONED GAS LINE.

**PROJECT:** CRESCENT HEIGHTS

**CLIENT:** CRESCENT HEIGHTS LLC ASSOCIATION WITH WINTON SCOTT ARCHITECTS

**DESIGNER:** DALUCA-HOFFMAN ASSOCIATES, INC.

**DATE:** SEPT 2008

**SCALE:** AS SHOWN

**FILE NAME:** 2827-SP

**SHEET:** C-4