

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
 Application And
 Notes, If Any,
 Attached

BU **PERMIT** ICTION

Permit Number: 090272

This is to certify that CRESCENT HEIGHTS LLC / Witt Ear
 has permission to Remove existing structure- foundation to remain, Foundation will be back-filled
 AT 29 CRESCENT ST CL 053 E014001

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 lath or other closed-in. 2 HOUR 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

Charles M. 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: 09-0272	Issue Date: 4/15/09	CBL: 053 E014001
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Location of Construction: 29 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: R6

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
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-2 Type: SR ISC-2007	

Proposed Project Description: Remove existing structure- foundation to remain, Foundation will be back filled	Signature:	Signature: <i>CL</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	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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"/>	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	Historic Preservation <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: <i>4/15/09</i>	Date:	Date: <i>ASU</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

Permit No: 09-0272	Date Applied For: 04/03/2009	CBL: 053 E014001
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Location of Construction: 29 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 (207) 642-3675
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions - Building	

Proposed Use: Vacant Land - Remove existing structure- foundation to remain, Foundation will be back filled	Proposed Project Description: 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 connected to siteplan 2008-0140. The new 44 unit lodging house will be built on this property and 25 Crescent Street.. Ok to Issue: <input checked="" type="checkbox"/>			
1) A separate 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: <input checked="" type="checkbox"/>			
1) Pre-demo/construction mtg. to be scheduled w/ 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) Demo permit only! Construction requires separate permits.			

Comments:
4/6/2009-amachado: Left vcm with Barbara just checking that this permit can be issued. Connected to siteplan 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.

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

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 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>29/31 CRESCENT STREET, PORTLAND ME</u>		
Total Square Footage of Proposed Structure <u>4,162</u>	Square Footage of Lot: <u>4,224</u>	
Tax Assessor's Chart, Block & Lot: Chart# <u>053</u> Block# <u>E</u> Lot# <u>014 & 015</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 / BOOKING HOUSE</u> How long has it been vacant? <u>37+ YEARS</u> Project description: <u>REMOVE EXISTING STRUCTURE - FOUNDATION TO REMAIN - FOUNDATION WILL BE BACK FILL</u>		
Contractor's name, address & telephone: <u>LEAVITT FOUNDWORKS 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 ST PORTLAND, ME 04101</u> Telephone: <u>207-522-0689</u>		

City of Portland, Maine

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, 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:

Richard Bero

Date:

April 30

This is not a permit; you may not commence ANY work until the permit is issued.



Demolition Call List & Requirements

Site Address: 29/31 CRESCENT STREET

Owner: CRESCENT HEIGHTS LLC

Structure Type: 2 1/2 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>GORDON STEEMAN 03/30/09</u>
Dig Safe	1-888-344-7233	<u>Dig Safe # 2009-202151 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>LUCKY COTE 03/24/09</u>
DPW/ Scaled Drain Permit (C. Merritt)	874-8822	<u>CHEYL 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>SAMMY 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 Bennis

Date: April 3rd 09

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 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.

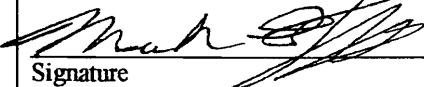
Were regulated asbestos-containing building materials found? **yes** **no**

property address: 29-31 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	Signature 
Telephone # 712 3225	Date April 30, 2007
FAX #	

Asbestos Project Notification 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		FORM N Page 1 of 3																					
Important Notice: 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 BIO- 09-76	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 <input checked="" type="checkbox"/> 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 BIOSAFE Environmental Services, Inc. Address 5 Delta Drive City Westbrook State Maine Zip 04092 Contact Mark P. Coleman TEL 207-854-5262 FAX 207-854-2609		6. Facility Owner Name Crescent Height L.L.C. Mailing Address 17 Chestnut Street City Portland State Maine Zip 04101 Contact Alan Nichols TEL 522-0688 FAX 865-1699																						
7. Facility Location (Where removal is to take place) BLDG Name Multi Family Floor and/or Rm.# Basement, 1 st floor and exterior Physical Address 29-31 Crescent Street City Portland State Maine Zip 04101		8. Facility Description Present Use Vacant to be demolished Prior Use Multi Family BLDG Size 1000 sq/ft No. Floors 3 BLDG Age 1940's																						
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 X T X W X T X F Weekend (Check all that apply) <input type="checkbox"/> Sat <input type="checkbox"/> Sun																						
11. Scheduled Dates for Asbestos Project Project Start Date 3/3/09 Project Completion Date 3/6/09 ACM Removal Dates (from) 3/3/09 (to) 3/6/09																								
12. Asbestos (ACM) Removal <table border="1" data-bbox="569 1670 1648 1998"> <thead> <tr> <th>ACM Type</th> <th>Amount</th> <th>Measurement</th> </tr> </thead> <tbody> <tr> <td>Floor Tile</td> <td>225</td> <td>SqFt XXX LnFt</td> </tr> <tr> <td>Transite Siding</td> <td>4200</td> <td>SqFt XXX LnFt</td> </tr> <tr> <td>Boiler covering</td> <td>85</td> <td>SqFt XXX LnFt</td> </tr> <tr> <td></td> <td></td> <td>SqFt ___ LnFt ___</td> </tr> <tr> <td></td> <td></td> <td>SqFt ___ LnFt ___</td> </tr> <tr> <td></td> <td></td> <td>SqFt ___ LnFt ___</td> </tr> </tbody> </table>			ACM Type	Amount	Measurement	Floor Tile	225	SqFt XXX LnFt	Transite Siding	4200	SqFt XXX LnFt	Boiler covering	85	SqFt XXX LnFt			SqFt ___ LnFt ___			SqFt ___ LnFt ___			SqFt ___ LnFt ___	ME DEP USE ONLY Postmark/ FAX/ hand delivered _____ Date Received _____ Check # _____ NESHAP _____ State _____ Variance _____
ACM Type	Amount	Measurement																						
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Asbestos Project Notification 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		FORM N Page 2 of 3
Project Code BIO-09-76 (As listed on page 1)	13. Demolition (complete as applicable) <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>		
14. Procedure Used to Detect Presence of Asbestos Testing <input type="checkbox"/> Assumed Positive <input checked="" type="checkbox"/> Tested Positive Method <input checked="" type="checkbox"/> PLM <input type="checkbox"/> TEM Sampled By McCarthy Environmental (Print Name) Company McCarthy Environmental	15. Project Clearance Visual evaluation by: (Air Monitor (if known) and Company) Mid Coast Environmental Air Clearance by: (Air Monitor (if known) and Company) Mid Coast Environmental		
<p align="center">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.</p>			
16. Asbestos Abatement Methods (check all that apply & submit variance request (Form V) if required) <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"/> Multiple non-contiguous glovebags (variance required) <input type="checkbox"/> Contiguous glovebags less than 30 Ln/ft (variance required) Wrap & cut- TSI in good condition (no containment)(variance required) <input type="checkbox"/> Wrap & cut- TSI not in good condition (containment required) <input checked="" type="checkbox"/> Flooring by mechanical equipment/ice scrapers/pry bars <input type="checkbox"/> Intact flooring demo by heavy equipment <input type="checkbox"/> Adhesive by grinding or bead blasting <input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulation <input type="checkbox"/> Roofing removal by mechanical saws/cutters <input checked="" type="checkbox"/> Other (specify) Remote Decontamination			
17. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter) Name Service Transport Group, Inc. Address 58 Pyles Lane City New Castle State DE Zip 19720 Contact Thomas Gaudet TEL 302-778-5930 FAX 302-778-0446	18. Disposal Site Name A & L Salvage Address 11225 State Route 45 City Lisbon State Ohio Zip 44432 TEL 330-424-3739 FAX 330-424-5318		
19. Certification (Notification Submitted by) 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="569 1703 1197 1989">  Signature Date 2/24/09 Mailing Address 5 Delta Drive City Westbrook State Maine Zip 04092 TEL 207-854-5262 FAX 207-854-2609 </div> <div data-bbox="1323 1724 1512 1811"> Mark Griffeth Print Name </div> </div>			

**Asbestos Project
Variance Request**BIO- 09-76
Project CodeState 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**FORM
V**

Page 1 of 2

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/repared

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.

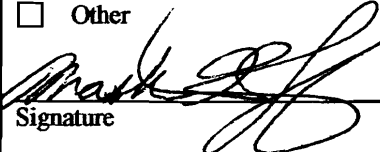
Note: A detailed floor plan showing the work area, decontamination unit n and room dimensions must be submitted with the requested variance.

Design Consultant Sign-off for Standard Variance(s)

Signature

Mark P. Coleman
Print NameDate 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

Asbestos Project Notification 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	FORM R Page 1 of 1 2004 Revision			
1. Project Code BIO-09-76 2. Revision # 2	3. Revision Information Submitted by Name BIOSAFE Environmental Services, Inc. Mailing Address 5 Delta Drive City Westbrook State Maine Zip 04092 Contact Mark P. Coleman TEL 207-854-5262 FAX 207-854-2609				
4. Asbestos Contractor (As listed in original notification) Name BIOSAFE Environmental Services, Inc. Address 5 Delta Drive City Westbrook State Maine Zip 04092 Contact Mark P. Coleman TEL 207-854-5262 FAX 207-854-2609	5. Facility Location (Where removal is to take place) BLDG Name MULTI FAMILY Floor and/or Rm.# BASEMENT, 1ST FLOOR & EXTERIOR Physical Address 29-31 CRESCENT STREET City PORTLAND State Maine Zip 04101				
6. Notification Revisions (Check all that apply) <input type="checkbox"/> Change Start Date from _____ to _____ <input checked="" type="checkbox"/> Change End Date from 3/20/09 to 3/27/09 <input type="checkbox"/> Change in Work Hours <input type="checkbox"/> Cancellation of Project Date _____ to _____ <input type="checkbox"/> Change in Contractor to _____ <input type="checkbox"/> Change in amount of ACM being removed (Show increase or decrease) <input type="checkbox"/> Change in Waste Transporter to _____ <input type="checkbox"/> Change in Disposal Site to _____ <input type="checkbox"/> Variance Request not previously submitted (Non-Standard Variance Request requires Department written approval) <input type="checkbox"/> Change in abatement methods <input type="checkbox"/> Other _____ <div style="display: flex; justify-content: space-between;"> <div data-bbox="597 1347 1244 1541">  Signature Date 3/20/09 </div> <div data-bbox="1361 1412 1532 1476"> Mark Griffith Print Name </div> </div> <div style="text-align: right; margin-top: 20px;"> <table border="1" data-bbox="1478 1584 1989 1821" style="width: 100%;"> <tr> <td style="text-align: center;">ME DEP USE ONLY</td> </tr> <tr> <td style="text-align: center;">Postmark/ FAX/ Hand delivered</td> </tr> <tr> <td style="text-align: center;">Date Received _____</td> </tr> </table> </div>			ME DEP USE ONLY	Postmark/ FAX/ Hand delivered	Date Received _____
ME DEP USE ONLY					
Postmark/ FAX/ Hand delivered					
Date Received _____					
<p><u>Important Note:</u> This form may be faxed to the Department. Remember to keep a record of all notifications sent to the Department.</p>					



MIDCOAST ENVIRONMENTAL, INC.

P.O. BOX 34
BRUNSWICK, MAINE 04011

CERTIFICATE OF RE-OCCUPANCY

CLIENT: BIOSAFE ENVIRONMENTAL
PROJECT: 29 CROSCOTT STREET - PORTLAND
MIDCOAST #: 09-0021
BUILDING: VACANT
WORK AREA: BOILER ROOM

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 ≤ 0.010 f/cc. The MidCoast Environmental representative has declared this area available for re-occupancy by unprotected personnel on the 13th day of MARCH 2009 at 1530 hours.

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

March 13, 2009
Date



MIDCOAST ENVIRONMENTAL, INC.

P.O. BOX 34
BRUNSWICK, MAINE 04011

CERTIFICATE OF RE-OCCUPANCY

CLIENT: BIOSAFE ENVIRONMENTAL
PROJECT: 31 CROSBY STREET - PORTLAND
MIDCOAST #: 09-0021
BUILDING: VACANT KITCHEN
WORK AREA: ~~LABOR ROOM~~

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 ≤ 0.010 f/cc. The MidCoast Environmental representative has declared this area available for re-occupancy by unprotected personnel on the 13th day of MARCH 2009 at 1530 hours.

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

March 13, 2009
Date




MIDCOAST ENVIRONMENTAL, INC.

P.O. BOX 34
BRUNSWICK, MAINE 04011

CERTIFICATE OF RE-OCCUPANCY

CLIENT: BIOSAFE ENVIRONMENTAL
PROJECT: 31 EROSCONT STREET - PORTLAND
MIDCOAST #: 09-0021
BUILDING: VACANT
WORK AREA: BOILER ROOM

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 ≤ 0.010 f/cc. The MidCoast Environmental representative has declared this area available for re-occupancy by unprotected personnel on the 13th day of MARCH 2009 at 1530 hours.


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

March 13, 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: 3/27/2009

PROJECT CLIENT: Crescent Heights L.L.C

PROJECT ADDRESS: 29-31 Crescent Street, Portland Maine

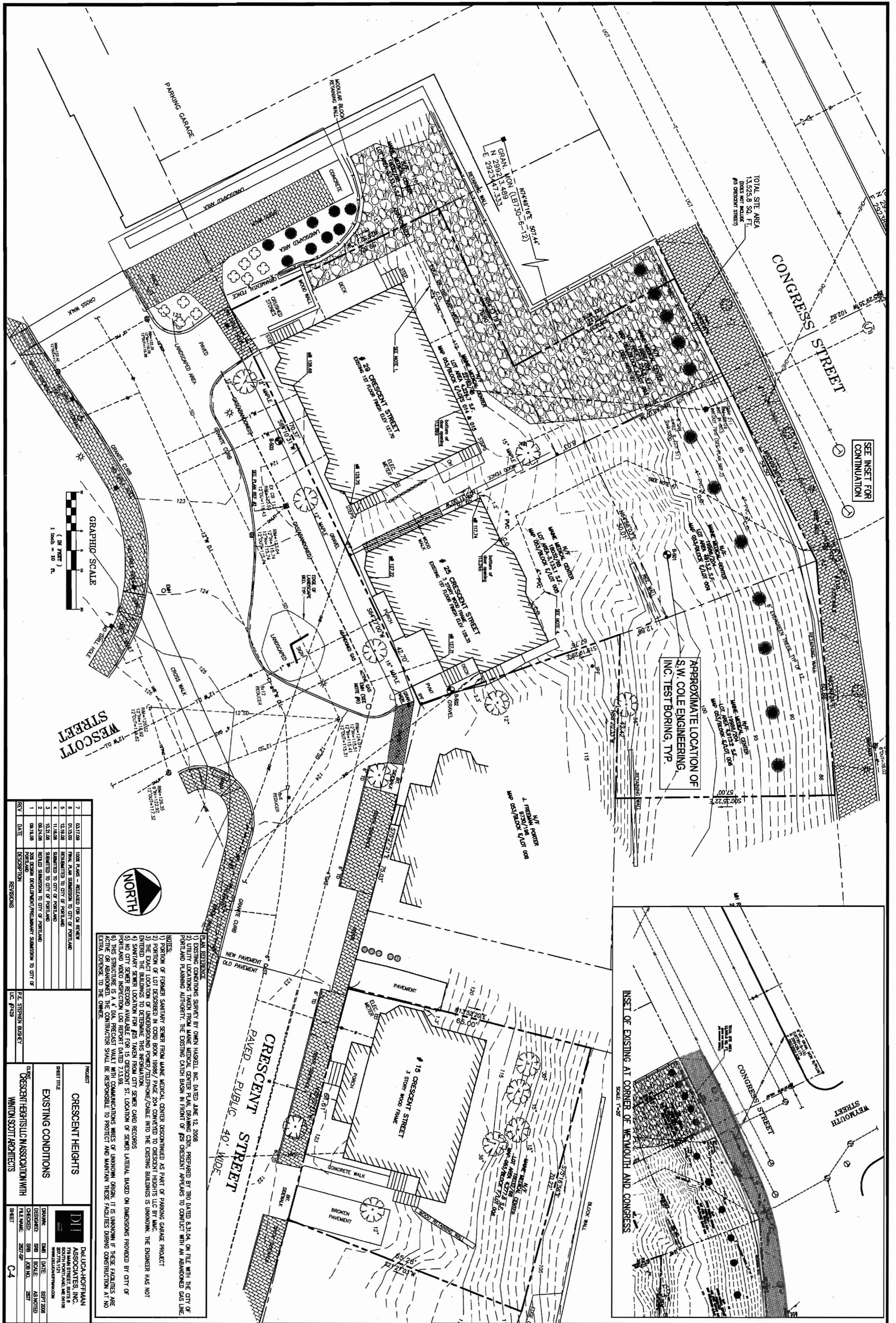
PROJECT DESCRIPTION: Removal and Disposal of Exterior Asbestos Transite Siding

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 4200 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 -





REV.	DATE	DESCRIPTION
1	08/18/08	FOR DESIGN DEVELOPMENT/REVISIONS TO CITY OF PORTLAND
2	10/27/08	FOR DESIGN DEVELOPMENT/REVISIONS TO CITY OF PORTLAND
3	11/18/08	FOR DESIGN DEVELOPMENT/REVISIONS TO CITY OF PORTLAND
4	12/18/08	FOR DESIGN DEVELOPMENT/REVISIONS TO CITY OF PORTLAND
5	01/15/09	FOR DESIGN DEVELOPMENT/REVISIONS TO CITY OF PORTLAND
6	02/17/09	FOR DESIGN DEVELOPMENT/REVISIONS TO CITY OF PORTLAND
7	03/17/09	FOR DESIGN DEVELOPMENT/REVISIONS TO CITY OF PORTLAND

NOTES:

- 1) PORTION OF FORMER SANITARY SEWER FROM WAINE MEDICAL CENTER DISCONTINUED AS PART OF PARKING GARAGE PROJECT.
- 2) EXISTING CONDITIONS SURVEY BY OWEN HASSELL, INC. DATED JUNE 12, 2008.
- 3) EXISTING CONDITIONS SURVEY FROM WAINE MEDICAL CENTER PLANNING DEPARTMENT, DATED JUNE 12, 2008.
- 4) EXISTING CONDITIONS SURVEY FROM WAINE MEDICAL CENTER PLANNING DEPARTMENT, DATED JUNE 12, 2008.
- 5) EXISTING CONDITIONS SURVEY FROM WAINE MEDICAL CENTER PLANNING DEPARTMENT, DATED JUNE 12, 2008.
- 6) EXISTING CONDITIONS SURVEY FROM WAINE MEDICAL CENTER PLANNING DEPARTMENT, DATED JUNE 12, 2008.
- 7) EXISTING CONDITIONS SURVEY FROM WAINE MEDICAL CENTER PLANNING DEPARTMENT, DATED JUNE 12, 2008.
- 8) EXISTING CONDITIONS SURVEY FROM WAINE MEDICAL CENTER PLANNING DEPARTMENT, DATED JUNE 12, 2008.
- 9) EXISTING CONDITIONS SURVEY FROM WAINE MEDICAL CENTER PLANNING DEPARTMENT, DATED JUNE 12, 2008.
- 10) EXISTING CONDITIONS SURVEY FROM WAINE MEDICAL CENTER PLANNING DEPARTMENT, DATED JUNE 12, 2008.

THIS STRUCTURE IS A 4' DIA. PRECAST WALL 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.

PROJECT	CRESCENT HEIGHTS
SHEET TITLE	EXISTING CONDITIONS
DESIGNED BY	DAI LUCA-HOFFMAN
CHECKED BY	DAI LUCA-HOFFMAN
DATE	SEP 2008
SCALE	AS SHOWN
JOB NO.	2827
FILE NAME	2827.SP
SHEET	C-4

