

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number 061668
PERMIT ISSUED
NOV 14 2006
CITY OF PORTLAND

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

has permission to Demolish existing structure

AT 25 ELLSWORTH ST

L 053 H002001

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. 24 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

Jeannie Burke 11/14/06
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: 06-1662	Issue Date: PERMIT ISSUED NOV 14 2006	CDL: 053 H002001
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Location of Construction: 25 ELLSWORTH ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone: 2082236026
Business Name:	Contractor Name: William Berry & Sons, Inc.	Contractor Address: 99 Conifer Hill Drive Danvers	Phone: 2082236026
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	Zone: R6

Past Use: Vacant Residential - <i>single family</i>	Proposed Use: Vacant land - Demolish existing structure	Permit Fee: \$170.00	Cost of Work: \$15,000.00	CEO District: 2
Proposed Project Description: Demolish existing structure		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB DEMOLITION	
		Signature:	Signature: <i>JMB 11/14/06</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: 11/14/2006	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"/> Date: _____	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in 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 <i>ABM</i> 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

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1662	Date Applied For: 11/14/2006	CBL: 053 H002001
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Location of Construction: 25 ELLSWORTH ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	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 - Demolish existing structure	Proposed Project Description: Demolish existing structure
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 11/14/2006**Note:** **Ok to Issue:**

- 1) This permit is approved based on the agreements made at the meeting on 11/9/06 in Joe Gray's office that the requirements of the conditional zone contract will be met.
- 2) Your present structure is legally nonconforming as to setbacks. If you are to demolish this structure on your own volition, you will only have one (1) year to replace it in the same footprint (no expansions), with the same height, and same use. Any changes to any of the above shall require that this structure meet the current zoning standards. The one (1) year starts at the time of removal. It shall be the owner's responsibility to contact the Code Enforcement Officer and notify them of that specific date.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 11/14/2006**Note:** **Ok to Issue:**

- 1) This permit is approved based on the previous inspections of the building and subsequent abatement assessment.

Comments:

11/14/2006-amachado: I have a call in to Penny. Miaine Med has already gotten rid of numerous dwelling units. Need to know if they can get rid of another.

11/14/2006-jmb: Contacted Penny L. She confirmed we could issue the permit based on the meeting last week and the agreement to meet the conditional zone contract.



From: <MAllen@NiSource.com>
To: <JMB@portlandmaine.gov>
Date: 11/14/2006 3:46:29 PM
Subject: Re: 25 Ellsworth st

Thanks for the information. We have check this out and are clear. Mark Allen

"Jeanie Bourke"
<JMB@portlandmaine.gov>
To: Mark Allen/NCS/Enterprise@NiSource
cc:
Subject: 25 Ellsworth st
11/14/2006 03:39
PM

FYI

The demolition of this building is scheduled to start on 11/15/06

Jeanie Bourke
Inspection Services Division Director

City of Portland
Planning Dept./ Inspections Division
389 Congress St. Rm 315
Portland, ME 04101
jmb@portlandmaine.gov
(207)874-8715

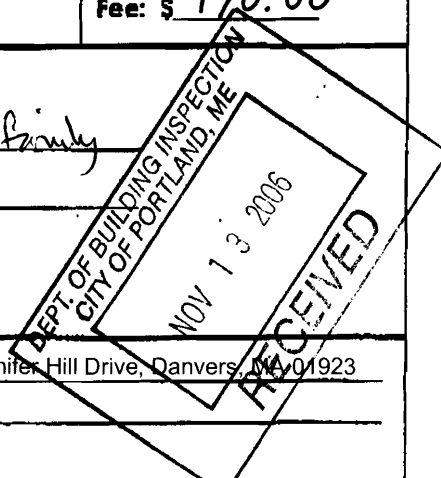
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For more information please visit <http://www.ers.ibm.com>

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please visit <http://www.ers.ibm.com>

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: 25 Ellsworth Street, Portland, ME		
Total Square Footage of Proposed Structure 1288 SF	Square Footage of Lot 2,526 SF	
Tax Assessor's Chart, Block & Lot Chart# 53 Block# .H Lot# 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: \$ <u>15,000</u> Fee: \$ <u>170.00</u>
Current use: <u>vacant</u>		
If the location is currently vacant, what was prior use: <u>Residential - single family</u>		
Approximately how long has it been vacant: <u>4 or more Years</u>		
Project description: Demolition of existing Structures		
DEMOLITION CALL LIST MUST BE SUBMITTED WITH THIS APPLICATION		
Contractor's name, address & telephone: <u>William A. Berry & 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 & Son, Inc., 34 Ellsworth Street, Portland, ME 04102</u> 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: <u>11/13/06</u>
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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



Demolition Call List & Requirements

Site Address: 25 Ellsworth Street

Owner: Maine Medical Center

Structure Type: Residential

Contractor: William A. Berry & Son, Inc.

Utility Approvals

Number

Contact Name/Date

Central Maine Power

1-800-750-4000

Colleen / 11-8-06

Northern Utilities

797-8002 ^{ext 6274} ~~ext 6241~~

Jennifer / 11-8-06

Portland Water District

761-8310

Jan / 11-8-06

Dig Safe

1-888-344-7233

Dennis / 11-8-06

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

DPW/ Traffic Division (L. Cote)

874-8891

Lucy / 11-13-06

DPW/ Sealed Drain Permit (C. Merritt)

874-8822

Carol / 11-14-06

Historic Preservation

874-8726

Scott / 11-13-06

Fire Dispatcher

874-8576

Bell / 11-13-06

Additional Requirements

- 1) Written Notice to Adjoining Owners
- 2) A Photo of the Structure(s) to be demolished
- 3) Certification from an asbestos abatement company

DEP – Environmental (Augusta)

287-2651

Sandy / 11-13-06

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: _____

Date: _____

11/13/06



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)

property address: 25 Ellsworth Street Portland, ME 04102	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 performed by: (name & address) McCarthy Environmental Services P.O. Box 481 Belgrade Lakes, ME 04918-0481 telephone: (207) 293-4821	asbestos inspection performed by: (name of licensed Asbestos Consultant) Alex McCarthy telephone: (207) 293-4821
property owner: (name & address) Maine Medical Center 22 Bramhall Street Portland, ME 04102 telephone: (207) 662-2013	demolition contractor: (name & address) Shaw Brothers Construction, Inc. 511 Main Street P.O. Box 69 Gorham, ME 04038 telephone: (207) 839-2552
demolition start date: 11/15/06	demolition end date: 11/17/06

Hank Dunn

11/13/06

Notification Submitted by: (please print)

Date Submitted

Help save Maine fisheries – Remove and recycle mercury thermostats and fluorescent lamps from your building prior to demolition!



WILLIAM A. BERRY & SON, INC.

BUILDING KNOWLEDGE • SINCE 1857

FROM THE DESK OF

JAMIE PASCHAL

Maine Medical Center Jobsite

Portland, ME 04102

T: 207.662.5648 F: 207.662.5248

E: jpaschal@berry.com

FAX TRANSMISSION COVER SHEET

DATE: November 13, 2006

TO: SANDY, MAINE DEP

FAX #: 207.287.7826

RE: BDNF FOR 25 ELLSWORTH STREET, PORTLAND, MAINE

You should receive __2__ page(s) including this cover sheet. If you do not receive all of the pages, please call 978.774.1057.

Sandy,

Attached please find the Building Demolition Notification Form for 25 Ellsworth Street, Portland, ME. If you need anything else, please do not hesitate to contact me.

Sincerely,

Jamie Paschal

TRANSMISSION VERIFICATION REPORT

TIME : 11/13/2006 15:37
NAME : WILLIAM A BERRY
FAX : 2076625248
TEL : 2076625648
SER.# : 000E6J700319

DATE, TIME	11/13 15:36
FAX NO./NAME	912072877826
DURATION	00:00:48
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM



WILLIAM A. BERRY & SON, INC.

BUILDING KNOWLEDGE • SINCE 1857

FROM THE DESK OF
JAMIE PASCHAL

Maine Medical Center Jobsite
Portland, ME 04102
T: 207.662.5648 F: 207.662.5248
E: jpaschal@berry.com

FAX TRANSMISSION COVER SHEET

DATE: November 13, 2006

TO: SANDY, MAINE DEP

FAX #: 207.287.7826

RE: BDNF FOR 25 ELLSWORTH STREET, PORTLAND, MAINE

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Sandy,

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Sincerely,

Jamie Paschal

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 H002001
Location 25 ELLSWORTH ST
Land Use BENEVOLENT & CHARITABLE

Owner Address MAINE MEDICAL CENTER
 22 BRAMHALL ST
 PORTLAND ME 04102

Book/Page 13115/237
Legal 53-H-2
 ELLSWORTH ST 25-27
 WESCOTT ST 1-7
 2522 SF

Current Assessed Valuation

Land	Building	Total
\$137,200	\$76,800	\$214,000

Property Information

Year Built 1864	Style Old Style	Story Height 1.5	Sq. Ft. 1288	Total Acres 0.058 / 2,526 SF
Bedrooms 3	Full Baths 1	Half Baths	Total Rooms 6	Attic None
				Basement Full

Outbuildings

Type	Quantity	Year Built	Size	Grade	Condition
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Sales Information

Date	Type	Price	Book/Page
06/01/1997	LAND + BLDING	\$69,300	13115-237
06/01/1994	LAND + BLDING	\$80,000	11505-088

Picture and Sketch

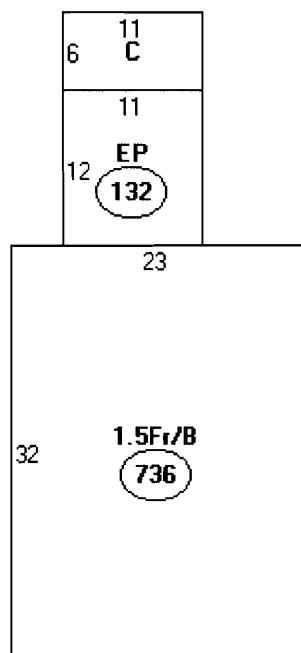
Picture **Sketch** **Tax Map**

[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!



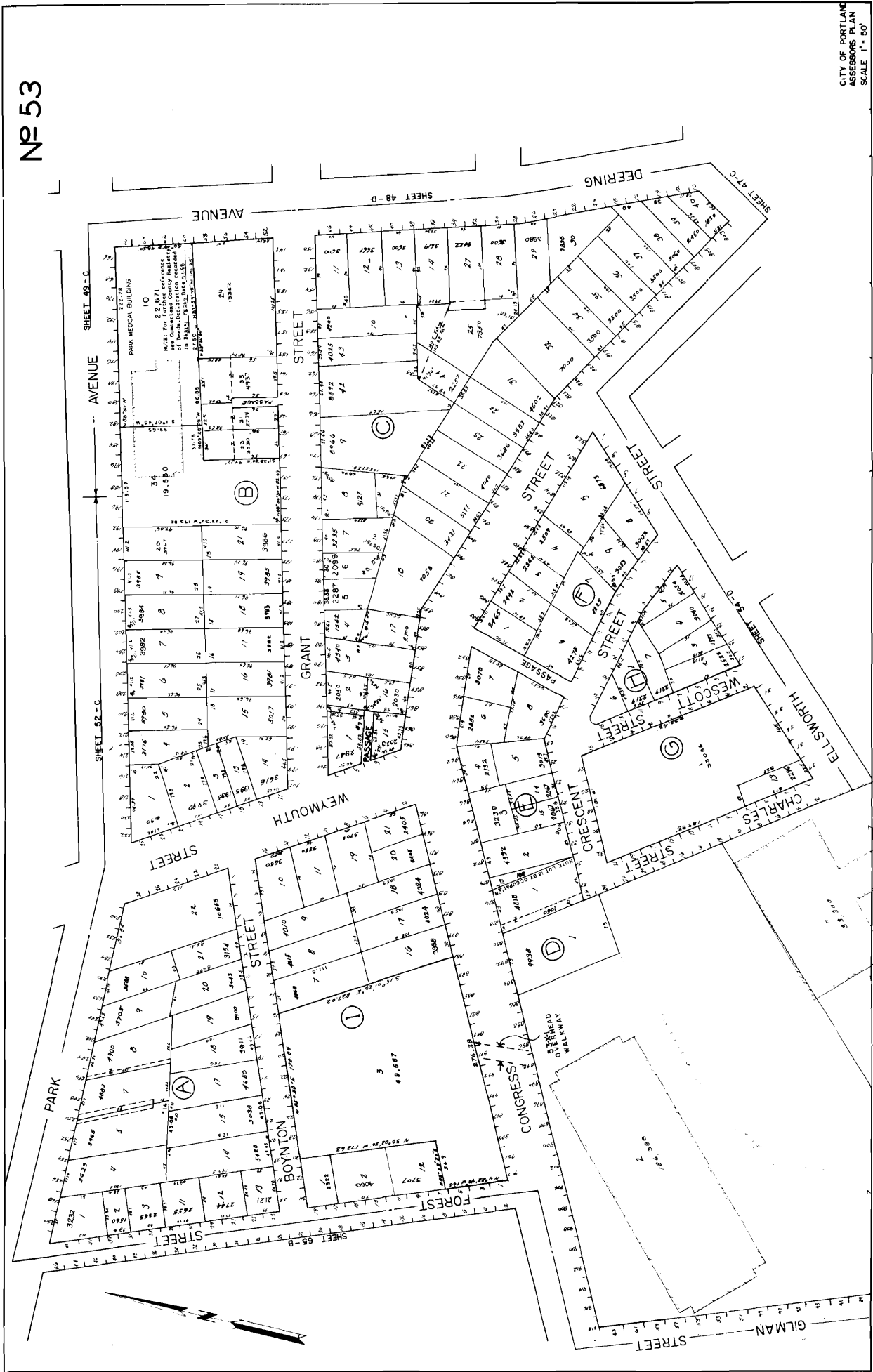


Descriptor/Area

A: 1.5Fr/B
736 sqft

B: EP
132 sqft

C: WD
66 sqft



November 13, 2006

Hank Dunn, Project Manager
Facilities Development
Maine Medical Center
22 Bramhall Street
Portland, ME 04102

Re: Asbestos Abatement/ 25 Ellsworth Street

Dear Hank:

As per our discussion regarding asbestos abatement activities at the residence located on 25 Ellsworth Street in Portland, Maine, inaccessible asbestos (linoleum flooring) materials on the second floor will be removed utilizing large equipment in conjunction with licensed and trained personnel.

The asbestos waste is being transported to a licensed asbestos landfill and all work plan activities have been reviewed and approved by the Department of Environmental Protection. I have attached a copy of the signed waiver for your review.

If additional information is required please call.

Sincerely;



Alex McCarthy
President



Asbestos Project Variance Request

Project Code

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 V

Page 2 of 2

2004 Revision

Non-Standard Variance(s) Requested by Maine Certified Asbestos Design Consultant

Provide written justification that presents clear & convincing evidence that the asbestos project is distinctive in some way & the proposed alternative(s) to required work practices will comply with the intent of State law & rules. Written Department approval is required prior to implementation of non-standard variance(s).

List proposed work practice alternatives

Demolition by large equipment / Section 7B.(3)

Reasons for Non-Standard Variance(s) (Explain in detail. You may add an attachment when necessary)

See Attached:

Structural damage to 2nd floor - assumed
linoleum flooring present

Design Consultant Sign-off for Non-Standard Variance(s)

Signature Alex J. MacLean

Print Name Alex MacLean

Date _____
Company MORRISSEY ENVIRONMENTAL

ME Certification Number DC-0197

Address PO BOX 1500 PO Box 481

Certification Expiration Date 5/31/2007

City LEWISTON State ME Zip 04041-0416

TEL 207-783-4260 FAX 207-786-5575 662-0165



MEDEP Action on Non-Standard Work Practices Variance(s) Requested

APPROVED DISAPPROVED (by) John A. Bruce

(date) 11/8/06



22 Bramhall Street, Portland, Maine 04102-3175

Steve Cascio
10 Harriman Way
Gorham, ME 04038

The MaineHealth® Family



22 Bramhall Street, Portland, Maine 04102-3175

Kennett Fisk
43 Spinnaker Lane
Falmouth MA 02540

The MaineHealth® Family



November 13, 2006

Dear Neighbor:

In conformance with the City of Portland's urban development requirements, Maine Medical Center is informing you of its plans to demolish a building that is near your address.

This work will begin shortly after November 15, 2006. All demolition work will be monitored and documented to insure that all applicable regulations are adhered to.

The building being demolished is:

23 Ellsworth Street

The decision to demolish the building results from a structural assessment recommending its removal. The demolition is expected to take two to three days to complete.

If you have questions or concerns, please contact MMC's Facilities Development Office (662-2013).

Sincerely,

Facilities Development
Maine Medical Center