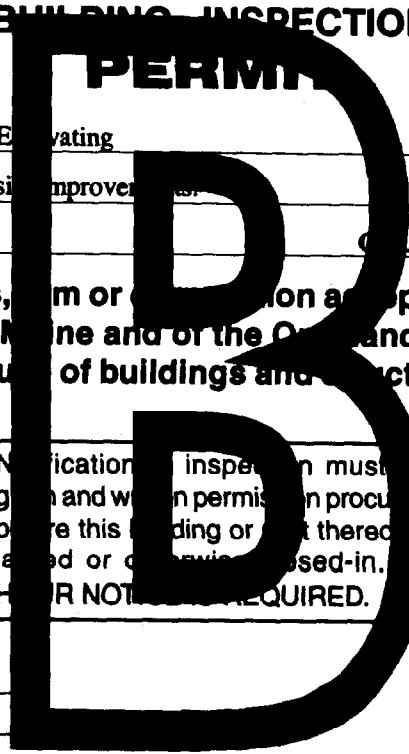


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

Permit Number: 030880



This is to certify that O'leary Daniel E & /Chase E ivating
has permission to Demolition of building for site improvement
AT 358 Spring St 061 F001001

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 inspection must given and when permission procured before this building or part thereof is altered or otherwise used-in.
HOURS NOT 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

[Signature] 7/24/03
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: 03-0880	Issue Date:	CBL: 061 F001001
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Location of Construction: 358 Spring St	Owner Name: O'leary Daniel E & <i>Wynneflat School</i>	Owner Address: 364 Spring St	Phone:
Business Name: n/a	Contractor Name: Chase Escavating	Contractor Address: 50 Oray Road Falmouth	Phone: 2077728160
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Demolitions	Zone: <i>R4</i>

Past Use: Vacant / prior use storage	Proposed Use: Demolition of building for site improvements.	Permit Fee: \$48.00	Cost of Work: \$2,500.00	CEO District: 3
Proposed Project Description: Demolition of building for site improvements.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>NA</i> Type: <i>NA</i> <i>Demo 7/24/03</i> <i>Chase</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: gg	Date Applied For: 07/23/2003	Zoning Approval
------------------------	---------------------------------	------------------------

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <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: _____	<p>Zoning Appeal</p> <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: _____	<p>Historic Preservation</p> <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 <i>to D.A 7/24/03</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

All Purpose Building Permit Application for Demolition

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: 360 Spring ST Portland

Total Square Footage of Proposed Structure 20136 720 sq ft Square Footage of Lot 12,000 sq ft

Tax Assessor's Chart, Block & Lot Chart# 061 Block# F Lot# 001 Owner: Waynflete School Telephone: 774-5721

Lessee/Buyer's Name (if Applicable) Applicant name, address & telephone: Jane Begert 774-5721 exl 207 Cost Of Work: \$ 2500 Fee: \$ 48.00

Current use: Storage but currently empty. No plumbing or heat, only power.
If the location is currently vacant, what was prior use: Storage
Approximately how long has it been vacant: 1 month
Project description: Demolition needed for site improvements
DEMOLITION CALL LIST MUST BE SUBMITTED WITH THIS APPLICATION

Contractor's name, address & telephone: Chase Excavating 797-9093
Who should we contact when the permit is ready: Jane Begert cell
Mailing address: Waynflete School
360 Spring ST Portland, Me Phone: 774-5721

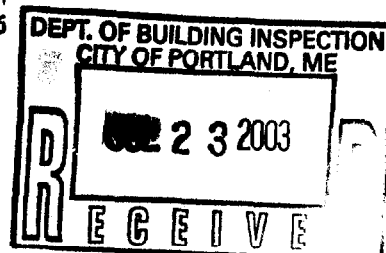
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: Jane Begert Date: 7/22/03

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 include with support staff

389 Congress St. Portland, Maine 04101 (207) 874-8700 FAX 874-8716 TTY 874-8936





CITY OF PORTLAND

The Demolition Call List must be submitted with a Building Permit Application

Property location: 360 Spring Chart/Block/Lot _____

The call list below must be submitted with the building permit application. Please note: any "commercial use" demolition will need additional approvals.

When making the submission please include a plot plan showing the location of the structure that is being removed along with a photograph. You may not remove or disconnect any type of lines (private or public) until you have received an approved building permit. If the building does not have one of the below utilities please put "does not apply". All Departments in bold must be notified under all circumstances.

City Approvals

Department	Number	Contact	Date/Who you spoke with
Public Works Sewer	874-8833	Todd Michel	OK 7/22/03 on site
Public Works Traffic	874-8437	Gary Dobson	
(if structure is being moved to another location)			
Public Works Sealed Drain Permits	874-8822	Carol Merritt	Carol Merritt 7/22
Historical Preservation	874-8726	7722 81 Deb Andrews	Deb Andrews 7/22
Fire Dispatch	874-8576	Dispatcher on Duty	Jim Richards 7/22/03

Utility Approvals

Dig Safe	1-800-344-7233	Customer Service	2003 280 5136
(must receive 72 hours notice before digging can begin)			
Asbestos	1-207-287-2651	Ed Aasz	See attached

I have contacted all the necessary companies and departments as indicated above

Signature: Robert Bull Date: 7/22/03



ENVIRONMENTAL SAFETY & HYGIENE ASSOCIATES, INC.

- Indoor Air Quality
- OSHA Compliance
- Asbestos Consulting
- Training
- Lead Consulting
- Industrial Hygiene

MEMORANDUM

Date: July 22, 2003

To: Peter Brewitt – Facilities / Project Manager

From: Mark Coleman, ESHA

Subject: Red Barn Asbestos Survey

712-4792

The Red Barn has been inspected for asbestos materials and has been found to contain no accessible asbestos materials. As always, if suspect materials that were previously inaccessible are identified during demolition additional sampling and assessments should be conducted.

See attached asbestos sampling results and certifications

IATL International Associates
Testing Laboratories

16000 Horizon Way Unit 100 Mt. Laurel, NJ 08054

Telephone: 856-231-9449 Fax: 856-231-9818

CERTIFICATE OF ANALYSIS

Client: Environmental Safety & Hygiene
5 Delta Drive
Westbrook ME 04092

Report Date: 02/04/2003
Project: WayneFleetSchools,RedBank
Project No.: 03-041

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1652636	Material Description: White/GreyFiberboard
Client No.: B1A	Location: Level 2 Dividers
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
None Detected	95
<u>Type</u>	<u>Type</u>
None Detected	Cellulose
	<u>% Non-Fibrous Material</u>
	5

Lab No. 1652637	Material Description: White/GreyFiberboard
Client No.: B1B	Location: Level 2 Dividers
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
None Detected	95
<u>Type</u>	<u>Type</u>
None Detected	Cellulose
	<u>% Non-Fibrous Material</u>
	5

Lab No. 1652638	Material Description: White/GreyFiberboard
Client No.: B1C	Location: Level 2 Dividers
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
None Detected	95
<u>Type</u>	<u>Type</u>
None Detected	Cellulose
	<u>% Non-Fibrous Material</u>
	5

NIST-NVLAP No. 116

NY-DOH No. 11021

AIHA Lab No. 444

This confidential report relates only to those test(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

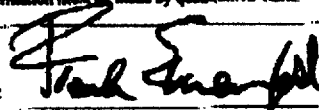
Analysis Method: EPA 600/R-93/116

Comments: (PC) Inductively Coupled Plasma Atomic Emission Spectrometry Method performed. Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in floor coverings or similar non-friable organically bound materials. Before this result can be considered or treated as non-asbestos containing, confirmation must be made by quantitative TEM.

Analysis Performed By:


MUHAMMAD T. MIRZA

Approved By:



Frank E. Ehrenfeld, III
Laboratory Director

Date: FEB 03 2003



STATE OF MAINE
DEPARTMENT OF ENVIRONMENTAL PROTECTION

ANGUS S. KING, JR.
GOVERNOR

MARTHA KIRKPATRICK
COMMISSIONER

January 10, 2003

Attn.: Bruce Hackett
Environmental Safety & Hygiene Associates, Inc.
5 Delta Drive
Westbrook, ME 04092

Dear Licensee:

Application for renewal of your **Asbestos Consultant (Full)** license **SF-0005** has been received and **approved**. Your renewed license is enclosed. This license is in effect for one year and will expire on January 31, 2004. Thank you for your continued service to the people of the State of Maine.

Sincerely,

Sandra J. Moody, Environmental Technician
Division of Solid Waste Management
Bureau of Remediation and Waste Management

Enclosure

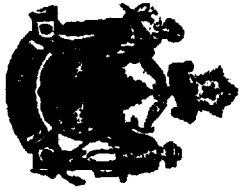
ORCRELIC/sjm

AUGUSTA
17 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0017
(207) 287-2698
RAY BLDG., HOSPITAL ST.

BANGOR
106 HOGAN ROAD
BANGOR, MAINE 04401
(207) 941-4370 FAX: (207) 941-4384

PORTLAND
112 CANCO ROAD
PORTLAND, MAINE 04103
(207) 822-6300 FAX: (207) 822-6303

PRESQUE ISLE
1235 CENTRAL DRIVE, SKYWAY PARK
PRESQUE ISLE, MAINE 04769-2094
(207) 764-0477 FAX: (207) 764-7507



*State of Maine
Department of Environmental Protection*



LICENSE

This Certifies That

ENVIRONMENTAL SAFETY & HYGIENE ASSOCIATES, INC.

Has Been Licensed As

AN ASBESTOS CONSULTANT (FULL)

SF-0005

License Number

01/31/2004

Expiration Date



STATE OF MAINE
DEPARTMENT OF ENVIRONMENTAL PROTECTION

ANGUS S. KING, JR.
GOVERNOR

MARTHA KIRKPATRICK
COMMISSIONER

January 30, 2003

Environmental Safety & Hygiene Associates, Inc.
5 Delta Drive
Westbrook, ME 04092

Dear Licensee:

Asbestos application(s) for individual certification of the two employee(s) listed below have been received and approved. Individual certification numbers are listed below and wallet card(s) are enclosed. Card(s) are property of the individual to whom each is issued. Your responsibility as a licensee is to ensure delivery of the cards to persons in your employment. This letter should be retained for your company files as record of certification.

Remember, in Maine all certified employees working on an asbestos abatement project, whether conducting removal/repair air monitoring, design, inspection, or analysis functions, must work for a State of Maine licensed asbestos firm and carry his/her wallet card(s) on the job site.

As a reminder, prior to renewing your asbestos certification, the State of Maine requires an annual refresher course to be taken before submitting a renewal application. A listing of training providers is attached and it is your responsibility to ensure you have completed a renewal training course prior to your training expiration date.

Thank you for your cooperation and your completed application(s).

<u>Name</u>	<u>Category</u>	<u>Certification #</u>	<u>Exp. Date</u>
Mark P. Coleman	Inspector	AI-0038	01/31/2004
Mark P. Coleman	Management Planner	MP-0074	01/31/2004

Sincerely,

Sandra J. Moody, Environmental Technician
Division of Solid Waste Management
Bureau of Remediation and Waste Management
Enclosure

AUGUSTA
17 STATE HOUSE STATION
AUGUSTA, MAINE 04413-0017
(207) 287-7686
RAY BLDG., HOSPITAL ST.

BANGOR
108 HOGAN ROAD
BANGOR, MAINE 04401
(207) 941-4370 FAX: (207) 941-4564

PORTLAND
312 CANCO ROAD
PORTLAND, MAINE 04103
(207) 832-6100 FAX: (207) 832-6300

PRESQUE ISLE
1235 CENTRAL DRIVE, SKYWAY PARK
PRESQUE ISLE, MAINE 04769-2104
(207) 764-0477 FAX: (207) 764-1150

