Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

### CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

### CRECTION

CITY OF PORTLAND

epting this permit shall comply with all

nances of the City of Portland regulating

uctures, and of the application on file in

This is to certify that \_\_\_\_SULLIVAN ROBERT D.T. STEE /MFK Associates

ock wall

rm or

UR NO

ine and of the

e of buildings and

8002 I - A9A

has permission to remove some Non structura

pors in all openings ne, instal

065\_C008001

PERMIT ISSUED

AT 333 ST JOHN ST

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and this department.

Apply to Public Works for street line and grade if nature of work requires such information.

ificatio of insp on mus d en and v en perm on prod pre this ilding o lrt there ed or osed-in

tion a

ι∈QUIRED.

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 \_

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine	- Building or U	se Permi	t Application	n Pei	rmit No:	Issue Date	:	CBL:		
389 Congress Street, 04101	_				08-0236			065_C0	08001	
Location of Construction:	Owner Name:	-		Owner	r Address:			Phone:		
333 ST JOHN ST	SULLIVA	N ROBER	T D TRUSTE	41 A	CCORD PA	RK DR				
Business Name:	Contractor Na	ame:		Contra	actor Address:			Phone		
	MFK Asso	ciates		63 Jo	ohnson Road	Sawbormor	ı	60336519	98	
Lessee/Buyer's Name	Phone:			Permi	t Type:				Zone:	
				Alte	erations - Cor	nmercial			1B-/	
Past Use:	Proposed Use				Permit Fee: Cost of Work:		k:	CEO District:		
Commercial - Sullivan Tire -	Commercia		n Tire -	\$770.00 \$75,000.00						
	ł		uctural block					SPECTION:		
	l l		nstall Doors in		L.			oup: S\	Type: 2	
	all opening	S			L_	Denied				
							1	Chi-zwi	<b>,</b>	
Proposed Project Description:				1				(A) m =	1 .	
remove some Non structural block walls & Mezzanine, install Doors in all				Signat	ture:(3~ea	Cago	Signatu	1 MMB )	128/08	
openings		·····,			STRIAN ACT			<del>+</del>	<del></del>	
				ļ			·		D 11	
				Action	n: Approv	ved App	oroved w/	Conditions	Denied	
				Signat	ture:			Date:		
Permit Taken By:	Date Applied For:	<u> </u>		<u> </u>	Zoning	Approva	1			
ldobson	03/17/2008				Zoning	Approva	11			
This permit application d	oes not preclude the	Spe	cial Zone or Revie	ws	Zoni	ng Appeal	$\neg \top$	Historic Pres	ervation	
Applicant(s) from meetin		d l □ er	oreland		☐ Variana			D Not in Distric	st or I andmark	
Federal Rules.	g applicable state all	"   si	orerand	Variance		ļ	Not in District or Landman			
2 Duilding name (4- 4- 0-4)			Wetland		Miscellaneous			Does Not Require Review		
2. Building permits do not in septic or electrical work.	nclude plumbing,		wetiand		Wiscentaleous			Does Not Require Review		
•	if want is not stanta	,	Flood Zone Conditional Use			Requires Rev	ion			
3. Building permits are void within six (6) months of t		·	Flood Zone		Conditional Osc		İ	Requires Rev	icw	
False information may in			Subdivision		[ Interpretation		l	Approved		
permit and stop all work			0017131011		interpret	ution	1	Арргочец		
		∏ Sii	e Plan		Approve	·d		Approved w/0	Conditions	
			e i iai		Лургоч	, u			Jonathons	
Party and the state of the stat	COLUED	   Maj [	☐ Minor ☐ MM	m. i	Denied			Denied /	<u></u>	
PERMIT I	220FD	24	11 July 00	ndul					/_	
		Detail	10 7 B	100	D-4				$\overline{}$	
APR - 1	2003	Date:	5 2/11/	108	Date:		Da	ate:	<del>/</del> _	
AFN '	2000									
CITY OF PO	RTLAND									
		•	ERTIFICATION	ONI						
I havahr aavifu that I am tha a					1 1 1 1		1 .1	c	1 1.1 .	
I hereby certify that I am the ov I have been authorized by the c	wher of record of the wher to make this ar	named pro	perty, or that the	le prop	osed Work is	authorized	by the c	owner of record	1 and that	
jurisdiction. In addition, if a pe	ermit for work descri	bed in the	application is is	sued. I	certify that t	the code off	o an ap icial's a	uthorized repre	n uns esentative	
shall have the authority to enter	all areas covered by	such pern	nit at any reason	able h	our to enforc	e the provis	sion of t	the code(s) apr	licable to	
such permit.	•	-	-			•		() [		
SIGNATURE OF APPLICANT			ADDRESS			DATE		DUC		
SIGNATURE OF AFFEIGANT			ADDKESS	•		DATE		PHON	4E	
RESPONSIBLE PERSON IN CHARG	GE OF WORK, TITLE					DATE	-	PHON	JE	

City of Portland, Maine - Bu	uilding or Use Permit	t		Permit No:	Date Applied For:	CBL:	
389 Congress Street, 04101 Tel	•		4-8716	08-0236	03/17/2008	065 C008001	
Location of Construction:	Owner Name:		10	Owner Address:		Phone:	
333 ST JOHN ST	SULLIVAN ROBERT	T D TRU	STE	41 ACCORD PAR	K DR		
Business Name:	Contractor Name:			Contractor Address:	Phone		
	MFK Associates		},	63 Johnson Road S	Sawbormon	(603) 365-1998	
Lessee/Buyer's Name	Phone:		F	Permit Type:		<del></del>	
			L	Alterations - Com	mercial		
Proposed Use:			Proposed	l Project Description:			
Commercial - Sullivan Tire - remo walls & Mezzanine, install Doors i		ock	1	e some Non structu penings	ral block walls & Mo	ezzanine, install Doors	
Note:  1) Separate permits shall be requi 2) This permit is being approved work.	, ,			Marge Schmucka		Ok to Issue:	
Dept: Building Status: Note:	Approved with Condition	ns Re	viewer:	Jeanine Bourke	Approval D	ate: 03/28/2008 Ok to Issue: ✓	
1) All glazing must meet safety re	quirements of IBC 2003 Se	ec. 2406					
Separate permits are required f     Separate plans may need to be							
Application approval based upon and approrval prior to work.	on information provided by	y applica	nt. Any o	deviation from appi	roved plans requires	separate review	
Dept: Fire Status:	Approved with Condition	s Re	viewer:	Capt Greg Cass	Approval Da	ate: 03/19/2008	
Note:						Ok to Issue:	
1) Demo of mezzanine only with a	new excterior doors.						

# General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any roperty within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction:	33 57	JOHN STEE	T, PORTLOND, ME
Total Square Footage of Proposed Structure			
Tax Assessor's Chart, Block & Lot	Applicant *	must be owner Lessee or B	Buyer* Telephone:
Chart# Block# Lot#	Name For	7LDNO 333 ST JANN ST.	ZEDON TRUST
\$65 C 8	Address	AI DLOOD PALL	DONE
		& Zip NORWELL, MA	781-982-155
Lessee/DBA (If Applicable)		ifferent from Applicant)	Cost Of
	Name	11	Cost Of Work: \$ 75,000.00
2008	V 10 100		
217	Address		C of O Fee: \$
WW 17 508	City, State &	& Zip	Total Fee: \$
Project description: Dum River	E B I E WOUS (	f yes, please name	sa) and mezzintinte
Project description: DEMS BLOCK NOOVE IN SER	E WOUS ( IKE BDY K	NON EXPLESION FOR BL	OG) OND MEZZININE BOY DENO MEZZII L OPENING .
Project description: DEMS BLOCK  NOVE IN SERI  NOVE IN SERI	L WOUS ( IKE BAY K INSTOLL	NOW ESPLEARED FOR BU POLD, IN NIGH BU ON POORS IN DE	OF DENO MEZZININE  OF DENO MEZZIN  L OPENINGS.
Project description: DEM BLOG NOVE IN SERI NNO CEILING Contractor's name: MFK AS	L WOUS ( IKE BAY K INSTALL	NON ETELETRAL FOR BL DELD, IN NIGH B. ON POORS IN DE	OG) OND MEZZININE DOY DEED TEND MEZZIN L OPENINGS.
Project description: DEMS BLOCK  NOVE IN SELL  NNO CEILING  Contractor's name: MFK AS  Address: 63 JANNEON	L WOUS ( IKE BAY K INSTOLL ISON TOOL TOOO	NON EJELGIRA FOR BL DELD, IN NIGH B OH PAURS IN DE SINC.	OF OND MEZZINING DOY DEED TEND MEZZIN L OPENING. SEE PHOWED FO
Project description:  DEM BLOCK  NOVE IN SERI  NND CEILING  Contractor's name:  Address:  City, State & Zip  Son Bornyor	L WOUS ( IKE BAY K INSTALL KOCHOME DOOD I NH I	NON EXPLANANTOR BE PLED. IN NIGH BE ON PAULS IN 101 S, INC.	CO.) OND MEZZININE  DOY DEED DEND MEZZIN  L OPENING.  SEE PHONEO FI  CUS  Telephone: 603-345-199
Project description:  DEMS BLOCK  NOVE IN SELL  NOVE IN SE	L WOUS ( INE BAY A  INETOUL  BOOD  INETOUL  BOOD  INETOUL  BOOD  A NA C  BOOS	NON EXPLANANTOR BE PLED. IN NIGH BE ON PAULS IN 101 S, INC.	CO.) OND MEZZININE  DOY DEED DEND MEZZIN  L OPENING.  SEE PHONEO FI  CUS  Telephone: 603-345-199
Project description:  DEMS BLOCK  NOVE IN SERI  NOVE IN SE	L WOUS ( IKE BAY K INSTALL  RECYPORE  ROOD  NH  eady: Ross	NON EJELPIED FOR BE DELD. IN NIGH BE OH POORS IN DE S. INC. 03269 S. C. FOBINSON (VILL PRESIDE	Telephone: 63-346-19
Project description:  DEMS BLOCK  NOVE IN SERI  NNO CEILING  Contractor's name:  Maddress:  City, State & Zip  Son Born of North  Who should we contact when the permit is remaining address:  Some No North  Please submit all of the information	L MOUS (  INE BRY N  INSTRUCT  ROOD  I NH  eady: Ross  on outlined o	NON ESPLEADER FOR BE PLED. IN NIGH BE ON PAULS IN 101 S, INC. 03269 S C. FOBINSON (VILLE PRESIDE IN THE APPLICABLE CHE	Telephone: 63-345-199
Project description:  DEMS BLOCK  NOVE IN SERI  NOVE IN SE	L MOUS (  INE BRY N  INSTRUCT  ROOD  I NH  eady: Ross  on outlined o	NON EJELPIED FOR BE DELD. IN NIGH BE OH POORS IN DE S. INC. 03269 S. C. FOBINSON (VILL PRESIDE	Telephone: 63-345-199
Project description:  DENS BLOCK  NOUNCE IN SERV  NOUNCE IN SE	L MOUS (  INE BRY R  INSTRUCT  REAL PORTS  PROPERTY OF THE SERVICE  On outlined of the automatic	THE APPLICATION FOR BEING FOR BEING FOR BEING IN 1016 BEIN	Telephone: 63-345-199  Cklist. Failure to it.
Project description:  DEMS BLOCK  NBOVE IN SERI  NND CEILING  Contractor's name:  Address:  City, State & Zip  Son Borney  Who should we contact when the permit is r  Mailing address:  Please submit all of the information  do so will result in the contact to be sure the City fully understands the	L WOUS (  IKE BRY N  I	The splicable Checked of the project, the Planning and the project and the	Telephone: 63-345-199  Cklist. Failure to  it.  OND MEZZININE  DENO MEZZININE
Project description:  DEMS BLOCK  NBOVE IN SERI  NND CEILING  Contractor's name:  Address:  City, State & Zip  Son Borner  Who should we contact when the permit is r  Mailing address:  Please submit all of the information  do so will result in the	POOLS (AND AND AND AND AND AND AND AND AND AND	The splicable Check the project, the Planning and ermit. For further information	Telephone: 63-345-199  cklist. Failure to it.
Project description:  DEMS BLOCK  NBOVE IN SERI  NNO CEILING  Contractor's name:  Address:  City, State & Zip  Somboly or  Who should we contact when the permit is r  Mailing address:  Please submit all of the information  do so will result in the serior of the serior of the serior of the serior and other applications visit the Inspector  From and other applications visit the Inspector  Some Description:  Read Project description:  Please IN SERI  OND CEILING  OND CEIL	eady: Ross  on outlined of the automatic dissuance of a per citions Division of the named property	The splicable Check the project, the Planning and ermit. For further information, or that the owner of record as the project of the owner of record as the owner	Telephone: 63-365-199  Cklist. Failure to it.  d Development Department ion or to download copies of gov, or stop by the Inspections  authorizes the proposed work and

Signature: Date: 3/17/2008

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.

This is not a permit; you may not commence AMY work until the permit is issue

# TOWN OF PORTLAND

### Application for Building Permit Construction/Alteration/Addition to Single Famile/2 Family Dwelling Connecticut Building Code

What is Proposal?	Connecticut Building Code
EXISTING MEZZININES AS	Permit Fee:
SHOWN ON PLANS, RETROVE AND	C.O. Fee:
REPLACE ALL ON DOORS	
Estimated Costs of Construction (Labor & Materials):	Other Fees:
Estimated Costs of Construction (Labor & Materials).	TOTAL FEE:
Date: 2/15/2007 (Please Print or Type	e All Entries)
Property Location (Street Address): 333 Si Jouis	15 ET
Owner's Name (as it appears in Land Records:	THE CE
Street Address: 7/ N= 374 FIRK IKIE Town:	State: 11/4 Zip: 2061
Home Phone: Work Phone: 781-70 153	FAX: Mobile:
Applicant's Name (If other than Owner): MFK 0550C	
Street Address: 63 JONNSON FORD Town:	<b>3</b>
Home Phone: Work Phone: 603-286-9119	
General/Home Improvement Contractor:	
Job Site Supervisor: ROSS C. ROBINSON	
Purpose of the Permit: New Addition _ We	
Check Appropriate: Septic City Sewer Well Water City W	ater Other
Square Footage of Job: 1st 2nd	3 <sup>rd</sup>
Basement Garage	
s the property within the 100 year flood plain? Yes No/	
Description of Job Plan: 7 En 18 27 18 E 3 2 16/1	VE & KRIPGER AN TORING
CERTIFICATION: I hereby certify that: I am the owner of record of the authorized by the owner of record and/or I have been authorized to make this conform to all applicable laws, regulations and ordinances. All information of knowledge and belief:	e named property or that the proposed work is sapplication as an authorized agent, and we agree to contained within is true and accurate to the best of my
Print Name: ROSS C. ROBINSON Signature:	Date: 2/15/200
	, ,
Building Official: Completed A	Application Received Date:

Troperty Location Str	eet Address:			_ Lot # :	
Height of Building: St	tories:	Feet:			
Total Square Footage	of Building:				
List be low the gross s	square footage of ea	ch story, above and belo	ow grade:		
Story	Area in Sq. Ft.	Story	Area in Sq. Ft.	Story	Area in Sq. Ft.
011 77	1,60				
Architect's Information	n: (Attach as applic	able) License #:		<b>-</b>	
Engineer's Informatio	n: (Attach as applica	able) License #:			
Interior Design: (Attac	ch as applicable) L	icense #:			
DetailsPho Manufacturer's Lite	g PlansSite Plan tographsThresh eratureStatemen	sBuilding Sections old Review*Corres t of Special Inspections	<pre>spondenceAuthori *Other (describe)</pre>	zation of Applicar	t Other than Owner
Estimated Cost of Cor	istruction:		_ (Value of Labor & M	(laterials)	
by the owner of recor-	d and/or I have been	n authorized to make th	nis application as an a	uthorized agent, a	e proposed work is authorize nd we agree to conform to a ne best of my knowledge an
Not: *See instructions	Si	gnature of Owner/Auth	orized Agent	2CCa,	<u></u>
The follo	wing Ite	ms are for	Building	Official	's Use Only
	wing Ite	ms are for	Building	Official	's Use Only
Building Permit Fee:	wing Ite	ms are for	Building	Official	's Use Only
Building Permit Fee: Plan Review Fee:	- -		Building	Official	's Use Only
Building Permit Fee: Plan Review Fee: Certificate of Occupan	- -		Building	Official	's Use Only
Building Permit Fee: Plan Review Fee: Certificate of Occupan Other Fees:	cy Fee:		Building	Official	's Use Only
Building Permit Fee: Plan Review Fee: Certificate of Occupan Other Fees: Total Fee:Cash	cy Fee: Check		Building	Official	's Use Only
Building Permit Fee: Plan Review Fee: Certificate of Occupan Other Fees: Total Fee:Cash Completed Application	cy Fee: Check n Received Date:				's Use Only

# Asbestos Project Notification

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) 287-6220 FORM N

Notification	Notification 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-6220						Page 1 of 3	
2008 Revision							L	
Important Notice: The notice least 10 calendar days or reconotification must be typewrite	eived by the De	partment at least 5 worki	ng days pri	ior to the	start of an a	isbestos abatemo	ent project. This	
1. Project* Code	2. Type of	Notification	3. Typ	e of Acti	ivity	4. Variances		
AA-8003	Standard     Standard	(O)	Demolition (D		D)	(Check all	that apply)	
(Assigned by notification	Facility C	O&M (Annual)	⊠ Rene	Renovation (R		☐ Non-Stand	ard (NS)	
submitter) *See definition of project	Emergen	cy (E)	Repa	nir	1	Standard (	S)	
at Chapter 425.1.CCC	I	(Not Regulated)				☐ Notificatio	n Waiver (10 day)	
5. Asbestos Contractor	<u> </u>		6. Faci	lity Owr	ner			
Name Abatement Alliance Services			Name	Sullivar	Tire Corp			
Address 236 Eaton Hill RD			Mailing .	Address	333 ST John	n ST		
City Rumford State M	E Zip 04276	;	City	Portland	State ME	E Zip 04101		
Contact Brent Wells			Contact			-		
TEL 364-3846 FAX 3	64-3896		TEL		FAX			
7. Facility Location (Whe	re removal is t	to take place)		8. Fa	cility Descr	ription		
BLDG Name Sullivan Tir	e Corp			Present	t Use Tire	e Company		
Floor and/or Rm.# Garage	Вау		Prior Use Garage					
Physical Address 333 ST Jol	m ST		BLDG Size 6700sq ft No. Floors 2				ors 2	
City Portland State M	E Zip 04101		BLDG Age 33yrs					
9. Notification Fees (Requ		9A. Notification Fee N	ot Includ	ed	10. Proje	ct Work Hours	5	
must accompany notific		☐ Single family home exemptio		ı	7:00 AM	to 5:00 PM (Sh	now actual hours)	
\$100.00 = ACM amounts SqFt/100 LnFt to 1000 SqFt/4		ACM amount less t	han 100 SaFt/100					
		LnFt		WEEK.		days (Check all that apply)		
	greater than	Fees paid quarterly	Fees paid quarterly (Non-Schedul					
-		O&M only)				(Check all that	apply)	
Not Required or Not Inclu (Complete Block #9A)	uded	BGS exemption	☐ Sat ⊠ Sun				~FF-37	
11. Scheduled Dates for Asl	bestos Project							
Project Start Date (mm/dd/yy)	03/16/08	Project Completion Date	03/1	6/08				
ACM Removal Dates (from)		(to)	03/16/0	8				
12. Asbestos (ACM) Remov	al 					ME D	EP USE ONLY	
ACM Type		Amount		Measu	rement	Postmark/	FAX/ hand delivere	
Elbows		27	SqFt	I	LnFt 14	<b>—</b>		
Transite		60	SqFt	X LnFt		Date Recei	ved	
			SqFt	I	LnFt	Check #		
			SqFt		nFt	NESHAP		
			SqFt	I	_nFt	State		
	<del></del>		SqFt	L	nFt	Variance		
S. R. J. C. GAGG ST. JUNE 14 D. C. ST 3	· ·	_L	<u> </u>					

Asbestos		e of Maine	FORM
Project	<u> </u>	nvironmental Protection	N
Notification	f .	fazard Prevention Program tion, Augusta, ME 04333	17
		51 FAX (207) 287-6220	Page 2 of 3
2008 Revision Project Code	13. Demolition (complete as applica	able)	
Troject code		unsound) by State or local government (attach	convert order and
AA-8003		letermined building structurally unsound)	copy of order and
(As listed on page 1)	All other demolitions	etermined building sudeturally misound)	
	An other demonitions		
14. Procedure Used to Dete	Demolition Dates: to	15. Project Clearance	
		1	····) and Compony)
Testing Assumed Po	_	Visual evaluation by: (Air Monitor (if known	wn) and Company)
Method PLM	☐ TEM	Brent Wells- Abatement Alliance Services	
Sampled By Tom Hatch	(Print Name)	Air Clearance by: (Air Monitor (if known)	and Company)
Company NTC	,		
		sbestos, signed bulk sampling disclosure for vailable for review by the Department.	ms must be at the
16. Asbestos Abatement Me	ethods (check all that apply & submit	variance request (Form V) if required)	
Regulated area with conta	ainment consisting of 2-layers 4 mil po	oly on walls & ceiling & 2 layers 6 mil poly on	floors
Regulated area with contr	ainment consisting of 1-layer 6 mil pol	ly on walls & ceiling & 2 layers 6 mil poly on	floors
Regulated area with Exc	lusion zone	☐ Intact flooring demo by hea	vy equipment
Multiple non-contiguous	glovebags (variance required)	Adhesive by grinding or be	ad blasting
Contiguous glovebags les	ss than 30 Ln/ft (variance required)	Enclosure	
☐ Wrap & cut- TSI in good	condition (no containment)(variance r	equired)	
☐ Wrap & cut- TSI not in g	ood condition (containment required)	Roofing removal by mechan	nical saws/cutters
Flooring by mechanical e	quipment/ice scrapers/pry bars	Other (specify)	
	st be ME DEP licensed Non-	18. Disposal Site	
Hazardous Waste Transpor	ter)	Name WM Disp. Services of Maine	
Name Archies Disposal		Address 356 Mercer Rd.	
Address PO Box 367	7: 04257	City Norridgewock State me Zip 04	957
Contact Allen	Zip 04257	Contact	
Contact Allen TEL 877-868-3725 FAX	v	TEL 634-2714 FAX	
TEL 877-868-3725 FA	. <u></u>		
•	•,	ined in this notification is true and accurate	4 41-4 41-
asbestos abatement contract 425, the Asbestos Manageme	or will be/has been contracted to im	plement work practices as required by Main	, and that the ie DEP Chapter
X BI hea	J		
Signature		Print Name & Brant Wells	
Date 03/10/08		7,70	
Mailing Address 236 Eaton H	HII Rd		
City Rumford State ME			
-	27 0C4 000C		1

# Asbestos Project

#### State of Maine

Department of Environmental Protection Lead & Asbestos Hazard Prevention Program

**FORM** N

Project Code AA-8003  20. Emergency Notification Complete when a waiver to the necessitated by a sudden, une personnel pursuant to duties a soon as possible, but no later Detailed Explanation (In	17 State HorTEL (207  (oral notification must be made standard notification period expected event such as non-row within their official capacities than 72 hours after the emerginal capacities.	l is requested for an <u>emergen</u> itine failures of equipment of Written emergency notifica ency.	E 04333 7-6220 the emergency) acy asbestos removal proje r by actions of fire and en ation must be received by	nergency medical
Signature (Emergency Notific  Date 03/10/08  MEDEP Action on Emerger  APPROVED []  (date)	ncy Notification	Print Nan		
21. Notification Waiver Rec Complete when a waiver to the predicted the event & other no	e standard notification period ptification procedures would r	is requested when reasonable to suffice to protect public h	le planning & foresight co	ould not have Examples include
discovering additional asbesto (e.g., within a wall cavity or p episode), or unforeseeable circ Detailed Explanation	lumbing chase), a public heal cumstance (e.g., boiler & asso an only do removel on Sund	th threat exists or will develor ciated piping/valves failure).	op (e.g. clean up following	
Signature (Notification Waive Date 03/10/08	r requested by)	Print Nam	nex Brent We	.16
MEDEP Action on Notificat  APPROVED  Obtain	ion Waiver Request DISAPPROVED (by)			

mar ic um umiu4a

Hbatement Alliance Servic 3643896

# Asbestos Droiset

State of Maine

Department of Environmental Protection

FORM

Arojeci	Lead & Ashestos Hazard Prevention Program	! 17
Notification	17 State House Station, Augusta, ME 04333	<b>\</b>
Project Code	TEL (207) 267-2651 FAX (207) 287-6220	Page 3 of 3
AA-8003		2008 Revision
20. Emergency Modification	(oral notification must be made within ! working day of the emergency)	
necessitated by a sudden, unca personnol parament to duties w	e standard notification period is requested for an <u>emergency</u> asbestos removal purported event such as non-remine failures of equipment or by actions of fire and inthin their official expacities. Written emergency notification must be received han 72 hours offer the emergency.	omergency medical
Detailed Explanation (In	schude the date and hour on which the emergency occurred)	
•	• • •	
• •		
Signature (Emergency Notific	etion requested by) Print Name: X	
Date (13/10/08		
MEDEP Action on Emergen	es Nutification	
(date)	DISAPPROVED (by)	
21 North day Waster the	nest (must be received by MEDEP at least 24 hours prior to the start of the project	
•	•	
predicted the event & other nor discovering additional asbested (e.g., within a wall cavity or pl	e standerd notification period is requested when reasonable planning & foresight iffication procedures would not suffice to protect public health & the environmes secondining material during a renovation or demolition for which an asbasios in umbing chase), a public health threat exists or will develop (e.g. clean up follow unistance (e.g., boiler & associated piping/valves failure).	ns. Examples include specifical was conducted
Detailed Explanation Co	en only do removel on Sunday, due to company hours of operation	
To Rell	>	
Signature (Notification Waiver		تارجا
•	A TIME ATMAINS TO	
Daic 03/10/08		

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WAINE DEP

DISAPPROVED (by)\_

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#### 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?	ES 🗆 no 🗆 no inspection or survey required (post-1980 2-4 unit	)
		_
property address:	building description:	
Sullivan Tire	□ pre-1981 residential with 2-4 units	
333 St. Johns Street	□ post-1980 residential with 2-4 units	

other:

asbestos survey performed by: (name & address) asbestos inspection performed by: (name of tom Hatch/ Northeast Test Consultants licensed Asbestos Consultant)

587 Spring Street

Westbrook, Me 04096

telephone: (207) 854 - 3939

Northeast Test Consultants

ME DEP SF-0004

telephone: (207) 854 - 3939

property owner: (name & address) demolition contractor: (name & address)

FORSLOWD 1333 SI JAN SI ZEDUSY TRES PLOYD & BROWN OF CONSTRUCTION CO. L. C.

41 DELOED PORL DENS 165 MOSRED FORD

MORNEY, MD. GORDON ME 04088

telephone: 781 - 982 - 1580 telephone: 207 - 892 - 0736

demolition start date:

demolition end date:

demolition start date:

demolition end date:

Notification Submitted by: (please print)

Portland, ME 04101

Date Submitted

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

Revised July 2004 from your building prior to demolition!



#### 41 Accord Park Drive Norwell, Massachusetts 02061

Phone (761) 982-1550 Fax (781) 871-0176 Email: <u>Roy Doplon@sullivantire.com</u>

Legal/Real Estate Department

February 19, 2008

City of Portland Planning & Development Department 389 Congress Street Portland, ME 04101

333 St. John Street, Portland, ME

To whom it may concern:

Sullivan Tire Company has authorized MFK Associates, Inc. to be their agent in charge of construction for the work being performed at the above stated location.

If there are any questions or we can be of any service please feel free to contact me. Thank you for your cooperation with this matter.

Sincerely,

Roy A. Donlon

RAD/

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02/06/2008 WED 14:50 FAX

### ACORD CERTIFICATE OF LIABILITY INSURANCE

☑ 001/002 DATE (MM/DD/YYY) 02/06/2008

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		Sanbornton, NH 03269		INSURER C:			1	
		Janson Heon, Mil 03203				<del>_</del>	$\dashv$	
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