

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080256

APR 1 - 1 2008

PERMIT ISSUED

CITY OF PORTLAND

This is to certify that SULLIVAN ROBERT D T STEE /MEK Associates
 has permission to remove some Non structural block wall to provide one, install doors in all openings
 AT 333 ST JOHN ST PORTLAND OR 97201 PL 065 C008001

provided that the person or persons firm or person 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.

Classification of inspection must be given and when permission is procured before this building or part thereof is occupied or service is closed-in. 4
 YOUR 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. Craig Cross
 Health Dept. _____
 Appeal Board _____
 Other _____
 Department Name _____

James Burke 3/28/08
 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: 08-0236 | Issue Date: | CBL: 065 C008001 |
|-----------------------|-------------|---------------------|

| | | | |
|---|---|--|---------------------|
| Location of Construction: 333 ST JOHN ST | Owner Name: SULLIVAN ROBERT D TRUSTE | Owner Address: 41 ACCORD PARK DR | Phone: |
| Business Name: | Contractor Name: MFK Associates | Contractor Address: 63 Johnson Road Sawbormon | Phone 6033651998 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | Zone: B-2 |

| | | | | |
|---|--|-------------------------|------------------------------|--------------------|
| Past Use: Commercial - Sullivan Tire - | Proposed Use: Commercial - Sullivan Tire - remove some Non structural block walls & Mezzanine, install Doors in all openings | Permit Fee: \$770.00 | Cost of Work: \$75,000.00 | CEO District: 2 |
|---|--|-------------------------|------------------------------|--------------------|

| | |
|--|--|
| FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: S1 Type: 2 IBL-2003 |
|--|--|

Proposed Project Description:
remove some Non structural block walls & Mezzanine, install Doors in all openings

Signature: *Craig Cass* Signature: *AMB 3/28/08*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

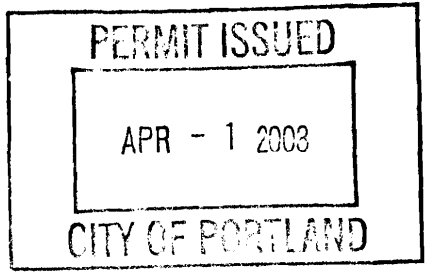
Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

| | | | |
|-----------------------------|---------------------------------|------------------------|--|
| Permit Taken By: Idobson | Date Applied For: 03/17/2008 | Zoning Approval | |
|-----------------------------|---------------------------------|------------------------|--|

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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: <i>3/17/08</i> | 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 Date: _____ |
|--|---|--|



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: 08-0236 | Date Applied For: 03/17/2008 | CBL: 065 C008001 |
|------------------------------|--|----------------------------|

| | | | |
|--|--|---|--------------------------------|
| Location of Construction: 333 ST JOHN ST | Owner Name: SULLIVAN ROBERT D TRUSTE | Owner Address: 41 ACCORD PARK DR | Phone: |
| Business Name: | Contractor Name: MFK Associates | Contractor Address: 63 Johnson Road Sawbormon | Phone (603) 365-1998 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | |

| | |
|--|---|
| Proposed Use: Commercial - Sullivan Tire - remove some Non structural block walls & Mezzanine, install Doors in all openings | Proposed Project Description: remove some Non structural block walls & Mezzanine, install Doors in all openings |
|--|---|

| | | | |
|---|---|----------------------------------|---|
| Dept: Zoning | Status: Approved with Conditions | Reviewer: Marge Schmuckal | Approval Date: 03/17/2008 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) Separate permits shall be required for any new signage. | | | |
| 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: Jeanine Bourke | Approval Date: 03/28/2008 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) All glazing must meet safety requirements of IBC 2003 Sec. 2406 | | | |
| 2) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process. | | | |
| 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work. | | | |

| | | | |
|--|---|---------------------------------|---|
| Dept: Fire | Status: Approved with Conditions | Reviewer: Capt Greg Cass | Approval Date: 03/19/2008 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) Demo of mezzanine only with new exterior doors. | | | |



General Building 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>333 ST JOHN STREET, PORTLAND, ME</u> | | |
| Total Square Footage of Proposed Structure/Area <u>6700 sq ft</u> | | Square Footage of Lot |
| Tax Assessor's Chart, Block & Lot Chart# <u>265</u> Block# <u>C</u> Lot# <u>8</u> | Applicant * <u>must be owner</u> , Lessee or Buyer* Name <u>PORTLAND / 333 ST JOHN ST. REDDY TRUST</u> Address <u>41 SCOTT PARK DRIVE</u> City, State & Zip <u>NORWELL, MA</u> | Telephone: <u>781-982-1550</u> |
| Lessee/DBA (If Applicable) | Owner (if different from Applicant) Name Address City, State & Zip | Cost Of Work: \$ <u>75,000.00</u> C of O Fee: \$ _____ Total Fee: \$ _____ |
| <p>Current legal use (i.e. single family) <u>TIRE GORGE, SERVICE</u></p> <p>If vacant, what was the previous use? _____</p> <p>Proposed Specific use: <u>SAME</u></p> <p>Is property part of a subdivision? <u>NO</u> If yes, please name _____</p> <p>Project description: <u>DEMOL BLIND WALLS (NON STRUCTURAL FOR BLDG.) AND MEZZININE ABOVE IN SERVICE BOY DEED. IN HIGH BOY DEED DEMO MEZZININE AND CEILING. INSTALL ON RAFTERS IN ALL OPENINGS.</u></p> | | |
| Contractor's name: <u>MAFK ASSOCIATES, INC.</u> <u>SEE ATTACHED PLANS</u> | | |
| Address: <u>63 JOHNSON ROAD</u> | | City, State & Zip: <u>SOMERSET, NH 03269</u> |
| Telephone: <u>603-865-1998</u> | | Who should we contact when the permit is ready: <u>ROSS C. ROBINSON</u> Telephone: <u>603-896-4419</u> |
| Mailing address: <u>SAME AS ABOVE</u> | | (VICE PRESIDENT) |

MAR 17 2008

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

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:

Date:

3/17/2008

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

TOWN OF PORTLAND

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

What is Proposal? DEMOLITION OF
EXISTING MEZZININES AS
SHOWN ON PLANS, REMOVE AND
REPLACE ALL ON DOORS

Permit Fee: _____

C.O. Fee: _____

Other Fees: _____

Estimated Costs of Construction (Labor & Materials): _____

TOTAL FEE: _____

Date: 2/15/2008 (Please Print or Type All Entries)

Property Location (Street Address): 333 ST. JAMES ST

Owner's Name (as it appears in Land Records): SULLIVAN TIRE CO

Street Address: 71 DESSA PARKWAY Town: PORTLAND State: MA Zip: 02061

Home Phone: _____ Work Phone: 781-771-1550 FAX: _____ Mobile: _____

Applicant's Name (If other than Owner): MFK ASSOCIATES, INC.

Street Address: 63 JOHNSON ROAD Town: SOMERENTON State: NH Zip: 03269

Home Phone: _____ Work Phone: 603-286-9919 FAX: 603-286-2998 Mobile: 603-365-1998

General/Home Improvement Contractor: _____ License #: _____

Job Site Supervisor: ROSS C. ROBINSON Phone #: CELL 603-365-1998

Purpose of the Permit: New ___ Addition ___ Well Water ___ City Water ___ Other X

Check Appropriate: Septic ___ City Sewer ___ Well Water ___ City Water ___ Other ___

Square Footage of Job: 1st _____ 2nd _____ 3rd _____
Basement _____ Garage _____ Total Sq. Ft. _____

Is the property within the 100 year flood plain? Yes ___ No X

Description of Job Plan: REMOVE OF MEZZININE & REPLACE IN TYPICAL

CERTIFICATION: I hereby certify that: ___ I am the owner of record of the named property or X that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief:

Print Name: ROSS C. ROBINSON Signature: Ross C. Robinson Date: 2/15/2008

Building Official: _____ Completed Application Received Date: _____

Page 2 (Continuation of Building Permit Application)

Property Location Street Address: _____ Lot #: _____

Height of Building: Stories: _____ Feet: _____

Total Square Footage of Building: _____

List below the gross square footage of each story, above and below grade:

| Story | Area in Sq. Ft. | Story | Area in Sq. Ft. | Story | Area in Sq. Ft. |
|-----------|-----------------|-------|-----------------|-------|-----------------|
| 3rd FLOOR | | | | | |
| | | | | | |
| | | | | | |

Architect's Information: (Attach as applicable) License #: _____

Engineer's Information: (Attach as applicable) License #: _____

Interior Design: (Attach as applicable) License #: _____


Documents Submitted/Attached

Zoning
 Building Plans
 Site Plans
 Building Sections
 Building Elevations
 Health Reports
 Calculations
 Details
 Photographs
 Threshold Review*
 Correspondence
 Authorization of Applicant Other than Owner
 Manufacturer's Literature
 Statement of Special Inspections*
 Other (describe) _____

Estimated Cost of Construction: \$1,000,000 (Value of Labor & Materials)

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/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief:

Not: *See instructions

Signature of Owner/Authorized Agent 

The following Items are for Building Official's Use Only

Building Permit Fee: _____

Plan Review Fee: _____

Certificate of Occupancy Fee: _____

Other Fees: _____

Total Fee: Cash Check _____

Completed Application Received Date: _____

Signature of Building Official: _____

| | | |
|--|--|---|
| <p>Asbestos Project Notification</p> <p>2008 Revision</p> | <p>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</p> | <p>FORM N</p> <p>Page 1 of 3</p> |
|--|--|---|

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.

| | | | |
|--|--|---|--|
| <p>1. Project* Code</p> <p>AA-8003 (Assigned by notification submitter) *See definition of project at Chapter 425.1.CCC</p> | <p>2. Type of Notification</p> <p><input checked="" type="checkbox"/> Standard (O) <input type="checkbox"/> Facility O&M (Annual) <input type="checkbox"/> Emergency (E) <input type="checkbox"/> Courtesy (Not Regulated)</p> | <p>3. Type of Activity</p> <p><input type="checkbox"/> Demolition (D) <input checked="" type="checkbox"/> Renovation (R) <input type="checkbox"/> Repair</p> | <p>4. Variances (Check all that apply)</p> <p><input type="checkbox"/> Non-Standard (NS) <input checked="" type="checkbox"/> Standard (S) <input type="checkbox"/> Notification Waiver (10 day)</p> |
|--|--|---|--|

| | |
|--|--|
| <p>5. Asbestos Contractor</p> <p>Name Abatement Alliance Services Address 236 Eaton Hill RD City Rumford State ME Zip 04276 Contact Brent Wells TEL 364-3846 FAX 364-3896</p> | <p>6. Facility Owner</p> <p>Name Sullivan Tire Corp Mailing Address 333 ST John ST City Portland State ME Zip 04101 Contact TEL FAX</p> |
|--|--|

| | |
|--|---|
| <p>7. Facility Location (Where removal is to take place)</p> <p>BLDG Name Sullivan Tire Corp Floor and/or Rm.# Garage Bay Physical Address 333 ST John ST City Portland State ME Zip 04101</p> | <p>8. Facility Description</p> <p>Present Use Tire Company Prior Use Garage BLDG Size 6700sq ft No. Floors 2 BLDG Age 33yrs</p> |
|--|---|

| | | |
|---|---|---|
| <p>9. Notification Fees (Required fees must accompany notification)</p> <p><input type="checkbox"/> \$100.00 = ACM amounts 100 SqFt/100 LnFt to 1000 SqFt/5000 LnFt. <input type="checkbox"/> \$200.00 = ACM amounts greater than 1000 SqFt/5000 LnFt. <input checked="" type="checkbox"/> Not Required or Not Included (Complete Block #9A)</p> | <p>9A. Notification Fee Not Included</p> <p><input type="checkbox"/> Single family home exemption <input checked="" 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</p> | <p>10. Project Work Hours</p> <p>7:00 AM to 5:00 PM (Show actual hours)</p> <p>Weekdays (Check all that apply)</p> <p><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F</p> <p>Weekend (Check all that apply)</p> <p><input type="checkbox"/> Sat <input checked="" type="checkbox"/> Sun</p> |
|---|---|---|

11. Scheduled Dates for Asbestos Project

Project Start Date (mm/dd/yy) 03/16/08 Project Completion Date 03/16/08
 ACM Removal Dates (from) 03/16/08 (to) 03/16/08

| 12. Asbestos (ACM) Removal | | | ME DEP USE ONLY | |
|----------------------------|--------|--------------|-------------------------------|--|
| ACM Type | Amount | Measurement | Postmark/ FAX/ hand delivered | |
| Elbows | 27 | SqFt LnFt 14 | _____ | |
| Transite | 60 | SqFt X LnFt | Date Received _____ | |
| | | SqFt LnFt | Check # _____ | |
| | | SqFt LnFt | NESHAP _____ | |
| | | SqFt LnFt | State _____ | |
| | | SqFt LnFt | Variance _____ | |

Asbestos Project Notification

2008 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) 287-6220

FORM N
Page 2 of 3

Project Code

AA-8003
(As listed on page 1)

13. Demolition (complete as applicable)
 Ordered demolition (structurally unsound) by State or local government (attach copy of order and name of professional engineer who determined building structurally unsound)
 All other demolitions

Demolition Dates: _____ to _____

14. Procedure Used to Detect Presence of Asbestos
Testing Assumed Positive Tested Positive
Method PLM TEM
Sampled By Tom Hatch
(Print Name)
Company NTC

15. Project Clearance
Visual evaluation by: (Air Monitor (if known) and Company)
Brent Wells- Abatement Alliance Services
Air Clearance by: (Air Monitor (if known) and Company)

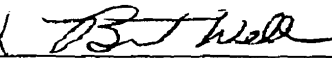
Note: Whenever building materials are assumed to contain asbestos, signed bulk sampling disclosure forms must be at the asbestos abatement project site and available for review by the Department.

16. Asbestos Abatement Methods (check all that apply & submit variance request (Form V) if required)
 Regulated area with containment consisting of 2-layers 4 mil poly on walls & ceiling & 2 layers 6 mil poly on floors
 Regulated area with containment consisting of 1-layer 6 mil poly on walls & ceiling & 2 layers 6 mil poly on floors
 Regulated area with Exclusion zone
 Multiple non-contiguous glovebags (variance required)
 Contiguous glovebags less than 30 Ln/ft (variance required)
 Wrap & cut- TSI in good condition (no containment)(variance required)
 Wrap & cut- TSI not in good condition (containment required)
 Flooring by mechanical equipment/ice scrapers/pry bars
 Intact flooring demo by heavy equipment
 Adhesive by grinding or bead blasting
 Enclosure
 Encapsulation
 Roofing removal by mechanical saws/cutters
 Other (specify)

17. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter)
Name Archies Disposal
Address PO Box 367
City Mexico State ME Zip 04257
Contact Allen
TEL 877-868-3725 FAX

18. Disposal Site
Name WM Disp. Services of Maine
Address 356 Mercer Rd.
City Norridgewock State me Zip 04957
Contact
TEL 634-2714 FAX

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.



Signature
Date 03/10/08
Mailing Address 236 Eaton Hill Rd
City Rumford State ME Zip 04276

\ Print Name *X* Brent Wells

**Asbestos
Project
Notification**

Project Code
AA-8003

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**

Page 3 of 3

2008 Revision

20. Emergency Notification (oral notification must be made within 1 working day of the emergency)

Complete when a waiver to the standard notification period is requested for an emergency asbestos removal project which is necessitated by a sudden, unexpected event such as non-routine failures of equipment or by actions of fire and emergency medical personnel pursuant to duties within their official capacities. Written emergency notification must be received by the Department as soon as possible, but no later than 72 hours after the emergency.

Detailed Explanation (Include the date and hour on which the emergency occurred)

X
Signature (Emergency Notification requested by)

Print Name X

Date 03/10/08

MEDEP Action on Emergency Notification

APPROVED **DISAPPROVED** (by) _____
(date) _____

21. Notification Waiver Request (must be received by MEDEP at least 24 hours prior to the start of the project)

Complete when a waiver to the standard notification period is requested when reasonable planning & foresight could not have predicted the event & other notification procedures would not suffice to protect public health & the environment. Examples include discovering additional asbestos-containing material during a renovation or demolition for which an asbestos inspection was conducted (e.g., within a wall cavity or plumbing chase), a public health threat exists or will develop (e.g. clean up following a fiber release episode), or unforeseeable circumstance (e.g., boiler & associated piping/valves failure).

Detailed Explanation Can only do removal on Sunday, due to company hours of operation

X
Signature (Notification Waiver requested by)

Print Name X Brent Wells

Date 03/10/08

MEDEP Action on Notification Waiver Request

APPROVED **DISAPPROVED** (by) _____
(date) _____

| | | |
|--|---|---|
| Asbestos Project Notification Project Code AA-4003 | 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 Page 3 of 3 2006 Revision |
|--|---|---|

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Complete when a waiver to the standard notification period is requested for an emergency asbestos removal project which is necessitated by a sudden, unexpected event such as non-routine failures of equipment or by actions of fire and emergency medical personnel pursuant to duties within their official capacities. Written emergency notification must be received by the Department as soon as possible, but no later than 72 hours after the emergency.

Detailed Explanation (Include the date and hour on which the emergency occurred)

[Signature]
Signature (Emergency Notification requested by)

Print Name *JG*

Date 03/10/08

MEDEP Action on Emergency Notification

APPROVED DISAPPROVED (by) _____
(date) _____

21. Notification Waiver Request (must be received by MEDEP at least 24 hours prior to the start of the project)

Complete when a waiver to the standard notification period is requested when reasonable planning & foresight could not have predicted the event & other notification procedures would not suffice to protect public health & the environment. Examples include discovering additional asbestos-containing material during a renovation or demolition for which an asbestos inspection was conducted (e.g., within a wall cavity or plumbing chase), a public health threat exists or will develop (e.g. clean up following a fiber release episode), or unforeseeable circumstance (e.g., boiler & associated piping/valves failure).

Detailed Explanation Can only do removal on Sunday, due to company hours of operation

[Signature]
Signature (Notification Waiver requested by)

Print Name *Brent Wells*

Date 03/10/08

MEDEP Action on Notification Waiver Request

APPROVED DISAPPROVED (by) *Steph [Signature]* 3/10/08
(date) _____

SLJ



**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: Sullivan Tire 333 St. Johns Street Portland, ME 04101 | building description: <input type="checkbox"/> pre-1981 residential with 2-4 units <input type="checkbox"/> post-1980 residential with 2-4 units <input checked="" type="checkbox"/> other: <i>Commercial Structure</i> |
| asbestos survey performed by: (name & address) tom Hatch/ Northeast Test Consultants 587 Spring Street Westbrook, Me 04096 telephone: (207) 854 - 3939 | asbestos inspection performed by: (name of licensed Asbestos Consultant) Northeast Test Consultants ME DEP SF-0004 telephone: (207) 854 - 3939 |
| property owner: (name & address) <i>FORTUONO / 333 ST JOHN ST PORTLAND ME 41 KILGORE PARK DRIVE WOBURN, MA</i> telephone: <i>781 - 982 - 1550</i> | demolition contractor: (name & address) <i>FLOYD & BROWN JR CONSTRUCTION CO. INC 165 MOCKER ROAD GORHAM, ME 04088</i> telephone: <i>207 - 852 - 0739</i> |
| demolition start date: | demolition end date: |

3/17/2008

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!



41 Accord Park Drive Norwell, Massachusetts 02061

Phone (781) 982-1550

Fax (781) 871-0176

Email: Roy.Donlon@sullivanfire.com

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,

A handwritten signature in black ink, appearing to read "Roy A. Donlon".

Roy A. Donlon

RAD/

1/17/08

