

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 070765

Please Read Application And Notes, If Any, Attached

This is to certify that SHALOM HOUSE INC /The Baxter Co
has permission to Demo bldg and foundation th backfill
AT 286 PARK AVE

PERMIT ISSUED
JUL 16 2007
CITY OF PORTLAND

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 work in progress must be reported before this building or part thereof is closed 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. Craig Ches
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 7/11/07
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: 07-0765	Issue Date:	CBL: 065 D001001
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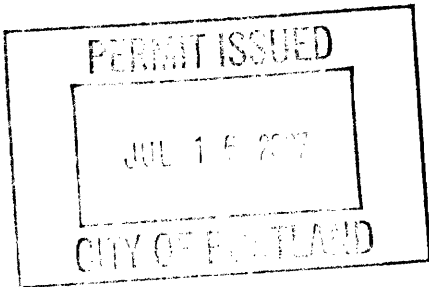
Location of Construction: 286 PARK AVE	Owner Name: SHALOM HOUSE INC	Owner Address: PO BOX 560	Phone:
Business Name:	Contractor Name: The Thaxter Company	Contractor Address: 55 Bell Street Portland	Phone 2077753499
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions - Building	Zone: B-2

Past Use: Commercial / gas station	Proposed Use: Commercial / gas station Demo bldg and foundation then backfill	Permit Fee: \$170.00	Cost of Work: \$15,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: J Type: Demo IBC 2003	

Proposed Project Description: Demo bldg and foundation then backfill	Signature: <i>Craig Casper</i>	Signature: <i>[Handwritten Signature]</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: dmartin	Date Applied For: 06/26/2007	Zoning Approval
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- 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>06/26/07</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:
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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: 07-0765	Date Applied For: 06/26/2007	CBL: 065 D001001
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Location of Construction: 286 PARK AVE	Owner Name: SHALOM HOUSE INC	Owner Address: PO BOX 560	Phone:
Business Name:	Contractor Name: The Thaxter Company	Contractor Address: 55 Bell Street Portland	Phone: (207) 775-3499
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions - Building	

Proposed Use: Commercial / gas station Demo bldg and foundation then backfill	Proposed Project Description: Demo bldg and foundation then backfill
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 06/26/2007

Note: see comments

Ok to Issue:

- 1) It is understood that this site has already received a site plan review from the planning division. PLEASE NOTE: sparate permits shall be required for the new parking lot use that is proposed. Please check with the planning division concerning site plan requirements that need to be met prior to the issuance of a final approved site plan.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 07/11/2007

Note:

Ok to Issue:

- 1) As discussed on site, any environmental hazards that are found during the demolition must be properly removed.

Dept: Fire **Status:** Approved **Reviewer:** Capt Greg Cass **Approval Date:** 06/27/2007

Note:

Ok to Issue:

Comments:

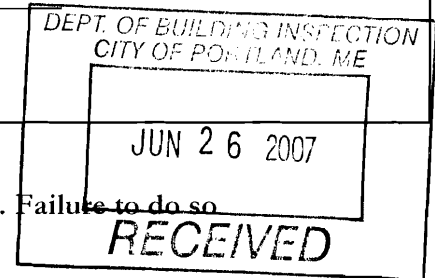
6/26/2007-mes: There is to be a new parking lot for Shalom House on this lot - went thru site plan review under #2005-0238 called 315 Valley Street. This would also need a building permit for the new parking lot use.



Demolition of a Structure Permit Application

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

Location/Address of Construction 286 Park Ave		
Total Square Footage of Proposed Structure 1600 SF		Square Footage of Lot 13,000 +/-
Tax Assessor's Chart, Block & Lot Chart# 65 Block# D Lot# 1+10	Owner: Shalom House Inc	Telephone: 874-1680
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Thaxter Company 55 Bell St. Portland 878-5553	Cost Of Work: \$ 15,000.00 Fee: \$ 170.00
Current legal use: (i.e. garage, warehouse) VACANT If vacant, what was the previous use? GAS STATION How long has it been vacant?: 5 yrs.		
Project description: Demolish building and foundation, backfill w/ gravel and compact.		
Contractor's name, address & telephone: Thaxter Co.		
Who should we contact when the permit is ready: STEVE KELTONIC		
Mailing address: _____ Phone: 653-9821		



Please submit all of the information outlined in the Demolition call list. 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 of applicant: Stephen Kelton	Date: 6/22/07
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This is not a permit; you may not commence ANY work until the permit is issued.

✓ # 33624



Demolition Call List & Requirements

Site Address: 315 Valley St
Structure Type: Block, brick, steel

Owner: Shalom House, Inc.
Contractor: The Thayer Co

Utility Approvals

Utility Approvals	Number	Contact Name/Date
Central Maine Power	1-800-750-4000	<u>GINDY DESCHENES - 4/27/07</u>
Northern Utilities	797-8002 ext 6241	<u>MARY ALEN - 4/27/07</u>
Portland Water District	761-8310	<u>DAVE DOUMERTY - 4/27/07</u>
Dig Safe	1-888-344-7233	<u>KIM GRIFFIN - 4/30/07</u>

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

DPW/ Traffic Division (L. Cote)	874-8891	<u>WALY COTE - 5/1/07</u>
DPW/ Sealed Drain Permit (C. Merritt)	874-8822	<u>CAROL MERRITT - 5/1/07</u>
Historic Preservation	874-8726	<u>DEB ANDREWS - 5/1/07</u>
Fire Dispatcher	874-8576	<u>JIM RICHARDS - 5/1/07</u>

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 _____

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: Stephen J. Keaton

Date: 6/22/07

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov

978 5424

Asbestos Project Notification J4 Revision	State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-7826 Kyle Rickett	FORM N Page 1 of 6
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Important Notice: The notification submitter must send a complete notification including any applicable fee which is postmarked at least 10 calendar days or received by the Department at least 5 working days prior to the start of an asbestos abatement project. This notification must be typewritten or easily legible. An incomplete notification is not acceptable & therefore not of record.

1. Project* Code APC- 07-148	2. Type of Notification <input checked="" type="checkbox"/> Standard (O) <input type="checkbox"/> Facility O&M (Annual) <input type="checkbox"/> Emergency (E) <input type="checkbox"/> Courtesy (Not Regulated)	3. Type of Activity <input checked="" type="checkbox"/> Demolition (D) <input type="checkbox"/> Renovation (R) <input type="checkbox"/> Repair	4. Variances <input type="checkbox"/> Non-Standard (NS) <input type="checkbox"/> Standard (S) <input type="checkbox"/> Notification Waiver (10 day)
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5. Asbestos Contractor Name Abatement Professionals Corporation Address 590 County Rd Suite #2 City Westbrook, Maine 04092 Contact Kyle Rickett TEL 207-773-1276 FAX 207-772-1203	6. Facility Owner Name: Thaxter Company Mailing Address: bell st City, State, Zip: Portland, Maine Contact: Trevor Thaxter TEL: _____ FAX: _____
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7. Facility Location (Where removal is to take place) BLDG Name Vacant Room and/or Rm.# Through-out Physical Address Gilman & Park St City, State, Zip: Portland, Maine	8. Facility Description Present Use Vacant Prior Use _____ BLDG Size _____ No. Floors _____ BLDG Age _____
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9. Notification Fees (Required fees must accompany notification) <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)	9A. Notification Fee Not Included <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	10. Project Work Hours 7:00 AM to 3:30 PM (Show actual hours) Weekdays (Check all that apply) <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> F Weekend (Check all that apply) Sat Sun
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11. Scheduled Dates for Asbestos Project

Project Start Date **6/11/07** Project Completion Date **6/11/07**

ACM Removal Dates (from) _____ (to) _____

12. Asbestos (ACM) Removal			ME DEP USE ONLY
ACM Type	Amount	Measurement	Postmark/ FAX/ hand delivered
Floortile	60	SqFt XXX LnFt _____	_____
Duct Tape	25	SqFt _____ LnFt XXX	Date Received _____
_____	_____	SqFt _____ LnFt _____	Check # _____
_____	_____	SqFt _____ LnFt _____	NESHAP _____
_____	_____	SqFt _____ LnFt _____	State _____
_____	_____	SqFt _____ LnFt _____	Variance _____

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) 287-7826 Kyle Rickett	FORM N Page 2 of 6
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14 Revision Project Code APC- 07-148	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) XXX All other demolitions Demolition Dates: _____ to _____
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14. Procedure Used to Detect Presence of Asbestos Testing ___ Assumed Positive XXX Tested Positive Method XXX PLM ___ TEM Sampled By _____ Company Abatement Professionals Corp	15. Project Clearance Visual evaluation by: (Air Monitor (if known) and Company) _____ Air Clearance by: (Air Monitor (if known) and Company) Abatement Professionals Corp
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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	___ Intact flooring demo by heavy equipment
___ Regulated area with containment consisting of 1-layer 6 mil poly on walls & ceiling & 2 layers 6 mil poly on floors	___ Adhesive by grinding or bead blasting
___ Regulated area with Exclusion zone	___ Enclosure
___ Multiple non-contiguous Glovebags (variance required)	___ Encapsulation
___ Contiguous Glovebags less than 30 Ln/ft (variance required)	___ Roofing removal by mechanical saws/cutters
___ Wrap & cut- TSI in good condition (no containment)(variance required)	___ Other (specify) _____
___ Wrap & cut- TSI not in good condition (containment required)	

XXX Flooring by mechanical equipment/ice scrapers/pry bars

17. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter) Name Waste Management Inc Address PO Box 144 City Portland, CT 06480 Contact Rick Gordon TEL 1-800-272-3867	18. Disposal Site Name Valley Landfill Address PO Box 782A City Irwin PA 15642 Contact Unknown TEL 1-724-744-7446
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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

Kyle Rickett
 Print Name

c 6/11/07

Mailing Address 590 County Rd Suite #2
 City Westbrook, Maine 04092

Asbestos Project Notification

Project Code
APC-07-148

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

Kyle Rickett

FORM N

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2004 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)

[Signature]

Signature

Kyle Rickett
Print Name

Date

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 The building is located across from Hadlock field. The contractor needs to demolish the building while spectators are not around. A delay may create a safety hazard to pedestrians in the area.

[Signature]

Signature

Kyle Rickett
Print Name

Date 7/8/07

MEDEP Action on Notification Waiver Request

APPROVED **DISAPPROVED** (by) *[Signature]* (date) 6/8/07

SFZ