

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Tony Frangipane and Al Fichtner 775-5803

Address: 375 Forest Ave.

LOCATION OF CONSTRUCTION 375 Forest Ave.

CONTRACTOR: Clean Harbs of Me, Inc. SUBCONTRACTORS: _____

ADDRESS: 17 Main St. South Portland, Maine 04106

Est. Construction Cost: _____ Type of Use: Imp. Car Parts Sale

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

_____ Conversion - Explain to remove 1-500 g. oil tank

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:
Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only	
Date: _____	Subdivision: Yes / No _____
Inside Fire Limits: _____	Name: _____
Bldg Code: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: _____	Permit Expiration: _____
Value/Structure: _____	Ownership: _____ Public _____ Private _____
Fee: _____	

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____
2. Sheathing Type _____
3. Roof Covering Type _____
4. Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required _____ Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:

District _____ Street Frontage Req.: _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other (Explain) _____
 Date Approved: _____

Permit Received By _____

Signature of Applicant _____ Date 4/21/89

Signature of CEO _____ Date _____

Inspection Dates _____

PLOT PLAN



clone w/out insp.

FEES (Breakdown From Front)

Base Fee \$ 10.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS To remove one 500 gal #2 oil tank.

Signature of Applicant *[Signature]*

Date April 21, 1989

Maine Department of Environmental Protection
Bureau of Oil & Hazardous Materials Control
State House Station #17
Augusta, Maine 04333
Telephone: 207-289-2651
Attn: Tank Removal Notice

7/88

NOTICE OF INTENT
TO ABANDON (REMOVE) AN
UNDERGROUND OIL STORAGE FACILITY

Receipt

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: Tony Frangipane and Al Fichtner
Mailing Address: 375 Forest Avenue Telephone No.: 775-5803
City: Portland State: ME Zip Code: 04101
Contact Person (name, address & telephone no.): Tony Frangipane

Name of Facility: Imported Car Parts Registration No.: _____
Facility Location: 375 Forest Avenue, Portland

1. Identify the tanks at this location which are to be removed:

	<u>Tank Number</u>	<u>Age of Tank (Years)</u>	<u>Tank Size (Gallons)</u>	<u>Type of Product Most Recently Stored</u>
A.	<u>1</u>	<u>20+</u>	<u>500g.</u>	<u>#201</u>
B.				
C.				
D.				

RECEIVED

APR 21 1989

2. Directions to Facility (be specific):
375 Forest Avenue, Portland

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes No (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)

375 Forest Ave

4. Name and telephone number of contractor who will do the tank removal: Clean Harbors of ME, Inc. 799-8111

Certified Tank Installer Certification Number & Name (if applicable):
N/A

Professional Firefighter Yes No (Affiliation: _____)

5. Expected date of removal: May 2, 1989

I hereby provide Notice that I intend to properly abandon the underground oil storage facility as described above.

Date: April 20, 1989

Janet Albert
Signature of Tank Owner or Operator
Diane M. Albert
Tank Services Coordinator
Printed Name and Title
Clean Harbors of ME, Inc.

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 10 DAYS PRIOR TO REMOVAL

Mail original and yellow copy to DEP; pink copy to fire dept.; retain gold copy