

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 030627

This is to certify that Oakhurst Dairy/C & C Service
has permission to Dismantle/Demolish auxiliary building
AT 364 Forest Ave 114A 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 of inspection must be given and when permission is procured before this building or part thereof is laid or closed-in.
HEAR 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. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
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: 03-0627	Issue Date:	CBL: 114A F001001
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Location of Construction: 364 Forest Ave	Owner Name: Oakhurst Dairy	Owner Address: 364 Forest Ave	Phone: 772-7468
Business Name:	Contractor Name: C & C Services	Contractor Address: P.O. Box 10868 Portland	Phone: 2078381060
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	Zone: B2

Past Use: Oakhurst Dairy/Garage	Proposed Use: Oakhurst Dairy: dismantle/demolish auxiliary building	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 2
Proposed Project Description: Dismantle/Demolish auxiliary building		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>NA</i> Type: <i>DEMO</i>	
		Signature: <i>[Signature]</i>	Signature: <i>[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: gad	Date Applied For: 06/03/2003	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	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"/> <i>ok with conditions</i> Date: <i>6/10/03</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: <i>[Signature]</i>
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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: 03-0627	Date Applied For: 06/03/2003	CBL: 114A F001001
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Location of Construction: 364 Forest Ave	Owner Name: Oakhurst Dairy	Owner Address: 364 Forest Ave	Phone: () 772-7468
Business Name:	Contractor Name: C & C Services	Contractor Address: P.O. Box 10868 Portland	Phone: (207) 838-1060
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	

Proposed Use: Oakhurst Dairy: dismantle/demolish auxiliary building	Proposed Project Description: Dismantle/Demolish auxiliary building
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 06/18/2003
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Please note that with removal of any nonconforming structure, you will loose any rights to legal nonconformities if that structure is not replaced/rebuilt in the same footprint within one (1) year of demolition.			
Dept: Building	Status: Pending	Reviewer:	Approval Date:
Note:	Ok to Issue: <input type="checkbox"/>		

Comments:
06/11/2003-tad: spoke with contractor; value is \$5000 for demolition; will bring in additional fee, as well as balance of information needed to begin processing. Kwd

03-0627

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: 344 FOREST AVE / FOREST DURHAM

Total Square Footage of Proposed Structure 2000 Square Footage of Lot ③

② Tax Assessor's Chart, Block & Lot
Chart# 114 Block# AF Lot# 001
Owner: ORINBURST DAVID
Telephone: 772 7468

Lessee/Buyer's Name (If Applicable) _____ Applicant name, address & telephone: C&C SERVICES
Cost Of Work: \$ 5,000 NONE
Fee: \$ _____

Current use: VACANT
If the location is currently vacant, what was prior use: TRUCK GARAGE / PART SOAKHURST TRUCKS
Approximately how long has it been vacant: 2 weeks
Project description:
DEMOLITION CALL LIST MUST BE SUBMITTED WITH THIS APPLICATION

Contractor's name, address & telephone:
Who should we contact when the permit is ready: C&C SERVICES / CURTIS TRAYLOR
Mailing address: PO BOX # 10868 PORT ME. 04104 CELL 632-1141 838-1060
Phone: _____

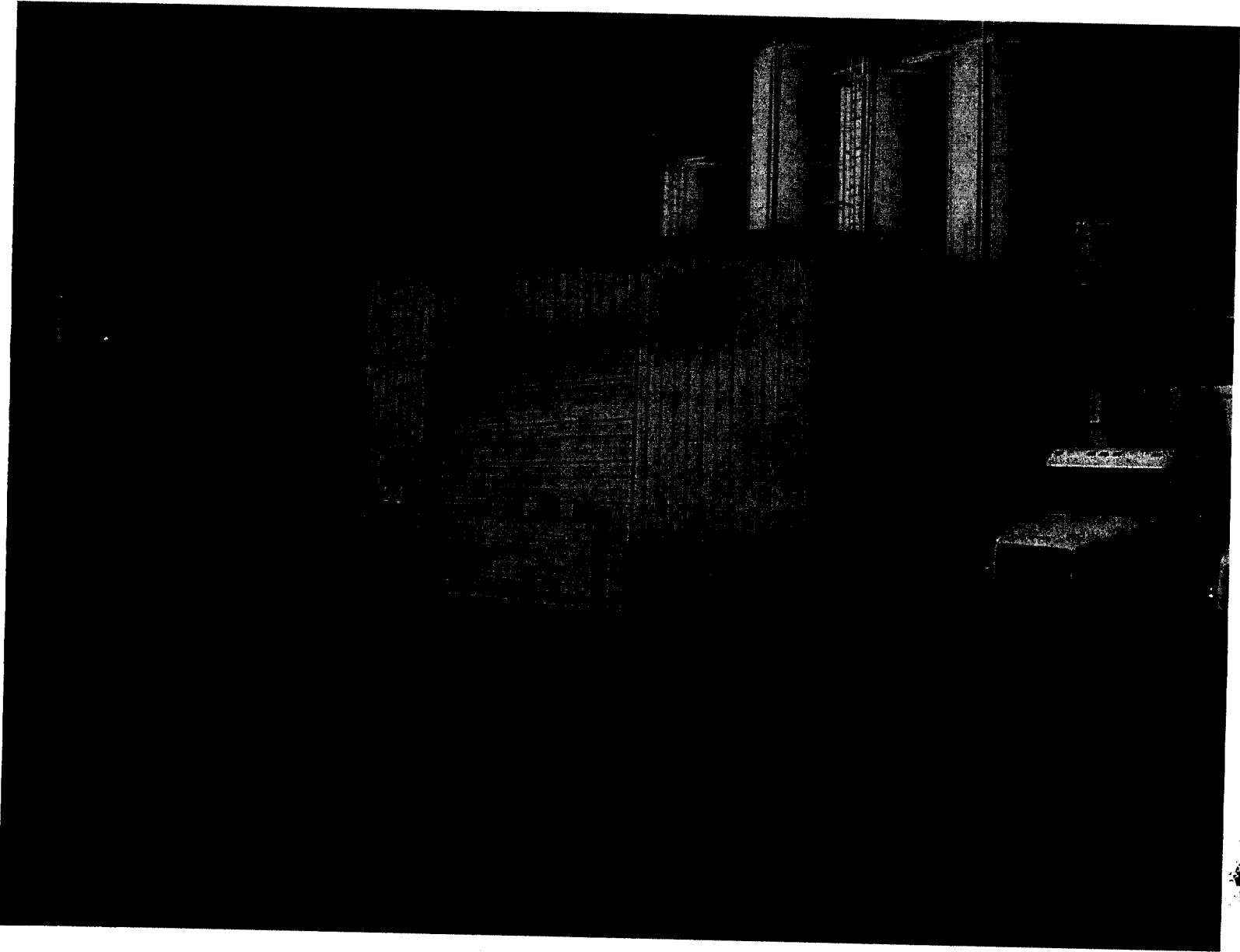
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: Curtis Traylor Date: 6/2/03

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 inquire with support staff







CITY OF PORTLAND

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

Property location: 364 FOREST AVENUE PORTLAND **Chart/Block/Lot** 114 AF001

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

<u>Department</u>	<u>Number</u>	<u>Contact</u>	<u>Date/Who you spoke with</u>
Public Works Sewer	874-8833	Todd Merkel	^{NOE MPE} " Todd 6/3/03
Public Works Traffic (if structure is being moved to another location)	874-8437	Gary Dobson	" GARY 6/3/03
Public Works Sealed Drain Permit	874-8822	Carol Merritt	
Historical Preservation	874-8726	Deb Andrews	" Deb Andrews 6/3/03
Fire Dispatch	874-8576	Dispatcher on Duty	BEN DURE 6/3/03 ELEC.

Utility Approvals

Dig Safe (must receive 72 hours notice before digging can begin)	1-888-344-7233	Customer Service	(DIG SAFE CONFIRMATION # 2003 230459)
Asbestos	1-207-287-2651	Ed Antz	10:45 FRIDAY 6/6/03

I have contacted all the necessary companies and departments as indicated above
Signature *Cynthia Taylor* Date: 6/3/03

C&C CYPRUS CORP.



GENERAL CONTRACTORS

Residential • Commercial • Industrial

P.O. Box 10868 • Portland, ME 04103
phone 207-807-0937 • fax 207-657-6203

To City Hall

I Curtis Taylor of C&C
is submitting the permit for building
demolition app 2,000 sq ft

STRUCTURE: STEEL AND SHEET METAL

LOCATION: 364 FOREST AVE PORTLAND

PROCESS: MECHANICAL UNSCREWED

By app me OK REP# 20024001091

Call list Completed

C&C CYPRUS CORP.



GENERAL CONTRACTORS

Residential • Commercial • Industrial

P.O. Box 10868 • Portland, ME 04103
phone 207-657-6207 • fax 207-657-6203

CALL 632-1141

To: City of Portland / Inspector

Tammy, Ted

ATTACHED IS THE REQUEST FOR
PROOF OF TRUCK PAYING FROM
Clean Harbors.

CALL # 632 1141
CURTIS TAYLOR

3 pages

ORDER TIME _____



P.O. #/COD AMOUNT _____

T&M CONTRACT CHANGE ORDER

LOCATION Durham St.

Storage

QUOTE / TASK # _____

CLIENT Oakhurst Dairy

CONTACT: 147-888-0410

BILLING ADDRESS
364 Forest Ave

JOB DESCRIPTION: Pump out Sump +
Hazy and Pump out 275 gal Tank

04101

LABOR:

COMMENTS:

NAME	TITLE	NO. OF HRS	ST	OT	DT	COMMENTS
<u>1. Kelly</u>	FORWMAN	<u>14</u>				<u>Call contact and go over Scope of work. Tank washed clean. Then pumped out a 275 gal tank. Tank was empty and tank, returned out to shop and to shop, vac truck went to plant to get tank.</u>
	EQ. OPERATOR					
	FIELD TECH					

DISPOSAL: Ramsey Rd

DESCRIPTION	QTY	UNIT	MANIFEST #
<u>LIQUID</u>	<u>127</u>	<u>GALS.</u>	<u>1761 59359</u>
<u>SOLID</u>		<u>WT.</u>	
<u>TIME</u>		<u>HRS</u>	

JOB COMPLETED YES NO

QTY	DESCRIPTION	NUMBER OF PAIRS OF GLOVES USED (PAIRS)	NUMBER OF PAIRS OF BOOTS USED (PAIRS)
	WARRANTY CARD		
	UNIFORM		
	PAINT TYPE		
	RAIN COAT		
	POLY SHEETING ROLL		
	POLY BAG ROLL	<u>1 2 3 5 2</u>	
	RESPIRATOR		
	SORBENT BOOM OR		
	SORBENT BOOM BL.		
	WARRANTY CARD		
	WARRANTY CARD (NON-SORBENT)		
	ROPE TYPE		
	DEGREASER: WHAT TYPE?		
	5 GAL BULB		
	DUCT TAPE		
	SCHEEP		
	PAINT		

EQUIPMENT:

ITEM	QTY	UNIT	DESCRIPTION
<u>VACUUM TRAILER</u>			
<u>BACK TRUCK</u>			
<u>WATER TYPE:</u>			
<u>COMPRESSION</u>			
<u>WARRANTY CARD</u>			
<u>WARRANTY CARD (NON-SORBENT)</u>			
<u>ROPE TYPE</u>			
<u>DEGREASER: WHAT TYPE?</u>			
<u>5 GAL BULB</u>			
<u>DUCT TAPE</u>			
<u>SCHEEP</u>			
<u>PAINT</u>			

NAME OF COMPANY	DESCRIPTION

Customer: Oakhurst Dairy
 By: Wayne Patis
 Signature: [Handwritten Signature]

SS

4113

Fax to City Hall

DOCUMENT NO. 59344

WORK ORDER NO. MT 5033

STRAIGHT BILL OF LADING

TRANSPORTER 1 Clean the Bear Fire Services VEHICLE ID # _____
 EPA ID # _____ TRANS. 1 PHONE 781 244-1700

TRANSPORTER 2 _____ VEHICLE ID # _____
 EPA ID # _____ TRANS. 2 PHONE _____

CR 1200

DESIGNATED FACILITY <u>Clean the Bear Fire Services</u>			SHIPPER <u>Crabtree Road</u>		
CITY EPA ID # _____			SHIPPER EPA ID # _____		
ADDRESS <u>37 River Rd</u>			ADDRESS <u>367 West Hill</u>		
CITY <u>Westford</u>		STATE <u>MA</u>	ZIP <u>02146</u>	CITY <u>Westford</u>	
STATE <u>MA</u>		STATE <u>MA</u>		ZIP <u>02146</u>	
CONTAINERS NO. & SIZE	TYPE	HM	DESC	TOTAL	UNIT
<u>3000</u>	<u>TT</u>		<u>Redwood cut to size 1/2 x 1/2 x 1/2</u>	<u>754</u>	<u>cu ft</u>
			A.		
			B.		
			C.		
			D.		
			E.		
			F.		
			G.		
			H.		
SPECIAL HANDLING INSTRUCTIONS <u>Do not cut 1800 526 9097 of HR</u>					

SHIPPERS CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER	<u>XW</u> <u>WATKINSON</u>	SIGN <u>[Signature]</u>	DATE <u>5/7/03</u>
TRANSPORTER 1	<u>[Signature]</u>	SIGN <u>[Signature]</u>	DATE <u>5/7/03</u>
TRANSPORTER 2		SIGN	DATE
RECEIVED BY		SIGN	DATE

A