City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Phone: Owner: Location of Construction: Schafer, Brian 43 Washburn Ave Phone: BusinessName: Leasee/Buyer's Name: Owner Address: ary Greeik Permit Issued: Phone: Address: Contractor Name: P.O. Box 1028 Wesbbrook. ME 04098 Les Wilson & Sons **COST OF WORK:** PERMIT FEE: JUL 28 1994 Past Use: Proposed Use: 10.00 1-120 1-fam INSPECTION: FIRE DEPT. Approved ☐ Denied Use Group: Type: CBL: Zone: w/o tanks 1 5 m (m () 20 Signature: Signature: Zoning Approval: PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Proposed Project Description: Approved Action: Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied □ Wetland Remove underground tank as per plans. ☐ Flood Zone □ Subdivision Date: Signature: ☐ Site Plan mai ☐ minor ☐ mm ☐ This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. Zoning Appeal Building permits do not include plumbing, septic or electrical work. □ Variance Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Miscellaneous tion may invalidate a building permit and stop all work.. ☐ Conditional Use □ Interpretation ☐ Approved □ Denied Historic Preservation ☐ Not in District or Landmark Does Not Require Review ☐ Requires Review Action: ☐ Appoved CERTIFICATION □ Approved with Conditions 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 □ Denied 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 issued, I certify that the code official's authorized representative shall have the authority to enter all Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 26 July: 1994 DATE: PHONE: SIGNATURE OF APPLICANT ROD Willson ADDRESS: PHONE: CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

COMMENTS

Section 2		
	h.	
	•	
	Inspection Record	ate
	Foundation: D	ait
	Framing: Almored	
	Plumbing	
	Final:	

BUILDING PERMIT REPORT

Date:	7/26/94	
Address:	43 Washburn Ave	
Type of Permit:	Remove tank	
Owner:	Brian Schaker	
Contractor:	Les Wilson + Sons	
Applicant:	Rob Wilson	
	Approved:	Denied:

Conditions:

- 1. All underground tank removal(s) and/or installation(s) shall be done in accordance with Department of Environmental Protection Regulations (Chapter 691).
- 2. No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
- 3. Fire Dispatcher must be notified 48 hours in advance of removal and/or transporation of tanks.

7/93

Bureau of Hazardous Materials & Solid Waste Control State House Station #17 Augusta, Maine 04333-0017

Attention: Tank Removal Notice

Telephone: (207) 287-2651

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



THIS FORM MUST BE FILED WITH THE D.E.P. AND YOUR LOCAL FIRE DEPARTMENT AT LEAST 30 DAYS PRIOR TO THE SCHEDULED REMOVAL

PLEA	SE TYPE (OR PRINT IN IN	K:			
Name	of Facility C	wner: BRIAN	SchAFER			
		P.O. Box 50		Telephone #: 315 76		
	MASSENA of Porson (no			YURK Zip Code: 13	662	
Contac	ot Person (na	ine, address & ten	ephone #):	IF HOUR.		
Name	of Facility: _	BRIAN SCH	AFER	Registration #:		
Facilit	y Location (town & street): <u>4</u>	3 WAShburn	Are PortlAN	OME	
1.	Identify the	Identify the tanks at this location which are going to be removed:				
	Tank #	Tank Age	Tank Size (gallons	<u>Type of Pr</u>	oduct Stored	
	1	NIX	500	#2	9	
	2					
	3					
	4		· · · · · · · · · · · · · · · · · · ·	`		
3.	IF YES, R DIRECTION	EMOVAL OF T	HE TANK(S) MUST FIED TANK INSTA			
4.	Environmental site assessments are required for all tanks except those used for storing heating oil, not for resale, or for farm or residential motor fuel tanks under 1,100 gallons where the product is used on site. Site Assessor's Name and Address (if applicable):					
5.	Name and telephone number of contractor who will do the tank removal:					
6	Expected date of removal (month/day/year): 8/20/94					
	ped above.		1	ne underground oil storage	•	
Date:_	7/18/	94	Signature: 1cm h	1d Walson v-Agent For		
	Printed Na	me and Title:/_	wall Wilson	v - Agent FOR	OWNER	

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

RETURN POSTCARD AFTER TANK(S) HAS BEEN REMOVED