

Location of Construction: 164 Longfellow St		Owner: Ellen Rone		Phone:		Permit No: <b>960981</b>	
Owner Address: 164 Longfellow St- Ptld ME		Leasee/Buyer's Name: 04103		Phone:		BusinessName:	
Contractor Name: Portland Pump Co		Address: BOx 1180 - Scarborough, ME		Phone: 04074		Permit Issued: OCT - 4 1996	
Past Use: 1-fam dwlg		Proposed Use: 1-fam w/o tank		COST OF WORK: \$		PERMIT FEE: \$ 10	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: remove u/g oil tank				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Zone: <b>R3</b> CBL: <b>119-C-004</b>	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <i>[Signature]</i> 10/3/96	
Permit Taken By: L Chase		Date Applied For: 10/2/96				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"/>	

1. This permit application doesn't 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..

**PERMIT ISSUED WITH REQUIREMENTS**

**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 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 provisions of the code(s) applicable to such permit

*Donald M. G. Portland Pump Co*  
SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not In District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: *10/3/96*

*D. Anderson*

CEO DISTRICT 6  
*m. Leary*

960981

Location of Construction: 154 Longfellow St		Owner: Ellen Road		Phone:		Permit No:	
Owner Address: 154 Longfellow St - Portland ME		Leasee/Buyer's Name: 04103		Phone:		Business Name:	
Contractor Name: Portland Pump Co		Address: Box 1180 - Scarborough, ME 04174		Phone:		Permit Issued: OCT - 4 1996	
Past Use: 1-fan dwlg		Proposed Use: 1-fan w/o tank		COST OF WORK: \$		PERMIT FEE: \$ 10	
Proposed Project Description: remove u/g oil tank		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:		Zoning: CBL: 119-C-004	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zoning Approval: 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"/>	
PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Signature: _____ Date: _____		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	
Permit Taken By: L Chase		Date Applied For: 10/2/985				Historic Preservation: <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	

1. This permit application doesn't 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..

**PERMIT ISSUED WITH REQUIREMENTS**

**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 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 provisions of the code(s) applicable to such permit

*[Signature]*  
SIGNATURE OF APPLICANT

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

CEO DISTRICT 6

## FIRE CODE PERMIT REPORT

DATE: 10/3/96

ADDRESS: 164 Longfellow St

PERMIT TO: Portland Pump

OWNER/CONTRACTOR: \_\_\_\_\_

APPROVED

DENIED

### CONDITIONS OF APPROVAL/DENIAL

1. The boiler or furnace shall be protected by enclosing with one hour fire rated construction including fire doors and ceiling or by providing automatic extinguishment and smoke protected enclosure. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide a 0.15 gpm, per square foot of floor throughout the entire area. An indicating shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
2. All required Fire Alarm Systems shall have the capability of "Zone Disconnect" via switches or key pad program provided the method is approved by the Fire Prevention Bureau.
3. All remote annunciators shall have a visible "trouble" indicator along with the Fire Alarm "Zone" indicators.
4. Any Master Box connected to the Municipal Fire Alarm System shall have a supervised Municipal Disconnect Switch.
5. All Master Box locations shall be approved by the Fire Department Director of Communications. A Master Box shall be located so that the center of the box is five feet above finished floor.
6. All Master Box locations are required to have a locked box (knoxbox).
7. A fire alarm acceptance report shall be submitted to the Portland Fire Department.
8. All underground tank removal(s) and/or installation(s) shall be done in accordance with the Department of Environmental Regulations (Chapter 691).
9. No cutting of tanks on site. Cutting of tanks is to be done at an approved tank disposal site.
10. Fire Dispatcher must be at least 48 hours in advance of removal and/or transportation of tanks.
11. All above ground L/P storage tanks shall be located in accordance with NFPA 58 Standards.
12. Any tank located near the path of vehicle movement shall be protected with appropriate permanent barricades.

13. All piping shall be protected from possible mechanical damage and vandalism.
14. A 4" storz fire department connection is required.
15. Any new sprinkler construction over six sprinkler heads needs to have State Fire Marshal approval.
16. Any renovations of sprinkler systems over 20 sprinkler heads needs to have State Fire Marshal approval.
17. A sprinkler performance test shall be submitted to the Portland Fire Department after completion of sprinkler work.
18. State Fire Marshal approval is required for this project.

Lt. G. McDougall  
Fire Prevention Officer  
City of Portland

Maine Department of Environmental Protection  
Bureau of Hazardous Materials & Solid Waste Control  
State House Station #17  
Augusta, Maine 04333-0017  
Attention: Tank Removal Notice  
Telephone: (207) 287-2651

7/93

**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**

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: TOM SATURLEY  
Mailing Address: PO BOX 4508 Telephone #: 775-8709  
City: PORTLAND State: ME Zip Code: 04112  
Contact Person (name, address & telephone #): \_\_\_\_\_  
SAME AS ABOVE  
Name of Facility: ELLEN ROME (RESIDENCE) Registration #: 12188  
Facility Location (town & street): 164 LONGFELLOW STREET PORTLAND, ME.

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

<u>Tank #</u>	<u>Tank Age</u>	<u>Tank Size (gallons)</u>	<u>Type of Product Stored</u>
1	?	1,000	#2 FUEL
2			
3			
4			

2. Directions to this facility (be specific):

3. Is or was the tank(s) used to store Class I liquids (e.g. gasoline, jet fuel)? Yes \_\_\_ No   
**IF YES, REMOVAL OF THE TANK(S) MUST BE DONE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER.**

Tank Installer's Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_ Signature: \_\_\_\_\_

N/A

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):

N/A

5. Name and telephone number of contractor who will do the tank removal:

PORTLAND RAMP CO. 1-800-640-7867

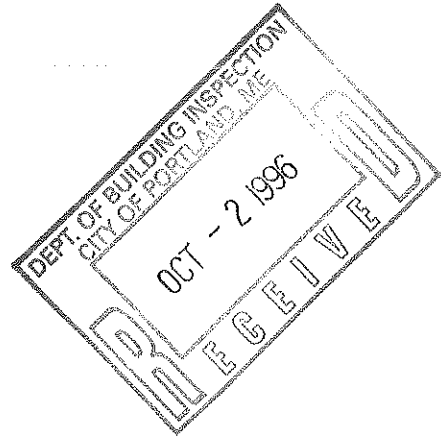
6. Expected date of removal (month/day/year): 9/22/96

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

Date: 8/22/96 Signature: D. W. Crox-ford (Agent for Owner)

Printed Name and Title: DAVID W. CROX-FORD G.M.

**Mail original and yellow copy to DEP; pink copy to fire department; retain gold copy.  
RETURN POSTCARD AFTER TANK(S) HAS BEEN REMOVED**



Beacon ST.



Long Sollow ST.