

Form # P 04

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING DEPARTMENT

### PERMIT

Permit Number: 100659

Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that Mmc/Precision Tanks Inc.  
has permission to Removal of one 2,000 gallon underground storage tank  
AT 335 Brighton Ave CB 12L C009024

provided that the person or persons, firm or corporation acquiring 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 written permission procured before this building or part thereof is lathed or otherwise red-in. 24 HOUR NOTICE IS REQUIRED.

**PERMIT ISSUED**  
A certificate of occupancy must be procured by owner before this building or part thereof is occupied.  
JUN 16 2010

**OTHER REQUIRED APPROVALS**  
Fire Dept. CAPT. R. Lantieri  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

City of Portland  
*James Burke* 6/16/10  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**



**CITY OF PORTLAND, MAINE**  
Department of Building Inspections

**Original Receipt**

June 4 2010

Received from Tony Conture

Location of Work 25 Bay State Ave

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total: 50.00

Building (1L)  Plumbing (1S) \_\_\_\_\_ Electrical (1Z) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: \_\_\_\_\_

Check #: Visa Total Collected \$ 50.00

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 10-0659	Issue Date:	CBL: 121 C0090 <i>U</i>
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Location of Construction: 335 Brighton Ave	Owner Name: Mmc	Owner Address: 22 Bramhall St	Phone: 207-662-8006
Business Name: Maine Medical Center	Contractor Name: Precision Tanks Inc.	Contractor Address: 41 Masterman Road Jay	Phone: 2076459549
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Commercial	Zone: <i>R-3</i>

Past Use: Hospital / Maine Medical Center	Proposed Use: Maine Medical Center / Removal of one 2,000 gallon underground diesel tank.	Permit Fee: \$30.00	Cost of Work: \$4,800.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>*See Conditions</i>	INSPECTION: Use Group: <i>N/A</i> Type: <i>Fuel tank</i> <i>IBC-2603</i>	

Proposed Project Description: Removal of one 2,000 gallon underground diesel tank.	Signature: <i>(KG)</i>	Signature: <i>JMB 6/16/10</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: gg	Date Applied For: 06/04/2010	<b>Zoning Approval</b>
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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..

<b>Special Zone or Reviews</b> <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>6/9/10</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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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**PERMIT ISSUED**

JUN 16 2010

City of Portland

**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: 10-0659	Date Applied For: 06/04/2010	CBL: 121 C009011
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Location of Construction: 335 Brighton Ave	Owner Name: Mmc	Owner Address: 22 Bramhall St	Phone: 207-662-8006
Business Name: Maine Medical Center	Contractor Name: Precision Tanks Inc.	Contractor Address: 41 Masterman Road Jay	Phone: (207) 645-9549
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Commercial	

Proposed Use: Maine Medical Center / Removal of one 2,000 gallon underground diesal tank.	Proposed Project Description: Removal of one 2,000 gallon underground diesal tank.
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 06/09/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 06/16/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Removal of oil tanks and all oil in tanks or containers shall be disposed of per state law.			
2) All site work pertaining to the tank removal must be completed and properly graded after the tanks are removed.			
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Keith Gautreau	Approval Date: 06/10/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Tank removal shall comply with NFPA # 1 chapter 66.2.5.5 and NFPA 30. A copy is available apon request.			

Comments: 6/9/2010-gg: cutomer overpaid, owe \$40.00. /gg
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**PERMIT ISSUED**

JUN 16 2010

City of Portland

## **BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY )**

**or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)**

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months, if the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.**

  **X**   **Final inspection required at completion of work.**

**The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.**

**PERMIT ISSUED**

**JUN 16 2010**

City of Portland



# General Building 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: <u>335 BRIGHTON AVE, PORTLAND, ME</u>		
Total Square Footage of Proposed Structure/Area <u>300 S.F.</u>	Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# <u>121</u> Block# <u>C 009</u> Lot# <u>023</u>	Applicant *must be owner, Lessee or Buyer* Name <u>MAINE MEDICAL CENTER</u> Address <u>22 BRANHALL ST.</u> City, State & Zip <u>PORTLAND, ME, 04101</u>	Telephone: <u>207-662-8006</u>
<b>RECEIVED</b>  JUN - 4 2010  Dept. of Building Inspections City of Portland Maine	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>4,800.<sup>00</sup></u> C of O Fee: \$ <u>3,000</u> Total Fee: \$ <u>7,800</u>
	Current legal use (i.e. single family) <u>HOSPITAL</u> Number of Residential Units <u>owe Customer</u> If vacant, what was the previous use? <u>640.00</u> Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>REMOVAL OF 1-2000 GALLON UNDERGROUND DIESEL TANK.</u>	
Contractor's name: <u>PRECISION TRUCKS INC XANX</u> Address: <u>41 MASTERMAN ROAD</u> City, State & Zip: <u>TRAY, ME 04239</u> Telephone: <u>645-9549</u> Who should we contact when the permit is ready: <u>TOMY COUTURE</u> Telephone: <u>645-9549</u> Mailing address: <u>SAME</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

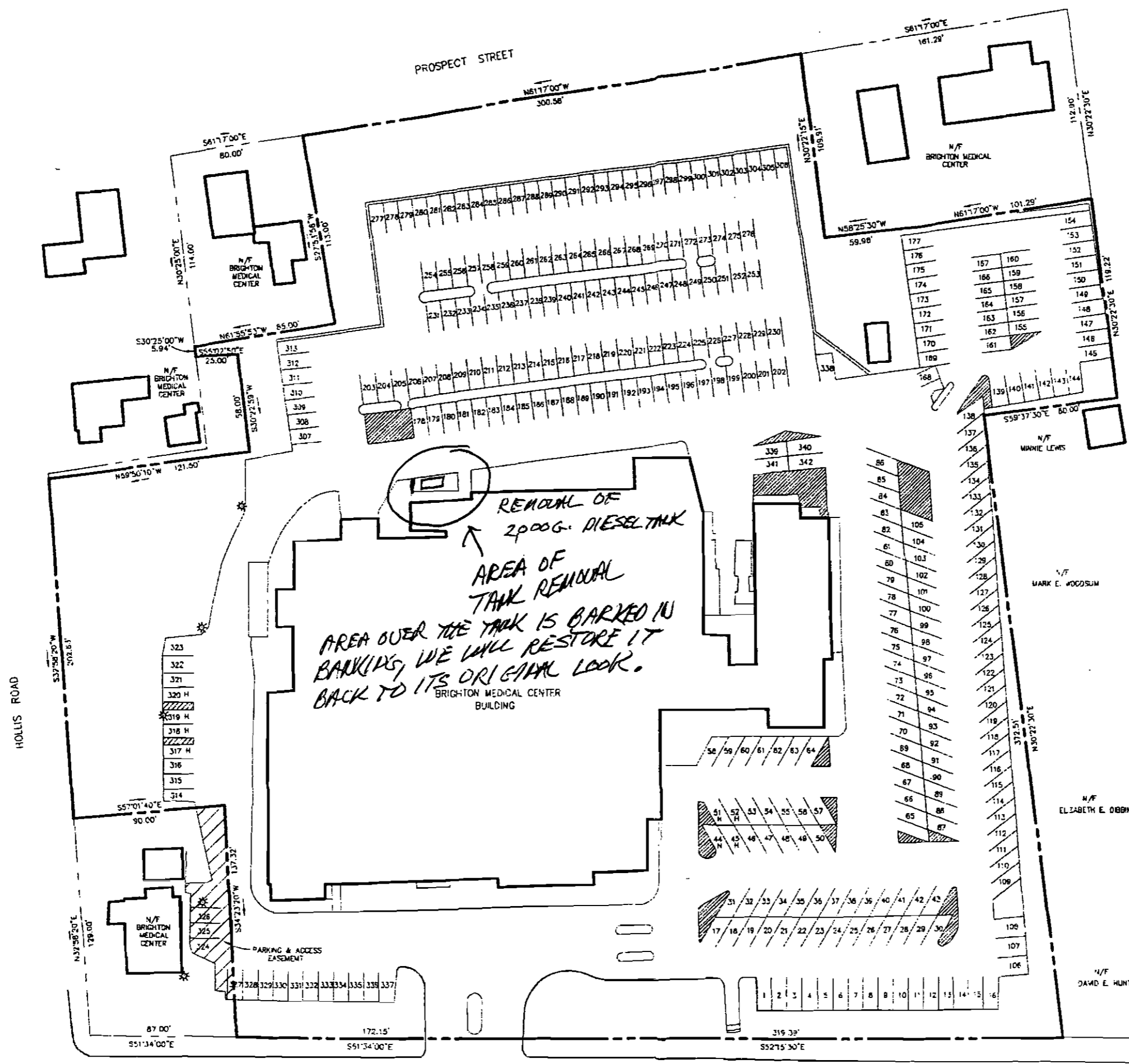
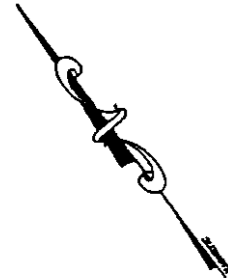
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://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.

**PERMIT ISSUED**

Signature:	Date: <u>6/3/10</u>	JUN 16 2010
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This is not a permit; you may not commence ANY work until the permit is issued



- PLAN REFERENCES:**
- 1) "PLAN OF PROPERTY IN PORTLAND MAINE MADE FOR THE OSTEOPATHIC HOSPITAL OF MAINE INC." DATED FEBRUARY 27, 1956 BY H.J. & E.C. JORDAN.
  - 2) "PLAN OF PROPERTY IN PORTLAND MAINE MADE FOR THE OSTEOPATHIC HOSPITAL OF MAINE INC." DATED APRIL 25, 1975 BY H.J. & E.C. JORDAN.
  - 3) "PLAN OF PROPERTY IN PORTLAND MAINE MADE FOR THE OSTEOPATHIC HOSPITAL OF MAINE INC." DATED JULY 23, 1981 BY H.J. & E.C. JORDAN.

- NOTES:**
- 1) OWNER OF RECORD: MAINE MEDICAL CENTER 22 BRANHALL STREET, PORTLAND, MAINE (SUCCESSOR BY MERGER TO BRIGHTON MEDICAL CENTER)
  - 2) BEARINGS ARE MAGNETIC 1947.
  - 3) THIS PLAN IS BASED ON PLANS BY H.J. & E.C. JORDAN, AND DEEDS OF RECORD AND IS NOT BASED ON A FIELD SURVEY BY OWEN HASKELL, INC.

**LIMITED COMMON ELEMENT CONDOMINIUM PARKING SPACE ASSIGNMENT**

UNIT	NUMBER OF SPACES	SPACES ASSIGNED
I. UNITS: 1-1, 1-2, 1-3, 1-4, 1-5, 2-5, 2-6, 2-7, 2-8	100	65-74 87-96 227-306 *
II. UNIT C-2	4	330-342
III. UNIT 2-2	17	48-50 54-57 136-148
IV. ALL OTHER UNITS EXCLUDING THOSE LISTED IN I, II & III ABOVE	221	ALL OTHER SPACES EXCLUDING THOSE LISTED ABOVE
<b>TOTAL</b>	<b>342</b>	

\* SPACES ASSIGNED ARE NOT DEDICATED TO ANY INDIVIDUAL UNIT RATHER TO THE GROUP OF UNITS LISTED IN I ABOVE.

REV. 3-27-97	MISC. REVISIONS
REV. 3-24-97	ABUTTERS ADDED
REV. 3-18-97	MISC. UPDATE

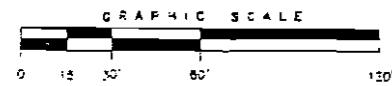
**SURVEY PLAT**  
OF  
MAINE MEDICAL CENTER  
BRIGHTON CAMPUS CONDOMINIUM  
335 BRIGHTON AVENUE, PORTLAND, MAINE  
FOR  
MAINE MEDICAL CENTER  
22 BRANHALL STREET, PORTLAND, MAINE

**OWEN HASKELL, INC.**  
18 GLEASON ST., PORTLAND, ME 04101 (207) 774-0424  
PROFESSIONAL LAND SURVEYORS

Drawn By	RTG	Date	JULY 10, 1998	Job No.	96129P
Tree By	EC	Scale		Drawn By	
Check By	WWS	Book No.	748P		



WILLIAM C. SPRUCE  
REGISTERED PROFESSIONAL LAND SURVEYOR



BRIGHTON AVENUE

HOLLIS ROAD

PROSPECT STREET

N/F JUDY L. SPRINCE

N/F MINNIE LEWIS

N/F MARK E. WOODSUM

N/F ELIZABETH E. OBBINS

N/F DAVID E. HUNT