

Permit # 823756 City Portland BUILDING PERMIT APPLICATION Fee 910.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_

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

Owner: Deering Pavilion Phone # 121-3117  
 Address: 880 Forest Ave.  
 LOCATION OF CONSTRUCTION 880 Forest Ave.  
 Contractor: Portland Pump Co. Sub:  
 Address: P.O. Box 1180 Scarborough, Me 04070-1180 Phone # 583-4317 City Portland  
 Est. Construction Cost \_\_\_\_\_ Proposed Use: removal 1-10,000 gal tank  
 Past Use: \_\_\_\_\_  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size \_\_\_\_\_  
 Proposed Use: Removal 1-10,000 gallon tank 6-10-92  
 Explain Conversion \_\_\_\_\_

**For Official Use Only**

Date: 6/4/92 Submitter: \_\_\_\_\_ Name: \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ L: \_\_\_\_\_  
 E.C. Code \_\_\_\_\_ Contractor: \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_

**PERMIT ISSUED**  
**JUN - 9 1992**  
**CITY OF PORTLAND**

**Zoning:**  
 Street Frontage Provided \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
**Review Required:**  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning: Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other: WPA - X - 6-5-92

**Foundation:**  
 1. Type of Soil \_\_\_\_\_  
 2. Set Backs: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footings: \_\_\_\_\_  
 4. Foundation: \_\_\_\_\_  
 5. Other: \_\_\_\_\_

**Floor:**  
 1. Sills: \_\_\_\_\_ Sills must be anchored \_\_\_\_\_  
 2. Girders: \_\_\_\_\_  
 3. Joists: \_\_\_\_\_ Spacing: 16" O.C.  
 4. Decking: \_\_\_\_\_  
 5. Bridging: \_\_\_\_\_  
 6. Floor Sheathing: \_\_\_\_\_  
 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: \_\_\_\_\_  
 7. Insulation Type \_\_\_\_\_  
 8. Sheathing Type \_\_\_\_\_  
 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 \_\_\_\_\_

**Ceiling:**  
 1. Ceiling Joists: \_\_\_\_\_  
 2. Ceiling Sheathing: \_\_\_\_\_  
 3. Type Ceiling: \_\_\_\_\_  
 4. Insulation: \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

**Roof:**  
 1. Truss or Rafters: \_\_\_\_\_  
 2. Sheathing: \_\_\_\_\_  
 3. Roof Covering: \_\_\_\_\_

**Chimneys:**  
 Type: \_\_\_\_\_ Number of Fire Places: \_\_\_\_\_

**Heating:**  
 Type of Heat: \_\_\_\_\_

**Electrical:**  
 Service Entrance Size: \_\_\_\_\_ Service Detector Required: Yes \_\_\_\_\_ No \_\_\_\_\_

**Plumbing:**  
 1. Approval of soil test if required: Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Fixtures \_\_\_\_\_  
 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 \_\_\_\_\_

**PERMIT ISSUED WITH REQUIREMENTS**

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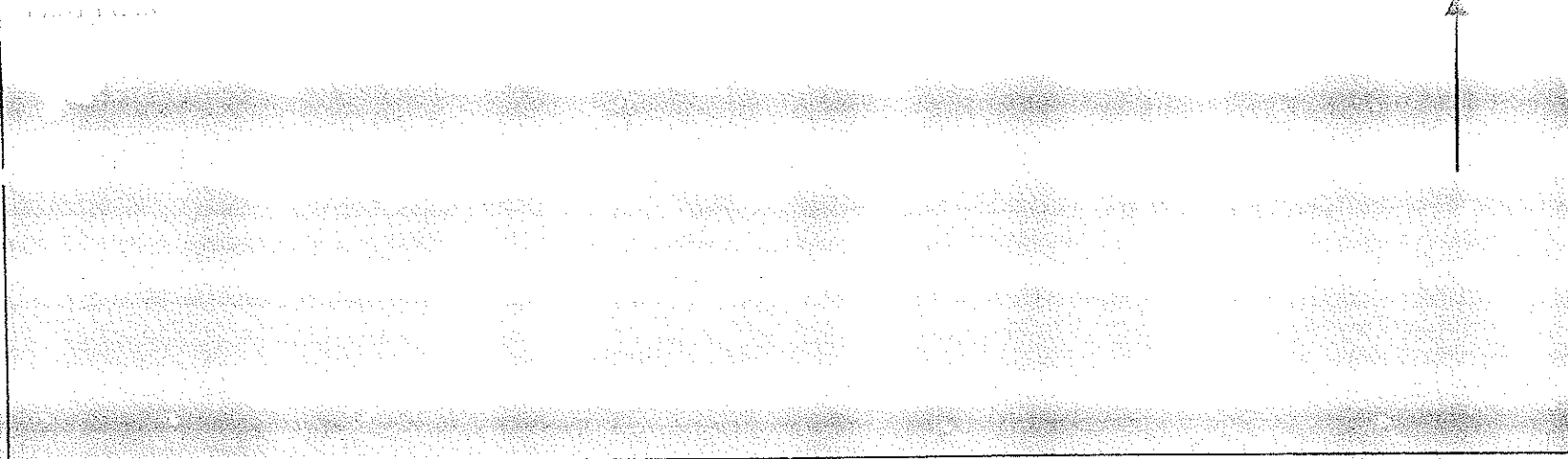
Permit Received By J. Fogg  
 Signature of Applicant: William A. Brassard Date: 6/4/92  
 CEO's District \_\_\_\_\_

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

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**FEES (Breakdown From Front)**

Base Fee \$ \_\_\_\_\_

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

(Explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

Inspection Record	Type	Date
done	U.R.	8/26/92

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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, I certify that the code official or the code official's authorized representative shall have the authority to enter the premises covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

*[Signature]*

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

UNDERGROUND TANK REMOVAL PERMIT REPORT

DATE: 6-8-92  
ADDRESS: 850 Forest Ave  
REASON FOR PERMIT: Underground Tank Removal Installation  
1 - 10000 gal #2 fuel  
ALLIED OWNER: Deery Pavilion Pavilion  
CONTRACTOR: Portland Pump Co  
PERMIT APPLICANT: William A. Brassard  
APPROVED: NA DENIED

CONDITION OF APPROVAL OR DENIAL:

- (1) All underground tank removal and/or installation 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 transportation of tanks.

Maine Department of Environmental Protection  
Division of Oil & Hazardous Materials Control  
State House Station 117, Augusta, Maine 04333  
Telephone: 287-289-2651  
Attn: Tank Removal Notice

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

Name of Facility Owner: DEERING Pavilion  
Mailing Address: 880 FOREST AVE Telephone No: 287-8777  
City: Portland State: ME Zip Code: 04103  
Contact Person (name, address & telephone no.):  
PETE DISCANIO  
Name of Facility: same Registration No: 2105  
Facility Location: \_\_\_\_\_

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

Tank Number	Age of Tank (Years)	Tank Size (Gallons)	Type of Product Most Recently Stored
A.			
B.			
C.			
D.			
1.	UNKNOWN	10,000	H? FUEL

2. Directions to Facility (be specific):

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.)

4. Name and telephone number of contractor who will do the tank removal: Portland Pump Co.

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

Professional Firefighter Yes \_\_\_ No  (Affiliation):

5. Expected date of removal: 5/25/92

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

Date: 4/27/92

Portland Pump Co. Contract  
Signature of Tank Owner or Operator

David W. Croxford G.M.  
Printed Name and Title

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 30 DAYS PRIOR TO REMOVAL - RETURN POSTCARD WHEN TANK(S) HAS BEEN REMOVED.

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

Post-It brand fax transmittal memo 7671 # of pages 1

To: <u>DAVID CROXFORD</u>	From: <u>W.V. WILCOX</u>
Co: <u>PORT PUMP CO.</u>	Co: <u>ME, DEP</u>