

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-0048	Issue Date: 2/4/09	CBL: 146 A018001
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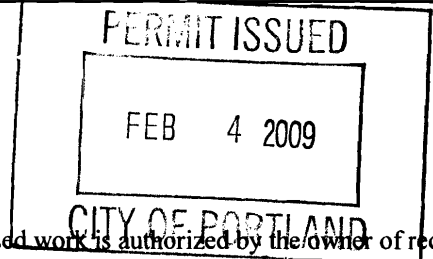
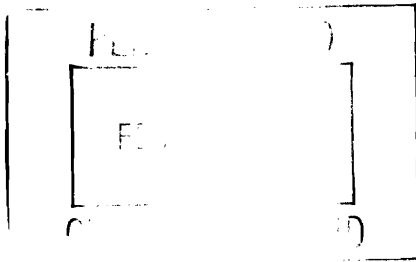
Location of Construction: 1026 FOREST AVE	Owner Name: HERRING HILL ASSOCIATES	Owner Address: 18 MERRILL RD	Phone: 207-883-4317
Business Name:	Contractor Name: Portland Pump Co.	Contractor Address: P.O. Box 1180 Mussey Rd. Ext. Scarb	Phone: 2078834317
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Commercial Removal	Zone: B2/R-5

Past Use: Commercial	Proposed Use: Commercial - Remove ⁵⁰⁰ 600 gallon underground fuel tank (oil)	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 4
Proposed Project Description: Remove ⁵⁰⁰ 600 gallon underground fuel tank (oil)		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: N/A Type: Bulk IMC-2003 NFPA-30 Signature: [Signature] 2/4/09	
		Signature: [Signature]	Signature: [Signature]	
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: lmd	Date Applied For: 01/22/2009	Zoning Approval	
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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..

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"/> dk Date: 1/22/09 ABM	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 ABM Date:
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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



Call then Mail

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>1140 Brighton Ave Portland</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# <u>265</u> Block# <u>B</u> Lot# <u>4</u>	Applicant *must be owner, Lessee or Buyer* Name <u>SID GARNEAU</u> Address <u>152 Townsend Ave</u> City, State & Zip <u>Howell Mass 01854</u>	Telephone: <u>9783979131</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>4000 -</u> C of O Fee: \$ _____ Total Fee: \$ <u>600</u>
Current legal use (i.e. single family) _____ Number of Residential Units _____ If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>SPRINKLER SYSTEM</u>		
Contractor's name: <u>American Spindels</u> Address: <u>152 Townsend Ave</u> City, State & Zip <u>Howell Mass 01854</u> Telephone: <u>9783979131</u> Who should we contact when the permit is ready: <u>SID GARNEAU</u> Telephone: <u>SAME</u> Mailing address: <u>SAME</u>		

Call then Mail

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, 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.

JAN 27 2009

Signature: [Signature] Date: 1-27-09

This is not a permit; you may not commence ANY work until the permit is issue



Notice of Intent to Abandon (Remove) an Underground Oil Storage Tank Facility OR Underground Product Piping

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

Facility Ownership Information

Name of Facility Owner: BRAD BURNS Owner Phone #: (207) 797-7224
Owner Mailing Address: 1024 FOREST AVE PORTLAND, ME 04103
Address Town State Zip Code

Facility Information

Facility Name: PORTLAND Computer Copy Registration #: 21493
Facility Location: 1024 FOREST AVE PORTLAND, ME
Street Town

Please identify which tank and/or piping at this location are going to be removed below

Tank #	<u>1</u>	Tank Size	<u>500 GAL.</u>	Tank Age	<u>39</u>
		Product	<u>#2 FUEL</u>	Piping Age	<u>39</u>
Tank #		Tank Size		Tank Age	
		Product		Piping Age	
Tank #		Tank Size		Tank Age	
		Product		Piping Age	

Additional Removal Information

YES Is or was the tank(s) or piping used to store Class I liquids (e.g., gasoline, jet fuel)?
 NO

IF YES, REMOVAL OF THE TANK(S) OR PRODUCT PIPING MUST BE DONE UNDER THE DIRECTION OF A MAINE CERTIFIED TANK INSTALLER.

Maine Certified Tank Installer Name and Number Installer Signature Date

Note: Environmental site assessments are required for all tanks or product piping except those used for storing #2 oil, kerosene, and other heating oils that have not been heated during storage, not for resale, or for farm or residential motor fuel tanks under 1,100 gallons where the product is used on site.

Name and Address Site Assessor (if applicable) N/A

Name Address City State Zip Code

Name of Contractor who will do tank removal: PORTLAND Pump Co. (207) 883-4317
Name of Contractor Phone Number

Expected Date of Removal (Month/Date/Year): 1/08/09
Month/Date/Year

EXPIRES AFTER SIX (6) MONTHS IF DEPARTMENT DOES NOT RECEIVED REMOVAL CONFIRMATION

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

Joe MacDonald Service Manager Joe MacDonald 12-8-08
Print Owner or Operator Name and Title Signature Date

NOTE: SEND REMOVAL CONFIRMATION TO DEP WHEN TANK AND/OR PIPING HAS BEEN REMOVED. RETAIN ONE COPY FOR YOUR RECORDS.

