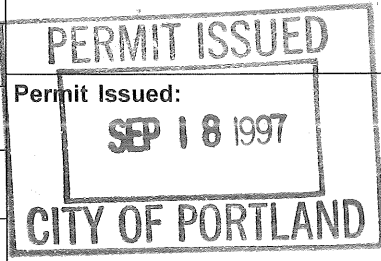


**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 182 Road Street		Owner: S. Prover & Co		Phone:		Permit No: <b>971007</b>	
Owner Address:		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Les Wilson & Sons		Address: POBox 1028, Westbrook 04098		Phone: 854-4583		Permit Issued: <b>SEP 18 1997</b>	
Past Use:		Proposed Use:		COST OF WORK: \$		PERMIT FEE: \$ 10.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Proposed Project Description: Remove 1 2000 gal tank				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>			
				Signature: _____ Date: _____			
Permit Taken By: Vicki Dover		Date Applied For: 9/15/97					



Zone: CBL: 147-B-003

Zoning Approval:

Special Zone or Reviews:

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

Zoning Appeal

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

Historic Preservation

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:

Appoved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

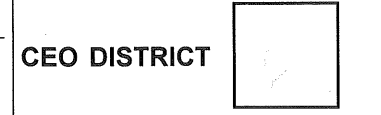


**CERTIFICATION**

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 provisions of the code(s) applicable to such permit

*Rob Wilson*  
 SIGNATURE OF APPLICANT Rob Wilson ADDRESS: \_\_\_\_\_ DATE: 9/15/97 PHONE: \_\_\_\_\_

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



COMMENTS

11-5-97 Tairt was sunny

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

Location of Construction: 182 Read Street		Owner: S. Prower & Co		Phone:		Permit No: <b>971007</b>	
Owner Address:		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Les Wilson & Sons		Address: POBox 1028, Westbrook 04098		Phone: 854-4583		Permit Issued: <b>SEP 18 1997</b>	
Past Use:		Proposed Use:		COST OF WORK: \$		PERMIT FEE: \$ 10.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description:  Remove 1 2000 gal tank				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: CBL: 147-B-003	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <i>[Signature]</i> 9/17/97	
Permit Taken By: Vicki Dover		Date Applied For: 9/15/97				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 does not 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..

Mail to contractor

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

*[Signature]*  
SIGNATURE OF APPLICANT Rob Wilson ADDRESS: DATE: 9/15/97 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: *9/16/97*  
*[Signature]*

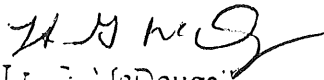
**CEO DISTRICT** *[Signature]*  
*m. leary*

## FIRE CODE PERMIT REPORT

DATE: 9/16/97 ADDRESS: 182 Reed StPERMIT TO: Lrs Wilson + SonsOWNER/CONTRACTOR: SameAPPROVED  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 53 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. E. McDougall  
Fire Prevention Officer  
City of Portland

Maine Department of Environmental Protection  
Bureau of Remediation and Waste Management  
17 State House Station  
Augusta, Maine 04333-0017  
Attention: Tank Removal Notice  
Telephone: (207) 287-2651

Expires after 6 (six) months if the  
Department does not receive notice that  
removal was completed.

COPY

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: J.B. BROWN & SONS  
Mailing Address: P.O. Box 207 Telephone #: 774 5908  
City: Portland State: ME Zip Code: 04112  
Contact Person (name, address & telephone #): Steve Reynolds  
Name of Facility: S. PROWER & Co. Registration #: 8318  
Facility Location (town & street): 182 READ ST PORTLAND

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

Tank #	Tank Age	Tank Size (gallons)	Type of Product Stored
1	20	2000	#2
2			
3			

2. Directions to this facility (be specific):

CORNER OF READ ST. & CANAL RD.

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: N/A Certification Number: \_\_\_\_\_ Signature: \_\_\_\_\_

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:

LBS WILSON & SONS INC.

6. Expected date of removal (month/day/year): 10/8/97

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

Date: 9/8/97 Signature: Ronald Wilson

Printed Name and Title: RONALD WILSON 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