

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

PERMIT

Permit Number: 071039

This is to certify that CENTRAL SECURITIES CORPORATION Building Engineer in

has permission to Abate Asbestos walls, remove walls and place, repair concrete floor

AT 138 CANCORD

148 A006001

PERMIT ISSUED
SEP - 6 2007

provided that the person or persons, firm or corporation accepting 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 when permission procured before this building or part thereof is altered or closed-in. **24 HOUR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Craig Cross

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



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>CENTRAL MAINE POWER CO., PORTLAND SERVICE BLDG. '62 Canco Rd Portland, ME 04103</u>		
Total Square Footage of Proposed Structure/Area <u>NA-EXISTING STRUCTURE</u>		Square Footage of Lot <u>NA-EXISTING LOT</u>
Tax Assessor's Chart, Block & Lot Chart# <u>198</u> Block# <u>A</u> Lot# <u>6</u>	Applicant * must be owner, Lessee or Buyer* Name <u>CENTRAL MAINE POWER</u> Address <u>EDISON DRIVE</u> City, State & Zip <u>AUGUSTA, MAINE 04330</u>	Telephone:
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>41,000</u> C of O Fee: \$ <u>430.00</u> Total Fee: \$ <u>430.00</u>
Current legal use (i.e. single family) <u>OFFICES & STORAGE</u> If vacant, what was the previous use? <u>NA</u> Proposed Specific use: <u>SAME</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>ABATE ASBESTOS WALLS IN STORAGE WAREHOUSE; RECOAT CONCRETE FLOOR + TRUCK DOCKS; REPLACE ABATED PARTITION WALLS</u>		
Engineer's Contractor's name: <u>SPAULDING ENGINEERING & CONSTRUCTION SERVICES</u> Address: <u>24 COMMON ST.</u> City, State & Zip <u>WATERVILLE, MAINE 04901</u> Telephone: <u>207-861-9923</u> Who should we contact when the permit is ready: <u>MIKE PELLETIER</u> Telephone: <u>207-649-2103</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, 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 I or my 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.

Signature: Michael A. Pelletier Date: 8/24/07

AUG 27 2007

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

RECEIVED

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

Permit No: 07-1039	Issue Date:	CBL: 148 A006001
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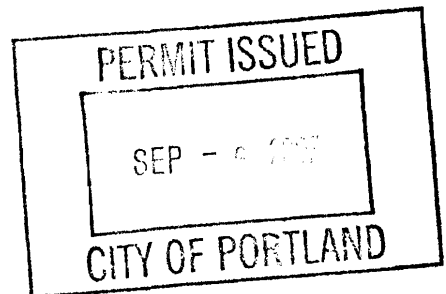
Location of Construction: 138 CANCO RD	Owner Name: CENTRAL SECURITIES CORPOR	Owner Address: 83 EDISON DR	Phone:
Business Name:	Contractor Name: Spaulding Engineering & Constructi	Contractor Address: 24 Common Street Waterville	Phone 2078619923
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: I-M

Past Use: Commercial	Proposed Use: Commercial - Abate Asbestos walls, remove walls and replace, recoat concrete floor	Permit Fee: \$430.00	Cost of Work: \$41,000.00	CEO District: 4
Proposed Project Description: Abate Asbestos walls, remove walls and replace, recoat concrete floor		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See conditions</i>	INSPECTION: Use Group: S-1 Type: 3B <i>IBC 2003</i>	
		Signature: <i>Greg G...</i>	Signature: <i>[Signature]</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: Idobson	Date Applied For: 08/27/2007
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Zoning Approval		
Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>08/28/07</i>	Date: _____	Date: _____

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..



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

ACADIA CONTRACTORS, LLC
780 AUBURN RD.
TURNER, MAINE 04282
PHONE 207-225-5400
FAX 207-225-5403

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
LANNIE DOBSON	ROBERTA
COMPANY:	DATE:
	8/28/2007
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(207) 874-8716	5
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: BIRTH CERTIFICATE	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

**PLEASE FIND FOLLOWING THE D.E.P. NOTIFICATION
ACC-791-2007 FOR ASBESTOS ABATEMENT AT C.M.P 162
CANCO RD PORTLAND**

THANK YOU
ROBERTA
ACADIA CONTRACTORS, LLC
PHONE 207-225-5400
FAX 207-225-5403

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-1039	Date Applied For: 08/27/2007	CBL: 148 A006001
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Location of Construction: 138 CANCO RD	Owner Name: CENTRAL SECURITIES CORPOR	Owner Address: 83 EDISON DR	Phone:
Business Name:	Contractor Name: Spaulding Engineering & Constructi	Contractor Address: 24 Common Street Waterville	Phone (207) 861-9923
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - Abate Asbestos walls, remove walls and replace, recoat concrete floor	Proposed Project Description: Abate Asbestos walls, remove walls and replace, recoat concrete floor
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 08/28/2007

Note: **Ok to Issue:**

- 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. This is not a change of use permit.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 09/06/2007

Note: **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) All penetrations through rated assemblies must be protected by an approved firestop system installed as tested in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Greg Cass **Approval Date:** 08/18/2007

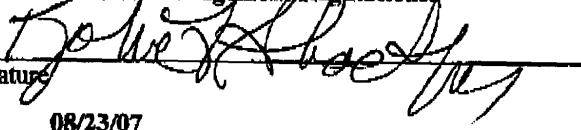
Note: **Ok to Issue:**

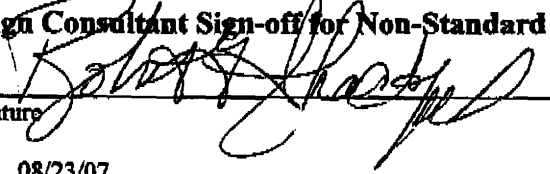
- 1) All construction shall comply with NFPA 101
- 2) High hazard storage areas shall be separated with rated construction.

Comments:

8/28/2007-mes: This is the Central Maine Power Bldg. - no change of use with this permit

Asbestos Project Notification 2004 Revision		State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-7826		FORM N Page 1 of 3	
Important Notice: The notification submitter must send a complete notification including any applicable fee which is postmarked at least 10 calendar days or received by the Department at least 5 working days prior to the start of an asbestos abatement project. This notification must be typewritten or easily legible. An incomplete notification is not acceptable & therefore not of record.					
1. Project* Code ACC-791-2007		2. Type of Notification <input checked="" type="checkbox"/> Standard (O) <input type="checkbox"/> Facility O&M (Annual) <input type="checkbox"/> Emergency (E) <input type="checkbox"/> Courtesy (Not Regulated)		3. Type of Activity <input type="checkbox"/> Demolition (D) <input checked="" type="checkbox"/> Renovation (R) <input type="checkbox"/> Repair	
4. Variances (Check all that apply) <input checked="" type="checkbox"/> Non-Standard (NS) <input type="checkbox"/> Standard (S) <input type="checkbox"/> Notification Waiver (10 day)					
5. Asbestos Contractor Name ACADIA CONTRACTORS, LLC Address 780 AUBURN RD City TURNER State MAINE Zip 04282 Contact KEVIN PRATT TEL 207-225-5400 FAX 207-225-5403			6. Facility Owner Name CENTRAL MAINE POWER Mailing Address 83 EDISON DRIVE City AUGUSTA State MAINE Zip 04333 Contact JANET DYER TEL 207-626-9552 FAX		
7. Facility Location (Where removal is to take place) BLDG Name CANCO RD SERVICE CENTER Floor and/or Rm.# UNIVERSAL WASTE ROOM Physical Address 162 CANCO ROAD City PORTLAND State MAINE Zip 04101			8. Facility Description Present Use ELECTRICAL SERVICE FACILITY Prior Use SAME BLDG Size 50,000 SQ. FT. No. Floors 1 BLDG Age 50+		
9. Notification Fees (Required fees must accompany notification) <input type="checkbox"/> \$100.00 = ACM amounts 100 SqFt/100 LnFt to 1000 SqFt/5000 LnFt. <input checked="" type="checkbox"/> \$200.00 = ACM amounts greater than 1000 SqFt/5000 LnFt. <input type="checkbox"/> Not Required or Not Included (Complete Block #9A)		9A. Notification Fee Not Included <input type="checkbox"/> Single family home exemption <input type="checkbox"/> ACM amount less than 100 SqFt/100 LnFt <input type="checkbox"/> Fees paid quarterly (Non-Scheduled O&M only) <input type="checkbox"/> BGS exemption		10. Project Work Hours 7:00AM to 3:30 PM (Show actual hours) Weekdays (Check all that apply) <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> F Weekend (Check all that apply) <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
11. Scheduled Dates for Asbestos Project Project Start Date 08/29/07 Project Completion Date 09/30/07 ACM Removal Dates (from) 09/04/07 (to) 09/30/07					
12. Asbestos (ACM) Removal					ME DEP USE ONLY
ACM Type		Amount		Measurement	
TRANSITE		4200		SqFt X LnFt ____	
PIPING		2200		SqFt _ LnFt _ X _	
				SqFt ____ LnFt ____	
				SqFt ____ LnFt ____	
				SqFt ____ LnFt ____	
				SqFt ____ LnFt ____	
					Postmark/ FAX/ hand delivered
					Date Received _____
					Check # _____
					NESHAP _____
					State _____
					Variance _____

Asbestos Project Notification 2004 Revision	State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-7826		FORM N Page 2 of 3
Project Code ACC-791-2007	13. Demolition (complete as applicable) <input type="checkbox"/> Ordered demolition (structurally unsound) by State or local government (attach copy of order and name of professional engineer who determined building structurally unsound) <input type="checkbox"/> All other demolitions Demolition Dates: _____ to _____		
14. Procedure Used to Detect Presence of Asbestos Testing <input type="checkbox"/> Assumed Positive <input checked="" type="checkbox"/> Tested Positive Method <input checked="" type="checkbox"/> PLM <input type="checkbox"/> TEM Sampled By ADAM DORAN CMP (Print Name) Company ADAM DORAN CMP	15. Project Clearance Visual evaluation by: (Air Monitor (if known) and Company) NORTHEAST TEST CONSULTANTS Air Clearance by: (Air Monitor (if known) and Company) NORTHEAST TEST CONSULTANTS		
<p align="center">Note: Whenever building materials are assumed to contain asbestos, signed bulk sampling disclosure forms must be at the asbestos abatement project site and available for review by the Department.</p>			
16. Asbestos Abatement Methods (check all that apply & submit variance request (Form V) if required) <input type="checkbox"/> Regulated area with containment consisting of 2-layers 4 mil poly on walls & ceiling & 2 layers 6 mil poly on floors <input checked="" type="checkbox"/> Regulated area with containment consisting of 1-layer 6 mil poly on walls & 2 layers 6 mil poly on floors <input type="checkbox"/> Regulated area with Exclusion zone <input type="checkbox"/> Intact flooring demo by heavy equipment <input type="checkbox"/> Multiple non-contiguous glovebags (variance required) <input type="checkbox"/> Adhesive by grinding or bead blasting <input type="checkbox"/> Contiguous glovebags less than 30 Ln/ft (variance required) <input type="checkbox"/> Enclosure <input type="checkbox"/> Wrap & cut- TSI in good condition (no containment)(variance required) <input type="checkbox"/> Encapsulation <input type="checkbox"/> Wrap & cut- TSI not in good condition (containment required) <input type="checkbox"/> Roofing removal by mechanical saws/cutters <input type="checkbox"/> Flooring by mechanical equipment/ice scrapers/pry bars <input type="checkbox"/> Other (specify) _____			
17. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter) Name WASTE MANAGEMENT Address P.O. BOX 142000 FOREST AVE City PORTLAND State CT Zip 06480 Contact RICK GONDON TEL 800-272-3867 FAX _____	18. Disposal Site Name VALLEY LANDFILL Address P.O. BOX 782A RD#2 PLEASANT VALLEY RD City IRWIN State PA Zip 15642 Contact _____ TEL 724-744-7446 FAX _____		
19. Certification (Notification Submitted by) I certify that to the best of my knowledge, the information contained in this notification is true and accurate, and that the asbestos abatement contractor will be/has been contracted to implement work practices as required by Maine DEP Chapter 425, the Asbestos Management Regulations. <div style="display: flex; justify-content: space-between;"> <div data-bbox="596 1757 1228 1886"> Signature  Date 08/23/07 </div> <div data-bbox="1365 1789 1690 1854"> ROBERTA SHACKFORD Print Name </div> </div> Mailing Address 780 AUBURN RD. City TURNER State MAINE Zip 04282 TEL 207-225-5400 FAX 207-225-5403			

Asbestos Project Variance Request ACC-791-2007 Project Code	State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-7826	FORM V Page 2 of 2 2004 Revision #1
<p align="center">Non-Standard Variance(s) Requested by Maine Certified Asbestos Design Consultant</p> <p>Provide written justification that presents clear & convincing evidence that the asbestos project is distinctive in some way & the proposed alternative(s) to required work practices will comply with the intent of State law & rules. Written Department approval is required prior to implementation of non-standard variance(s).</p>		
<p>List proposed work practice alternatives</p>		
<p>Reasons for Non-Standard Variance(s) (Explain in detail. You may add an attachment when necessary)</p> <p>REQUEST NO TO PUT UP POLY CEILING AS IT IS 20 FEET UP AND CONSISTS OF SOLID STEELDECKING (AN IMPERVIOUS MATERIAL). ACADIA CONTRACTORS WILL WET WIPE STEEL DECKING UPON ABATEMENT COMPLETION.</p>		
<p>Design Consultant Sign-off for Non-Standard Variance(s)</p> <p>Signature  _____</p> <p>Date 08/23/07</p> <p align="right">ROBERTA F. SHACKFORD Print Name</p> <p>Company ACADIA CONTRACTORS, LLC ME Certification Number DC- 0248</p> <p>Address 780 AUBURN RD Certification Expiration Date 01/30/08</p> <p>City TURNER State ME Zip 04282</p> <p>TEL 207-225-5400 FAX 207-225-5403</p>		
<p>MEDEP Action on Non-Standard Work Practices Variance(s) Requested</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (by) _____ (date) _____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Asbestos Project
Variance Request**

ACC-791-2007
Project Code

State of Maine
Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program
17 State House Station, Augusta, ME 04333
TEL (207) 287-2651 FAX (207) 287-7826

**FORM
V**

Page 2 of 2
2004 Revision #1

Non-Standard Variance(s) Requested by Maine Certified Asbestos Design Consultant

Provide written justification that presents clear & convincing evidence that the asbestos project is distinctive in some way & the proposed alternative(s) to required work practices will comply with the intent of State law & rules. Written Department approval is required prior to implementation of non-standard variance(s).

List proposed work practice alternatives

Reasons for Non-Standard Variance(s) (Explain in detail. You may add an attachment when necessary)

REQUEST NO TO PUT UP POLY CEILING AS IT IS 20 FEET UP AND CONSISTS OF SOLID STEELDECKING (AN IMPERVIOUS MATERIAL). ACADIA CONTRACTORS WILL WET WIPE STEEL DECKING UPON ABATEMENT COMPLETION.

Design Consultant Sign-off for Non-Standard Variance(s)

Signature

Date 08/23/07

Company ACADIA CONTRACTORS, LLC

Address 780 AUBURN RD

City TURNER State ME Zip 04282

TEL 207-225-5400 FAX 207-225-5403

ROBERTA F. SHACKFORD
Print Name

ME Certification Number DC- 0248

Certification Expiration Date 01/30/08

MEDEP Action on Non-Standard Work Practices Variance(s) Requested

APPROVED

DISAPPROVED

(by)

Trust Gaysley

(date)

8/27/07

SEZ



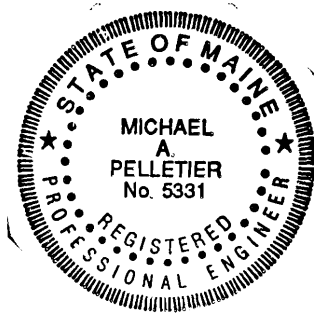
Accessibility Building Code Certificate

Designer: SPAULDING ENGINEERING & CONSTRUCTION SERVICES

Address of Project: 162 CANCO RD. PORTLAND, MAINE

Nature of Project: ABATE EXISTING ASBESTOS PANEL WALLS;
RECOAT CONCRETE WAREHOUSE FLOOR;
REINSTALL PARTITION WALLS AS REQUIRED.

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



(SEAL)

Signature: Michael A. Pelletier

Title: VP of Eng. Operations

Firm: SPAULDING ENGINEERING

Address: 24 COMMON ST.
PORTLAND, MAINE 04901

Phone: 207-861-9923

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Certificate of Design

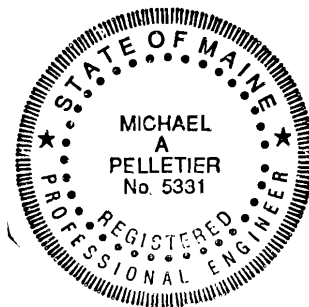
Date: 8/24/07

From: SPAULDING ENGINEERING

These plans and / or specifications covering construction work on:

ABATEMENT OF EXISTING ASBESTOS PANELS; RECOAT CONCRETE
WAREHOUSE FLOOR; REINSTALL PARTITION WALLS AS REQUIRED

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the **2003 International Building Code** and local amendments.



(SEAL)

Signature: Michael A. Pelletier

Title: VP of Eng. Operations

Firm: SPAULDING ENGINEERING

Address: 24 COMMON ST.

WATERVILLE, MAINE 04901

Phone: 207-861-9923

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov

