

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

Location of Construction: 217 Read Street		Owner: National Can Corp.		Phone:		Permit No: 971009	
Owner Address:		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Les Wilson & Sons		Address: POBox 1028, Westbrook 04098		Phone: 854-4583		Permit Issued: SEP 18 1997	
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: Removing 2 15,000 gal tanks				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: CBL: 150-A-002 Im	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <i>[Signature]</i> 9/17/97 Special Zone or Reviews:	
				Signature: _____		<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"/>	
Permit Taken By: Vicki Dover		Date Applied For: 9/15/97				Zoning Appeal	

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

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 OF APPLICANT <i>[Signature]</i> 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

PERMIT ISSUED WITH REQUIREMENTS

- 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 6

m. LeBlanc

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

Location of Construction: 217 Head Street		Owner: National Can Corp.		Phone:		Permit #: 71009	
Owner Address:		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Les Wilson & Sons		Address: PO Box 1024		Phone: 854-4583		Permit Issued: SEP 18 1997	
Past Use:		Proposed Use:		COST OF WORK: \$		PERMIT FEE: \$	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature:		Signature:	
Proposed Project Description: Removing 2 15,000 gal tanks				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval:	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		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"/>	
Permit Taken By: Vicki Dover		Date Applied For: 9/15/97				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	

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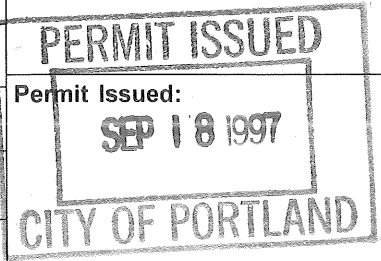
Mail to contractor.

CERTIFICATION

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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						PHONE:	

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector



CEO DISTRICT



COMMENTS

11-5-97 Tank removed

Inspection Record

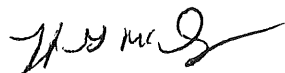
Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

FIRE CODE PERMIT REPORT

DATE: 9/16/97 ADDRESS: 217 Reed StPERMIT TO: Les Wilson + SonOWNER/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. B. 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.

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

COPY

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: NATIONAL CAN CORP. Registration #: 8321
Facility Location (town & street): 217 READ ST. PORTLAND, ME

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

Tank #	Tank Age	Tank Size (gallons)	Type of Product Stored
1	18	15,000	# 6 F.O. - ALREADY HAVE BEEN CLEANED
2	18	15,000	
3			

2. Directions to this facility (be specific):

217 READ ST.

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: _____ Certification Number: _____ Signature: _____
N/A _____

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):

Field Services - ALAN LYSBARS

5. Name and telephone number of contractor who will do the tank removal:

LES WILSON & SONS 854 4583

6. Expected date of removal (month/day/year): MARCH OR APRIL 1998

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

Date: 9/12/97 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