Asbestos Building Demolition Notification	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) 287-6220	**F**

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RESURGAM CITY OF PORTLAND, MAINE
Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 10/05/16

Inspection/Survey Results:

Were asbestos-containing building materials identified or presumed positive? ☐ Yes ☒ No

If Yes, is the removal of ACM subject to MDEP asbestos regulations? ☐ Yes ☐ No

If No, explain WHY NOT: _____

property address: 73 Fall Brook Street Portland, Me 04103	building description: ☐ pre-1981 residential with 2-4 units ☐ post-1980 residential with 2-4 units ☒ other:
asbestos survey/inspection performed by: (name & address) Kris Rickett/Abatement Professionals Corp 590 County Road Westbrook, Me 04092 telephone: 207.831.4905	asbestos abatement contractor Not Needed telephone: _____
property owner: (name & address) Jocelyne Deraspe 73 Fall Brook Street Portland, Me 04103 telephone: _____	demolition contractor: (name & address) John Pompeo Excavation Buxton, ME telephone: 207-929-8013
demolition start date: 09/05/2016	demolition end date: 09/16/2016

Whenever more than 3 square feet or 3 linear feet of ACM is identified, the ACM must be abated in accordance with the Maine Asbestos Management Regulations by a DEP-licensed Asbestos Abatement Contractor. This includes materials presumed to be ACM. Check www.maine.gov/dep/rwm/asbestos/index.htm for a listing of asbestos contractors.

Prior to issuing a local demolition permit, the MDEP requests that **municipalities** have applicants for municipal demolition permits complete this form and fax it to the MDEP at 207-287-6220. Municipalities should not issue local demolition permits if the required asbestos inspection or survey has not been performed and identified ACM removed.

This demolition notification does not take the place of the Asbestos Project Notification if applicable

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Jocelyne Deraspe — Print Name: Owner/Agent

Ms — Title: owner

Signature: Jocelyne Deraspe

207-653-6760 — Telephone #

_____ — FAX #

08/02/2016 — Date