

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

## PERMIT

Permit Number: 040629

This is to certify that Roman Catholic Bishop Of/Tony Dem...  
has permission to demolish religious residence  
AT 538 Ocean Ave 163 A005001

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 written permission procured before this building or part thereof is altered or enclosed-in.  
**HEAVY 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. [Signature]  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

[Signature]  
Director - Building Inspection Services

**PENALTY FOR REMOVING THIS CARD**

# City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0629	Issue Date:	CBL: 163 A005001
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Location of Construction: 538 Ocean Ave	Owner Name: Roman Catholic Bishop Of	Owner Address: Po Box 11559	Phone:
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Business Name:	Contractor Name: Danley Demolition, Inc.	Contractor Address: PO Box 154 Fremont	Phone: 6038954900
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Lessee/Buyer's Name	Phone:	Zone: <b>R5</b>
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Past Use: Religious residence	Proposed Use: vacant land	Permit Fee:	Cost of Work: \$0.00	CEO District: 4
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Proposed Project Description: demolish religious residence	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group <b>W R</b> Type: <b>DEMOLITION</b> <b>5/25/04</b>
	Signature: <i>[Signature]</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: kwd	Date Applied For: 05/19/2004	<b>Zoning Approval</b>
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<b>Special Zone or Reviews</b> <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"/> <input type="checkbox"/> Denied <i>ok with conditions</i> Date: <i>5/25/04</i>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved	<b>Historic Preservation</b> <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 Date: <i>[Signature]</i>
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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

**City of Portland, Maine - Building or Use Permit**

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

Permit No: 04-0629	Date Applied For: 05/19/2004	CBL: 163 A005001
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Location of Construction: 538 Ocean Ave	Owner Name: Roman Catholic Bishop Of	Owner Address: Po Box 11559	Phone:
Business Name:	Contractor Name: Danley Demolition, Inc.	Contractor Address: PO Box 154 Fremont	Phone (603) 895-4900
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	

vacant land	demolish religious residence
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 05/25/2004

**Note:** **Ok to Issue:**

- 1) This property shall remain vacant. Any change of use to this property, INCLUDING PARKING, shall require a separate permit and review thru the planning division.
- 2) Your present structure is legally nonconforming as to setbacks. If you are to demolish this structure on your own volition, you will only have one (1) year to replace it in the same footprint (no expansions), with the same height, and same use. Any changes to any of the above shall require that this structure meet the current zoning standards. The one (1) year begins at the time of removal. It shall be the owner's responsibility to contact the Code Enforcement Officer and notify them of that specific date. **After** one year has passed all legal nonconforming rights will have been extinguished.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Pending      **Reviewer:**      **Approval Date:**

**Note:** **Ok to Issue:**

04-0629

# All Purpose Building Permit Application for Demolition of A Structure

**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.**

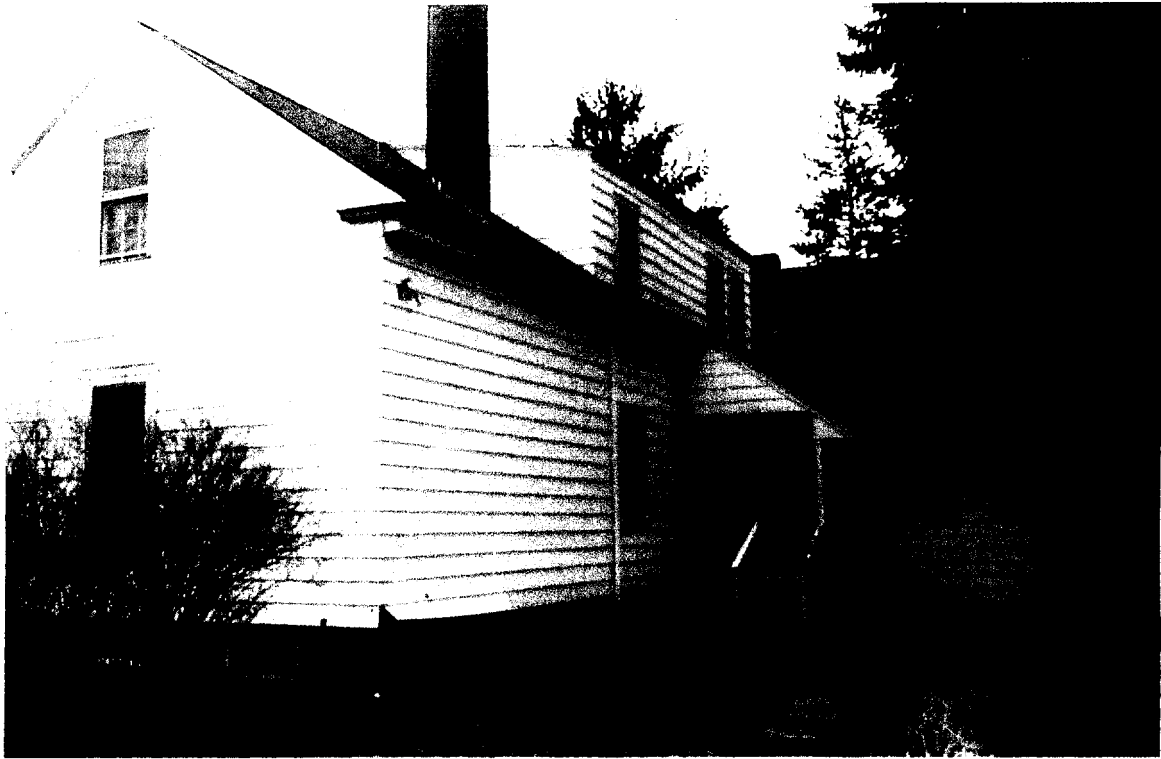
Location/Address of Construction: 538 Ocean Ave. <u>Portland</u> ME	
Total Square Footage of Proposed Structure 4900 SF	Square Footage of Lot 37538 SF
Tax Assessor's Chart, Block & Lot Chart# 163 Block# A Lot# 5	owner: The Portland Diocese Telephone: 207-773-6471
Lessee/Buyer's Name (If Applicable) N/A	Applicant name, address & telephone: Danley Demolition, Inc. PO Box 154 Fremont, NH 603-895-4900 03044 Cost Of Work: \$ 12,500 Fee: \$ 138.00
Current use: <u>Vacant</u> (hazardous) need to pres	
If the location is currently vacant, what was prior use: <u>Residence</u>	
Approximately how long has it been vacant: <u>April 1, 2004</u>	
Project description: Demolition of 1 1/2 story residence	
<b>DEMOLITION CALL LIST MUST BE SUBMITTED WITH THIS APPLICATION</b>	
Contractor's name, address & telephone: <u>Danley Demolition, Inc</u> <u>PO Box 154 Fremont, NH 03044</u>	
Whom should we contact when the permit is ready: <u>Lee Danley</u>	
Mailing address: <u>PO Box 154 Fremont, NH 03044</u>	
Phone: 603-895-4900	

**IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.**

*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 have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of the 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.*

Signature of applicant: <u>Lee Danley</u>	Date: <u>5-4-04</u>
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**This is not a permit, you may not commence ANY work until the permit is issued. This is for residential demolition. Commercial demolition will require other types of permitting along with this permit, please inquire with support staff**





**A) Pre-Demolition Building Inspection and Abatement Information**

***Important Notice: This Notification is Required by Law***

*Maine Law* requires that buildings be inspected for asbestos and that asbestos-containing materials be removed from any building prior to demolition. Demolition means the tearing down or intentional burning of a building or part of a building. This includes any institutional, commercial, public, industrial, or residential building. Inspection and/or removal of more than 3 square feet or 3 linear feet of asbestos-containing materials must be performed by an asbestos firm licensed by the ME DEP.

Municipalities are requested to have applicants for demolition permits complete this form prior to the issuance of a demolition permit. The Department also requests that a demolition permit Not be issued to an applicant for a "no" answer to any of the questions below. Please call (207) 287-2651 with any questions.

Please answer all questions:

1.  *yes*  *no* Has the building been inspected by a DEP licensed asbestos consultant?
2.  *yes*  *no* If asbestos was found, has a 10 day notification sent to DEP?
3.  *yes*  *no*  *n/a* Has the asbestos (if any) been removed by a DEP licensed asbestos contractor?

*Note:* This form constitutes notification to the Department when asbestos is not present in the building being demolished.

**B) General Information**

<i>property address:</i> 538 Ocean Ave. Portland, ME	<i>asbestos survey performed by: (name &amp; address)</i> Abatement Professionals 232 Riverside Ind.Pkwy Portland, ME
<i>property owner: (name &amp; address)</i> The Portland Diocese PO Box 11559 Portland, ME  <i>telephone:</i>	<i>asbestos abatement contractor: (name &amp; address)</i> Abatement Professionals 232 Riverside Ind.PKWAY Portland, ME  <i>telephone:</i> 207-878-5977
Danley Demolition: Inc. PO Box 154 Fremont, NH 03044  <i>telephone:</i> 603-895-4900	05-14-04 <i>demolition end date:</i> 05-19-04 <i>building type: (commercial, residential, etc.)</i> Residential

**Once filled out, please fax or mail immediately to DEP**

**Original to DEP**

**Copy to Municipality**

**Copy to Owner or Operator**

## City of Portland Inspection Services Division Demolition Call List and Requirements

Site Address: 538. Ocean Ave. PortlandOwner: Diocese of PortlandStructure Type: ResidenceContractor Danley Demolition, Inc.**UTILITY APPROVALS****NUMBER****CONTACT NAME/DATE CONTACTED**

Central Maine Power

1-800-750-4000

Ann / 04-27-04

Verizon

1-800-941-9900

04/27/04. WK#MEAR526406

Northern Utilities

797-8002 ext 6241

Mark Allen/Bruce Haington 44/28/0

Portland Water District

761-8310

Tom. / 05/04/04

Time Warner Cable Co.

253-2222

Ryan / 04/27/04

Dig Safe \*\*\*

1-888-344-7233

#20041804414\*\*\*(After Call, There is a wait of 72 Business Hours before digging can begin)**CITY APPROVALS****NUMBER****CONTACT NAME/DATE CONTACTED**

DPW/ Traffic Division

874-8891

(L. Cote) Lucy Cote 04/28/04

DPW/ Forestry Division

874-8389

(J. Tarling) Left Messaae for J. Tarling

DPW/ Sealed Drain Permit

874-0822

(C. Merritt) Carol Merritt 04/28/04 04/3

Building Inspections ( Insp. Req'd.)

874-8703

Gail Gurtin / 04/28/04

Historic Preservation

874-8726

Debbie-left message 04/28/04

Fire Dispatcher

874-8576

Diaz / 04/28/04

DEP - Environmental (Augusta)

287-2651

(Ed Antz) Faxed Notification 04/30/04

U.S. EPA Region 1 - No Phone call required. Just mail copy of State notification to: Mailed 04/30/04

Demo / Reno Clerk  
US EPA Region I (SEA)  
JFK Federal Building  
Boston, MA 02203

**ADDITIONAL REQUIREMENTS:**

- 1) **Written Notice to Adjoining Owners:** Only when written notice has been given by the Applicant to the owners of adjoining lots will a demolition permit be issued. **Provide a list of those notified and a copy of the notification sent with your completed application.**
- 2) **A Photo of the Structure(s) to be demolished must be submitted with your application.**
- 3) **Certification From an Asbestos Abatement Company that the building is asbestos-free may be required as per state law notification form attached.**

I have contacted all of the necessary companies / departments as indicated above and attached all required documentation

# *Danley Demolition Inc.*



P.O. Box 154, Fremont, NH 03044-0154  
Tel. 603.895.4900 Fax 603.895.9893

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Demolition & Environmental \*\*\*Inspections & Consulting \*\*\*Licensed & Insured

List of Abutters Notified  
Re: 538 Ocean Ave., Portland ME

May 3, 2004

544 - 546 Ocean Ave. LP  
117 Falmouth Rd.  
Falmouth ME 04105

Harold H & Judith A. Cushing  
524 Ocean Ave.  
Portland ME 04103

Christine M. Pistaki  
828 Washington Ave.  
Portland ME 04103

Steven A. & Vivian C. Pare  
812 Washington Ave.  
Portland ME 04101

Mary B. Briggs  
822 Washington Ave.  
Portland ME 04103



# Danley Demolition Inc.



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May 3, 2004

Mary B. Briggs  
822 Washington Ave.  
Portland ME 04103

To Whom It May Concern:

Please be aware that on or about May 17, 2004 the residence located at 538 Ocean Ave., Portland Me will be demolished. The debris will be removed to a legal disposal facility, the foundation removed and smoothed over with existing fill.

Respectfully,

  
Lee M. Danley  
Vice President

# Danley Demolition Inc.



P.O. Box 154, Fremont, NH 03044-0154  
Tel. 603.895.4900 Fax 603.895.9893

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May 3, 2004

Steven A & Vivian C. Pare  
812 Washington Ave.  
Portland ME 04101

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Portland ME 04103

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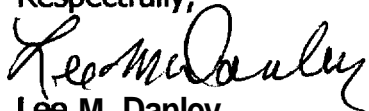
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Falmouth ME 04105

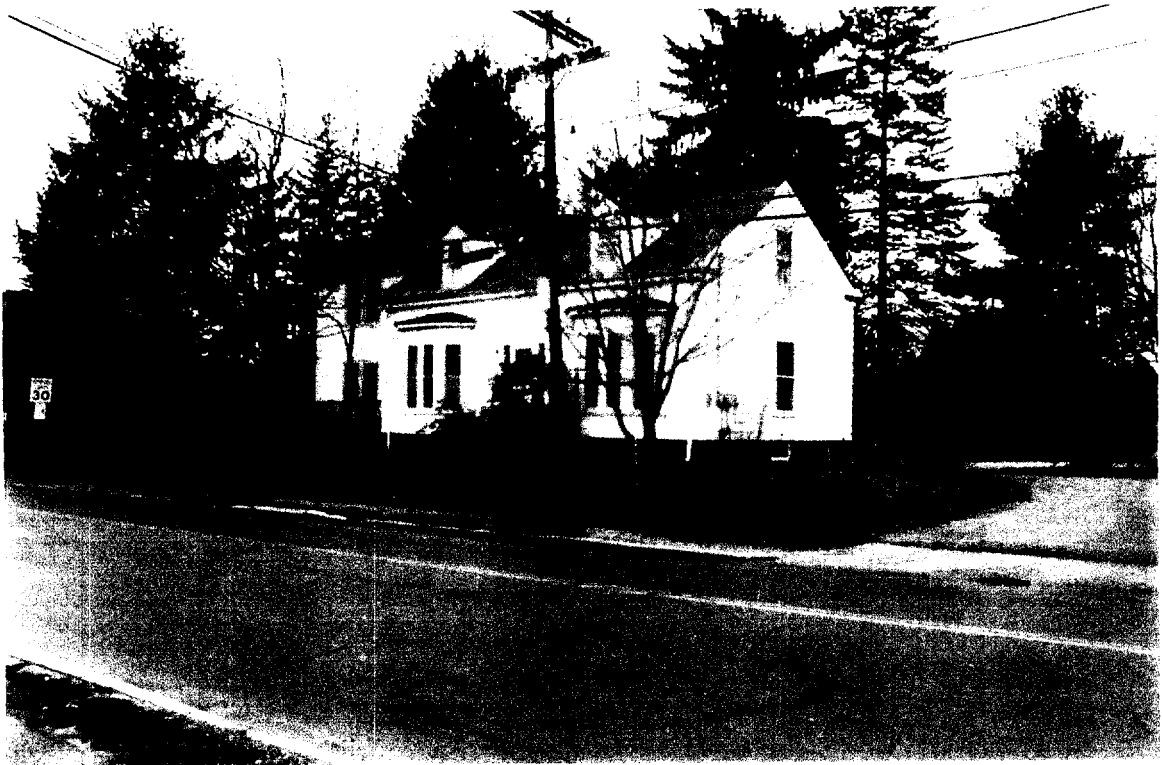
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Lee M. Danley  
Vice President



<b>Asbestos Project Notification</b>	<b>State of Maine</b> Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207)287-2651 FAX (297)287-7826	<b>FORM N</b> Page 1 of 3
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<b>1. Project Code</b>  <b>APC-04-157</b>	<b>2. Type of Notification</b> XXXStandard ( O ) _____ Facility O&M (Annual) _____ Emergency (E) _____ Courtesy (Not Regulated)	<b>3. Type of Activity</b> XXXDemolition (D) Renovation (R) _____ Repair	<b>A Variances (Check all that apply)</b> _____ Non-Standard (NS) _____ Standard (S) _____ Notification Waiver (10 day)
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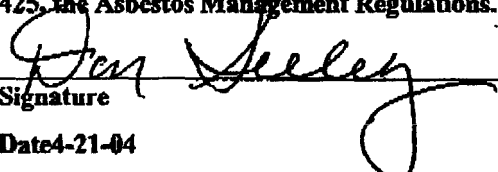
<b>5. Asbestos Contractor</b> Name: Abatement Professionals Corp Address: 232 Riverside Ind Pkwy City Portland, Maine 04103 Contact: <u>DON SEELEY</u> TEL 207-878-5922 FAX: 207-878-5458	<b>6. Facility Owner</b> Name :THE PORTLAND DIOCESE Mailing Address: PO BOX 11559 City PORTLAND Contact: JIM SOMMA TEL 773-6471
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<b>7. Facility Location (Where removal is to take place)</b> BLDG Name: NONE Floor and/or Rm.# : KITCHEN Physical Address: 538 OCEAN AVE PORTLAND	<b>8. Facility Description</b> Present Use: VACANT Prior Use: RESIDENCE BLDG Size: 4900 SQ/FT No Floors: 2
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<b>9. Notification Fees (Required fees must accompany notification)</b> _____ 1100.00 = ACM amounts 100 SqFt/100 LnFt to 1000 SqFt/5000 LnFt. \$200.00 = ACM amounts greater than 1000 SqFt/5000 LnFt. XXX Not Required or Not Included (Complete Block #A)	<b>9A. Notification Fee Not Included</b> _____ Single family home exemption XX ACM amount less than 100 SqFt/100 LnFt _____ Fees paid quarterly (Non-Scheduled O&M only) _____ BGS exemption	<b>10. Project Work Flours</b> 7:00 AM to 3:30 PM (Show actual hours) Weekdays (Check all that apply) M T W T F Weekend (Check all that apply) _____ Sat _____ Sun
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**11. Scheduled Dates for Asbestos Project**  
 Start (set-up) Date: 5-3-04 Completion Date: 5-3-04  
 Removal Dates (from): (to)

ACM Type	Amount	Measurement	Postmark/ FAX/ hand delivered
LI NOLEUM	98	SqFt XXX LnFt	
		SqFt LnFt _____	Date Received _____
		SqFt _____ LnFt	Check # _____
		SqFt LnFt _____	NESHAP _____
		SqFt LnFt _____	state _____
		SqFt LnFt	Variance _____

<p><b>Asbestos Project Notification</b></p> <p>Revised January, 2003</p>	<p>State of Maine                  Department of Environmental Protection                  Lead &amp; Asbestos Hazard Prevention Program                  17 State House Station, Augusta, ME 04333                  TEL (207) 287-2651 FAX (207) 287-7826</p>	<p><b>FORM N</b></p> <p>Page 2 of 3</p>																
<p>Project Code</p> <p><b>APC-04-157</b></p>	<p>13. Demolition (complete as applicable)</p> <p><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)</p> <p><input checked="" type="checkbox"/> All other demolitions</p>																	
<p>14. Procedure Used to Detect Presence of Asbestos</p> <p>Testing <input type="checkbox"/> Assumed Positive <input checked="" type="checkbox"/> Tested Positive</p> <p>Method <input checked="" type="checkbox"/> PLM <input type="checkbox"/> TEM</p> <p>sampled By _____ (Print Name)</p> <p>Company <b>ENVIRONMENTAL MANAGEMENT</b></p>	<p>15. Project Clearance</p> <p>Visual evaluation by: (Air Monitor (if known) and Company)</p> <hr/> <p>Air Clearance by: (Air Monitor (if known) and Company)</p> <hr/>																	
<p>16. Asbestos Abatement Methods (check all that apply &amp; include variance request if required)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Regulated area with 2-layer work area containment</td> <td><input type="checkbox"/> Flooring by mechanical equipment (1-layer containment)</td> </tr> <tr> <td><input type="checkbox"/> Regulated area with Exclusion zone</td> <td><input type="checkbox"/> Flooring by ice scrapers/pry bars (1-layer containment)</td> </tr> <tr> <td><input type="checkbox"/> Glove bag exceeding 30 contiguous ln/ft (1-layer containment)</td> <td><input type="checkbox"/> perimeter suspended ceiling tile under negative pressure</td> </tr> <tr> <td><input type="checkbox"/> Glove bag- standard variance for no containment</td> <td><input type="checkbox"/> Wrap &amp; cut (TSI in good condition)</td> </tr> <tr> <td><input type="checkbox"/> Wrap &amp; cut (TSI not in good condition) (1-layer containment)</td> <td><input type="checkbox"/> Roofing removal by mechanical saws/cutters</td> </tr> <tr> <td><input type="checkbox"/> Exterior cementitious products</td> <td><input type="checkbox"/> Enclosure</td> </tr> <tr> <td><input type="checkbox"/> intact flooring demo by large equipment</td> <td><input type="checkbox"/> Encapsulation</td> </tr> <tr> <td><input type="checkbox"/> Adhesive by grinding or bead blasting</td> <td><input checked="" type="checkbox"/> Other (specify) <b>DEMOLITION BUILDING</b></td> </tr> </table>			<input type="checkbox"/> Regulated area with 2-layer work area containment	<input type="checkbox"/> Flooring by mechanical equipment (1-layer containment)	<input type="checkbox"/> Regulated area with Exclusion zone	<input type="checkbox"/> Flooring by ice scrapers/pry bars (1-layer containment)	<input type="checkbox"/> Glove bag exceeding 30 contiguous ln/ft (1-layer containment)	<input type="checkbox"/> perimeter suspended ceiling tile under negative pressure	<input type="checkbox"/> Glove bag- standard variance for no containment	<input type="checkbox"/> Wrap & cut (TSI in good condition)	<input type="checkbox"/> Wrap & cut (TSI not in good condition) (1-layer containment)	<input type="checkbox"/> Roofing removal by mechanical saws/cutters	<input type="checkbox"/> Exterior cementitious products	<input type="checkbox"/> Enclosure	<input type="checkbox"/> intact flooring demo by large equipment	<input type="checkbox"/> Encapsulation	<input type="checkbox"/> Adhesive by grinding or bead blasting	<input checked="" type="checkbox"/> Other (specify) <b>DEMOLITION BUILDING</b>
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<p>17. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter)</p> <p>Name: <b>Waste Management/Logano</b></p> <p>Address: <b>PO Box 144</b></p> <p>City: <b>Portland, CT 06480</b></p> <p>Contact: <b>Rick Gondon</b></p> <p>TEL: <b>1-800-272-3867 FAX: Unknown</b></p>	<p>18. Disposal Site</p> <p>Name: <b>Valley Landfill</b></p> <p>Address: <b>PO Box 782 A</b></p> <p>City: <b>Irwin, PA 15642</b></p> <p>Contact: <b>Unknown</b></p> <p>TEL: <b>1-724-744-7446 PAX: Unknown</b></p>																	
<p>19. Certification (Notification Submitted by)</p> <p>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.</p> <p>                  Signature _____</p> <p><b>4-21-04</b>                  Date</p> <p><b>DON SEELEY</b>                  Print Name</p> <p>Mailing Address: 232 Riverside Ind Pkwy</p>																		