City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 9 9 0 24 2 Location of Construction: Owner: Phone: 580 Ocean Ave Engine 11 City of Portland Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 389 Congress St ern RERMIT ISSUE Address: Contractor Name: Phone: A.L. Doggett Inc. P.O. Box 35 Gray ME 657-4569 04039 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: MAR 2 2 1999 10.00 Fire Department Same FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: CBL: Zone: 163-B-018 Signature: 44 Signature Zoning Approvat Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved П Special Zone or Reviews Remove 1000 gallon tank Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: □ Site Plan maj □minor □mm □ Date Applied For: Permit Taken By: March 19, 1999 SP Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. □ Conditional Use ☐ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied **Historic Preservation** Not in District or Landmark □ Does Not Require Review □ Requires Review Action: **CERTIFICATION** ☐ Appoved □ Approved with Conditions 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 □ Denied 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 March 19, 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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



THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED

Building or Use Permit Pre-Application Attached Single Family Dwellings/Two-Family Dwelling Multi-Family or Commercial Structures and Additions Thereto

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

NOTE**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/Addressof Constru	ction (include Portion of Building)	Engine 11 Fire S	totion	
Total Square Footage of Pro	110	Square Footage of Lo	ot NIA	
Tax Assessor's Chart, Block Chart# 163 Block	D ALD	Owner: City of Port	land	Telephone#: 874-8480
Owner's Address: 389 Congr Portland,	ress St. ME 04101	Lessee/Buyer's Name (If Applicable)	Cos \$	*** Of Work: Fee
Proposed Project Description	n:(Please be as specific as possible)	o gallon under	ground s	itorage tank
Contractor's Name, Address	& Telephone	0. Box 35, Gray.	7-4569 ME 0403	Rec'd By
Current Use:	Dept.	Proposed Use: S	ame_	
You must Include the formal Minor or Major site plachecklist outlines the m	ollowing with you application 1) A Copy of 2) A Copy of an review will be required for a site	Your Deed or Purchase and Sale of your Construction Contract, i 3) A Plot Plan/Site Plan or the above proposed projects. The plan. 4) Building Plans	e Agreement of f f available e attached	PORTLAND, ME
		ection documents must be design Il of the following elements of con-		design professional.
 Cross Sectio Floor Plans & Window and Foundation p Electrical and equipment, F 	ns w/Framing details (includ & Elevations door schedules plans with required drainage d plumbing layout. Mechani -IVAC equipment (air handli	and dampproofing cal drawings for any specialized eding) or other types of work that ma Certification	d accessory structure quipment such as fu y require special re	rnaces, chimneys, gas view must be included.
owner to make this application application is issued, I certify	on as his/her authorized agent. I ag	perty, or that the proposed work is authorize tree to conform to all applicable laws of this if representative shall have the authority to e	jurisdiction. In addition,	, if a permit for work described in this
Signature of applicant:	Keistier Co	Islight	Date: 3-19	-99
Buildin	g Permit Fee: \$25.00 for the	1st \$1000.cost plus \$5.00 per \$1,	000.00 construction	cost thereafter.

Additional Site review and related fees are attached on a separate addendum

PORTLAND FIRE DEPARTMENT

Review Date: _	3/22/59	Contractor: AL Dogs. TT In 4	
		•	
Address: _	212 Stevins p-	CBL: 177- H-002	

Please note marked Conditions of Approval

- * 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 sq ft 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" copper of 1" steel. Maximum coverage area of a residential sprinkler in 144 sq ft per sprinkler.
- * All required fire alarm systems shall have the capacity of zone disconnect via switches or key pad program provided the method is approved by the Fire Prevention Bureau.
- * All remote annunciators shall have a visible trouble indicator along with the fire alarm zone indicators.
- * Any master box connected to the municipal fire alarm system shall have a supervised municipal disconnect switch.
- * All master box locations hall be approved by the Fire Dept. Director of Communications.
- * A master box shall be located so that the center of the box is five feet above finished floor.
- * All master box locations are required to have a Knox box.
- * A fire alarm acceptance report shall be submitted to the Portland Fire Department.
- All underground tank removal(s) and/or installation(s) shall be done in accordance with the Department of Environmental Protection and Regulation (Chapter 691).
- No cutting of tanks on site. Cutting of tanks to be done at an approved disposal site.
- The fire dispatcher must be notified at least 48 hrs in advance of removal or transportation of tanks.
- * All above ground L/P tanks shall be located in accordance with NFPA 58 standards.
- * Any tank located near the path of vehicle movement shall be protected.
- * All piping shall be protected from possible mechanical damage and vandalism.
- * A 4" storz fire department connection is required.
- * Any renovation of sprinkler system over 20 heads must have State Fire Marshall approval.
- * A sprinkler performance test shall be submitted to the P.F.D. after completion of work.
- * State Fire Marshall approval is required for this project.

Lt. Gaylen Mc Dougall

Portland Fire Prevention Bureau

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

163-8-018

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

cc: DEP

FIRE CHIEF

ALD

NOTICE OF INTENT TO ABANDON (REMOVE)

AN UNDERGROUND OIL STORAGE FACILITY

PILD

ILEAS			ITH THE D.E.P. AND YOU SCHEDULED REMOVAL		MENT AT
PLEA Name Mailir City: Conta	of Facility Cong Address: Portland of Person (na John-Lyto of Facility:	OR PRINT IN INIONAL STATE OF THE PRINT INIONAL STATE OF THE PRI	C: Portland Street Teleph State: ME phone #): Deputy Ch: 74-8480 Henry Jil.	one #: 207-874-8480 Zip Code: 04101 ief Don Brown 207-87 lert 207-874-8893 ation #: see attached r	Needs Removal permit only
1.	Identify the	tanks at this locat	ion which are going to be remo	oved:	
	<u>Tank #</u> 1 2 3	Tank Age unknown	Tank Size (gallons) 1000	Type of Product Stored #2	
2.		to this facility (be	specific):		
Is or was the tank(s) used to store Class I liquids (e.g., gasoline, jet fuel)? Yes No x 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					
	CERTIFIE	ED TANK INSTA	LLER.	NE UNDER THE DIRECT	
	CERTIFIE Tank Insta	ED TANK INSTA	LLER.	NE UNDER THE DIRECT	
4.	Tank Insta Todd J. Environme for resale, cosite. Site A	ED TANK INSTA Iller's Name: LaVallee Intal site assessment or for farm or residussessor's Name a	LLER. Certification Number	r: Signature TL cept those used for storing he 1,100 gallons where the produ	cating oil, not
 4. 5. 	Tank Insta Todd J. Environme for resale, of site. Site A Deluca Name and the	ED TANK INSTA Iller's Name: LaVallee Intal site assessment or for farm or residences assessor's Name and Assoc.	Certification Number 251 Its are required for all tanks exential motor fuel tanks under Ind Address (if applicable): 778 Main Street, South of contractor who will do the terms.	r: Signature TL cept those used for storing he 1,100 gallons where the produ	cating oil, not
	Tank Insta Todd J. Environme for resale, cosite. Site A Deluca Name and to A. L. D	ED TANK INSTA iller's Name: LaVallee Intal site assessment or for farm or resid assessor's Name a Hoffman Assoc.	Certification Number 251 Its are required for all tanks exential motor fuel tanks under Ind Address (if applicable): 778 Main Street, South of contractor who will do the terms.	r: Signature TL cept those used for storing he 1,100 gallons where the produ Portland, ME ank removal:	cating oil, not
5.6.	Tank Insta Todd J. Environme for resale, of site. Site A Deluca Name and to A. L. D Expected d by provide N	ED TANK INSTA Iller's Name: LaVallee Intal site assessment or for farm or residence of farm or residence of farm and associatelephone number of the constant of the consta	certification Number 251 ats are required for all tanks exential motor fuel tanks under 1 and Address (if applicable): 778 Main Street, South of contractor who will do the tanks under 1 and 207-657-4569 onth/day/year): 2-9-9 to properly abandon the under	r: Signature TL cept those used for storing he 1,100 gallons where the produce and removal: ground oil storage facility as	cating oil, not
5. 6. I here above Date:	Tank Insta Todd J. Environme for resale, of site. Site And Deluca Name and to A. L. Deluca Expected delucation by provide New Provide	ED TANK INSTA Iller's Name: LaVallee Intal site assessment or for farm or residence of farm or residence of seeds assessor's Name and allegate, Inc.	certification Number 251 Its are required for all tanks extential motor fuel tanks under Ind Address (if applicable): 778 Main Street, South of contractor who will do the tanks under Ind Address (if applicable): 778 Main Street, South of contractor who will do the tanks under Indiana India	r: Signature TL cept those used for storing he 1,100 gallons where the produce and removal: ground oil storage facility as	cating oil, not

Mail original and yellow copy to DEP; pink copy to fire department; retain gold copy. RETURN POSTCARD AFTER TANK(S) HAS BEEN REMOVED

Registration for removal purposes only

ALD PTLD

DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL
AND PETROLEUM PRODUCTS STORAGE TANKS
(Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 280)

. REGISTRA	TION NUMBER:		STATE USE ONLY
(Comple	ete only if a regi		
-	isly assigned by the constant protect	_	DATE OF REGISTRATION
		1011.)	
2. FACILITY	Y INFORMATION:		
1 1	Tame of Facility:	Engine 11	
n	Street Address of	Facility: 580 Ocean	Avenue
c.	Town/Clty where fa	cility is located:	Portland
υ.	Malling address:	580 Ocean Avenue	
	_	Portland	Maino 04103
E.	F. Telephone: 207	-874-8400	
G.	Directions to Fac		
11.	within 1000 feet	of a public water sur	oply source? YesNo
Ι.	within 300 feet o	of a private water buy	Including piping and pumps) oply source? Yes No
J.	which is located	within 300 feet of t	is YES.) Is the water supply he tank(s) owned by someone ator? Yes No
К.			gravel aquifer or recharge 1 Survey? Yes No
L.	In the facility body or wetland?		feet of a fresh or salt water
ж.		located within a 100 t municipal offices.	Yeu No
Note:	the Department a be reviewed at a nominal fee from	t (207) 289-2651. Sa any of the Department	items (K) or (L), please cal and and gravel aquifer maps ca c's offices or purchased for al Survey, State House Statio

If the answer to item (H), (I) or (K) above in yes, the facility is in a sensitive geologic area.

	U STATE	SE ONLY		
Reviewer:		Date://	map Number:	
Wholesalo Dintr Retail Distr Oll storage Establishmen consumption Oil storage Establishmen	is now or will be useribution of Oil ibution of Oil at a Commercial t for on-site t for on-site	Oil uto [amily Oil ato [amily Oil ato Oil ato (atato	rage at a pingle regidence rage at a multi- regidence rage/farm rage/Public Facilit cor local)	
consemption 3. TANK OWNER:	-	Off 366	orage/Federal Facil.	i C y
λ.	Ramo: City (last) Hall Address:	(first)	(middle	lnitral)
С. Е.	Town/City: Port	and	D. State: ME	
4. TANK OPERAT	COR: (If different	ent (rom owner.)		
λ.	Name: English (lant)	(firet)	(middle	initial
Ū.		30 Ocean Avenue		
c.	Town/Clty: Po	ortland	D. State:	ME
E. S. CONTACT P	zip code: 0410 ERSON:	F Phone	: 207-874-8400	
A. Nama:	Benry Jillert	B. Phon	o: 207-874-8893	

			(6.	INDIVII	DUAL TANK	DATA:	Comp	lete for ea	ch tank.		
C = W = E = G = N = B. Pi	A. TANK TYPE: C = Cathodically Protected Steel - Single Wall with Excavation Liner. W = Cathodically Protected Steel - DoubleWalled E = Fiberglass - Single wall with Liner. G = Fiberglass - Double Walled N = Other - Please specify. B. Piping Type: E = Single Walled Fiberglass with liner. G = Double Walled Fiberglass M = Single Walled Steel with Liner. O = Copper with Secondary Containment W = Cathodically Protected Steel C. Tank Size: Fill in with the Size of the Tank in gallons.			E. 1 5 22 29 F.	D. Form of Leak Detection/Retrofitted Tank: 1 = Continuous Electronic Monitoring of Groundwater 2 = Continuous Electronic Monitoring of Vapors 3 = Secondary Containment with Interstitial space monitoring 4 = Manual Groundwater Sampling 5 = Continuous In-Tank Gauging 6 = In-Line Leak Detector 7 E. Product Stored: 1 = Kerosene			G. Tank Status: B = Active C = Out of Service D = Abandoned in Place-Filled E = Planned for Removal II. System Type: 1 = Suction 2 = Pressurized I. Form of Interstitial Tank Leak Detection/ New and Replacement Tanks 1 = Continuous Groundwater in Liner 2 = Manual Groundwater in Liner 3 = Continuous Vapor Monitoring 4 = Continuous Hydrostatic 5 = Continuous Free Product 6 = Continuous Vacuum or Pressure 7 = Other-Please Specify J. Overfill Spill/Leak Detection: 1 = Automatic Shutoff (95% Tank Capacity) 2 = Automatic Alarm (95% Tank Capacity) 3 = Overfill Spill Container (3-gallon minimum			
TAN.		B. unknown	C. 1000	DN/	A E. 2	F	unkn6wn	Gc	H. N/A	I. NA	J. N/A
TANI A	К 2:	_B,	_C	_D	E	F	/	G	H	I	J
TANK A		В	_C	D	E	F	/	G	H	I	J
TANK A		В		_D	E	F		G	Н	I	J

7.	Attach a check for the applicable registration (see made payable to the State of Haine, Groundwater Fund and return with this form to the Department of Environmental Protection (Bureau of Oil and Hazardous Materials Control-State House Station #17, Augusta, Haine 04333).
	A registration (ee of \$35.00 is required for all tanks except for tanks serving single family residences. Registration fees are due upon registration and annually thereafter, prior to the FIRST DAY OF JANUARY.
	Fee Computation: # tanks at \$35.00 per tank = \$
	Hotor fuel stored in a non-conforming tank is subject to an additional annual fee payable to the Third Party Commercial Risk Pool.
0.	HAKE TWO (2) COPIES OF THIS FORM. Submit the original to the Department of Environmental Protection (Bureau of Oil and Hazardoun Hateriain Control-State House Station #17, Augusta, Maine 04333). SEND ONE (1) COPY TO THE LOCAL FIRE DEPARTMENT having jurisdiction. RETAIN THE THIRD COPY FOR YOUR RECORDS. For new and replacement tanks, registrations are due at least five (5) business days prior to installation.
9.	Your registration shall not be considered complete and will be returned to you if all 5 pages are not completed.
10.	IF NEW, REPLACEMENT OR RETROFITING EXISTING TANKS OR PIPING ARE INCLUDED WITH THIS REGISTRATION, PLEASE PROVIDE:
	A. Name of Installer: N/A
	B. Installer ID Number: N/A Date to be Installed: N/A
11.	CERTIFY THIS FORM BY SIGNING. By signing this form, I, the tank registrant, certify that all information is accurate and complete to the best of my knowledge, and that I will comply with all applicable federal, state, and local laws and regulations concerning the underground storage of petroleum products. The owner or operator is required by Maine statutes to file an amendment to this registration with the Department of Environmental Protection immediately upon any change of information contained in this form.
Dat	Owner or Authorized Title (Please print Employee of the Owner or type)
180	
Sig	nature: Title