

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 061337

Please Read
Application And
Notes, If Any,
Attached

This is to certify that BREMMER MARIE /KPM demolition

has permission to Demo foundation, residence garage

AT 9 WESTLAND AVE 197 A003001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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.

Classification of inspection must be given and when permission procedure before this building or part thereof is closed or services closed-in. 4 HOUR NOTIFICATION REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
DepartmentName

James Banks for TMM
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: 06-1337	Issue Date:	CBL: 197 A003001
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Location of Construction: 9 WESTLAND AVE	Owner Name: BREMMER MARIE	Owner Address: 134 GARFIELD AVE	Phone:			
Business Name:	Contractor Name: KPM Demolition	Contractor Address: 121 Bradley Ave Haverhill	Phone: 9783737636			
Lessee/Buyer's Name	Phone:	Zone: B-1				
Past Use: Residential	Proposed Use: Residential Demo foundation, residence and garage.	<table border="1"> <tr> <td>\$30.00</td> <td>\$1,000.00</td> <td>3</td> </tr> </table>		\$30.00	\$1,000.00	3
\$30.00	\$1,000.00	3				
Proposed Project Description: Demo foundation, residence and garage		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: R3 Type: DEMO IRC-2003 Signature: AMB pu TMM	Signature: _____ Date: _____			

Permit Taken By: dmartin	Date Applied For: 09/08/2006	Zoning Approval		
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..		Special Zone or Reviews <input checked="" 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"/> Date: 9/10/06	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 Date: 9/10/06	Historic Preservation <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: _____

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



Demolition of A Structure 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>9 WESTLAND AVE PORTLAND ME</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
		<u>18,350</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Robert J. Coolbrith</u>	Telephone: <u>617 799-2055</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>KPM Demolition</u> <u>121 Bradley Ave.</u> <u>Haverhill, MA 01832</u> <u>978-373-7636</u>	Cost Of Work: \$ <u>1,000.00</u> Fee: \$ _____
Current Specific use: <u>Residential House</u>		
If vacant, what was the previous use? <u>HOUSE</u>		
How long has it been vacant?: <u>3</u>		
Project description: <u>Demolish existing Residential home and Garage including Foundations.</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>KPM DEMOLITION</u>		
Mailing address: <u>KPM DEMOLITION</u> <u>121 Bradley Ave</u> <u>HAVERHILL, MA 01832</u>		Phone: <u>617 799-2055</u>

Please submit all of the information outlined in the Demolition call list. 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 visit us on-line at www.portlandmaine.gov, stop by the Building Inspections 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 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>[Signature]</u>	Date: <u>8/30/06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



**Maine Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program**
17 State House Station, Augusta, ME 04333-0017
Tel: (207) 287-2651 Fax: (207) 287-7826



Building Demolition Notification Form (BDNF)

Important Notice: Maine law requires the filing of this Building Demolition Notification Form prior to demolition of any building except a single-family home

1) Building owners are required to provide this notification of the demolition of a building to the DEP at least 5 working days prior to the demolition. This notification is not required before the demolition of 4 single-family residence or related structure (e.g., garage, shed, barn). It is also not required if previous notification of the demolition has been provided to The DEP as part of an asbestos abatement project notification. *Demolition* means the tearing down or intentional burning of a building or part of a building.

2) Prior to demolition, building owners must determine if there is any asbestos-containing material(s) (ACM) in the building. An "asbestos inspection" by a DEP-licensed Asbestos Consultant is required for all buildings except single-family homes and residential buildings with 2-4 units built after 1980. In lieu of an asbestos inspection, pre-1981 residential buildings with 2-4 units can be surveyed to identify possible ACM by someone knowledgeable about ACM, such as a code enforcement officer or building inspector. If materials that may contain asbestos are found, then you can either assume they are ACM or hire a DEP-licensed Asbestos Consultant to test the materials.

3) 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.state.me.us/dep/rwm/asbestos/index.htm for a listing of asbestos contractors.

Prior to issuing a local demolition permit, the DEP requests that municipalities have applicants for municipal demolition permits complete this form and fax it to the DEP at 207-287-7826. Municipalities should not issue local demolition permits if the required asbestos inspection or survey has not been performed and identified ACM removed.

Were asbestos-containing materials found? yes no no inspection or survey required (post-1980 2-4 unit)

property address: 9 WESTLAND AVE PORTLAND, ME	building description: <input checked="" type="checkbox"/> pre-1981 residential with 2-4 units ^{one unit} <input type="checkbox"/> post-1980 residential with 2-4 units <input type="checkbox"/> other:
asbestos survey performed by: (name & address) PROTECT ENVIRONMENTAL SERVICES 11 MECHANIC FALLS RD. Ste 4 OXFORD, ME 539-6021 telephone:	asbestos inspection performed by: (name of licensed Asbestos Consultant) PROTECT ENVIRONMENT SERVICES 11 MECHANIC FALL RD. Ste 4 OXFORD, ME 539-6021 telephone:
property owner: (name & address) Robert J. Coolbrith 9 Westland Ave Portland, ME telephone:	demolition contractor: (name & address) KPM DEMOLITION 121 BRADLEY AVE HAVERHILL, MA 01832 telephone: 978-373
demolition start date: 9/13/06	demolition end date: 9/16/06

Notification Submitted by: (please print) DANA KILROU Date Submitted 8/30/06

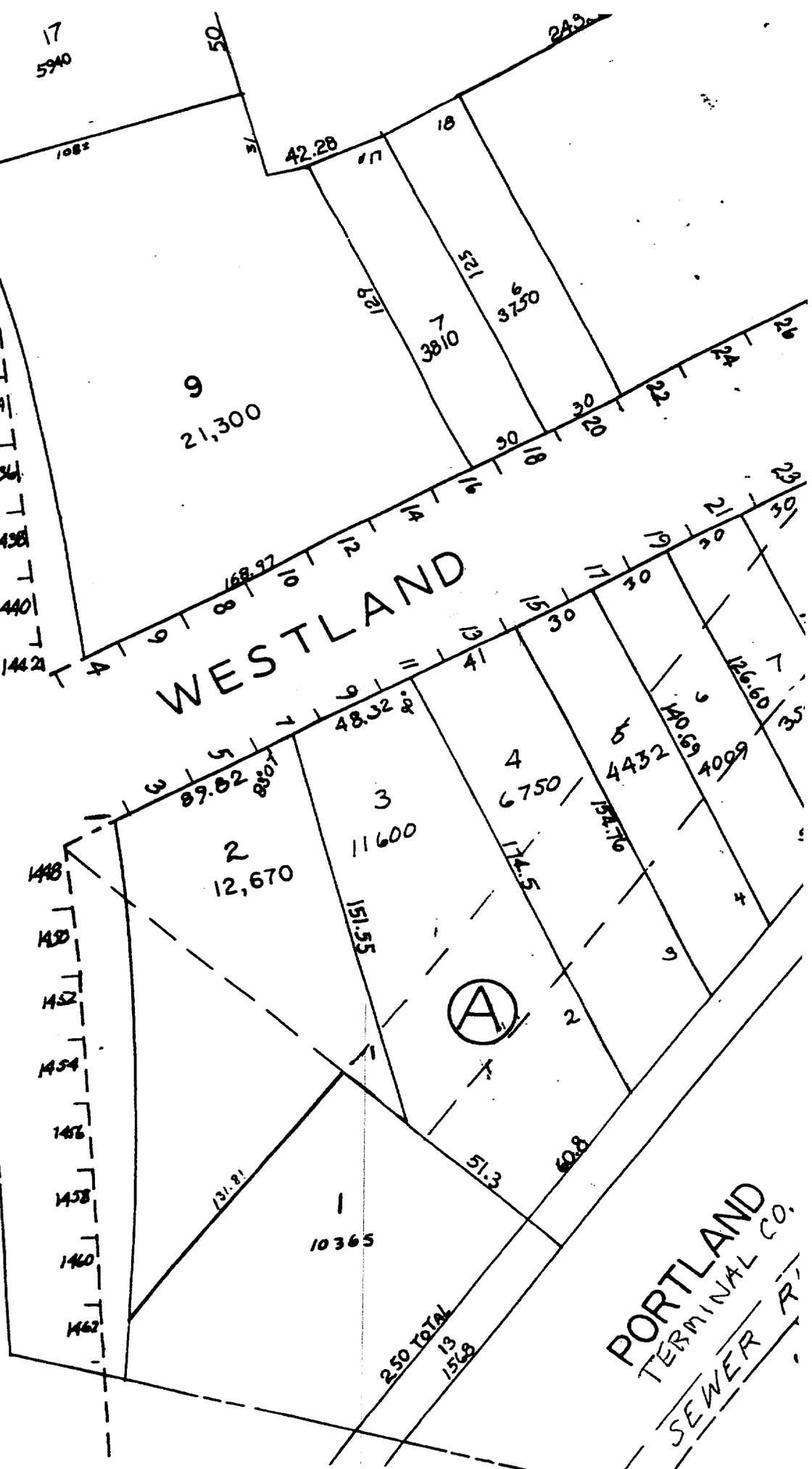
Help save Maine fisheries - Remove and recycle mercury thermostats and fluorescent lamps from your building prior to demolition!

REVISED JULY 2004

No 197

CITY OF PORTLAND
ASSESSORS PLAN
SCALE 1" = 50' ±

SHEET 194-D
CONGRESS



PORTLAND
TERMINAL CO.
SEWER



Asbestos Project 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) 287-7826	FORM N Page 2 of 3
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2004 Revision
 Project Code
DESA28-206-06
 (As listed on page 1)

13. Demolition (complete as applicable)
 Ordered demolition (structurally unsound) by State or local government (attach copy of order and name of professional engineer who determined building structurally unsound)
 All other demolitions
 Demolition Dates: 9-13-06 to 9-15-06

14. Procedure Used to Detect Presence of Asbestos
 Testing: Assumed Positive Tested Positive
 Method: PLM TEM
 Sampled By: _____
 (Print Name)
 Company: _____

15. Project Clearance
 Visual evaluation by: (Air Monitor (if known) and Company)
Mike Roberts
 Air Clearance by: (Air Monitor (if known) and Company)
EMI

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.

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 type="checkbox"/> Intact flooring demo by heavy equipment
<input checked="" type="checkbox"/> Regulated area with containment consisting of 1-layer 6 mil poly on walls & ceiling & 2 layers 6 mil poly on floors <u>Flooring</u>	<input type="checkbox"/> Adhesive by grinding or bend blasting
<input checked="" type="checkbox"/> Regulated area with Exclusion zone <u>S.D. only</u>	<input type="checkbox"/> Enclosure
<input type="checkbox"/> Multiple non-contiguous glovebags (variance required)	<input type="checkbox"/> Encapsulation
<input type="checkbox"/> Contiguous glovebags less than 30 Lm ³ /ft (variance required)	<input type="checkbox"/> Roofing removal by mechanical saws/cutters
<input type="checkbox"/> Wrap & cut- TSI in good condition (no containment)(variance required)	<input type="checkbox"/> Other (specify) <u>critical Barriers</u>
<input type="checkbox"/> Wrap & cut- TSI not in good condition (containment required)	
<input type="checkbox"/> Flooring by mechanical equipment/ice scrapers/pry bars	

17. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter)
 Name: Pine Tree Waste
 Address: 87 Pleasant Hill Rd
 City: Scarborough State: ME Zip: 04074
 Contact: Bill Bennett
 TEL: 883-9777 FAX: 883-1959

18. Disposal Site
 Name: Hampden Landfill
 Address: 358 Emerson Mill Rd
 City: Hampden State: ME Zip: 04944
 Contact: Bill Bennett
 TEL: 883-9777 FAX: 883-1959

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.

<u>Michael A Roberts</u> Signature	<u>Michael Roberts</u> Print Name
Date: <u>8-28-2006</u>	
Mailing Address: <u>11 Mechanic Falls Rd</u>	
City: <u>Oxford, Maine</u> State: <u>ME</u> Zip: <u>04270</u>	
TEL: <u>539-6021</u> FAX: <u>539-6022</u>	

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
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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 P20228-206-06 (Assigned by notification submitter) *See definition of project at Chapter 425.1.CCC	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 checked="" type="checkbox"/> Demolition (D) <input type="checkbox"/> Renovation (R) <input type="checkbox"/> Repair	4. Variances (Check all that apply) <input type="checkbox"/> Non-Standard (NS) <input type="checkbox"/> Standard (S) <input type="checkbox"/> Notification Waiver (10 day)
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5. Asbestos Contractor Name: <u>Protech Environmental Services</u> Address: <u>11 Mechanic Falls Rd</u> City: <u>Oxford</u> State: <u>ME</u> Zip: <u>04210</u> Contact: <u>Mike Roberts</u> TEL: <u>539-6021</u> FAX: <u>539-6022</u>	6. Facility Owner Name: <u>Marge Viola</u> Mailing Address: <u>9 Westland Ave</u> City: <u>Portland</u> State: <u>ME</u> Zip: <u>04101</u> Contact: <u>Dana Killroy</u> TEL: <u>1617 799 2055</u> FAX: <u>1978-374-7588</u>
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7. Facility Location (Where removal is to take place) BLDG Name: <u>Residential</u> Floor and/or Rm.#: <u>1st floor; Siding</u> Physical Address: <u>9 Westland Avenue</u> City: <u>Portland</u> State: <u>ME</u> Zip: <u>04101</u>	8. Facility Description Present Use: <u>Residential</u> Prior Use: <u>Residential</u> BLDG Size: <u>40x30</u> No. Floors: <u>2</u> BLDG Age: <u>75+ yrs</u>
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9. Notification Fees (Required fees must accompany notification) <input type="checkbox"/> \$100.00 = ACM amounts 100-5000 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 <u>7</u> AM to <u>330</u> 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 type="checkbox"/> F Weekend (Check all that apply) <input type="checkbox"/> Sat <input type="checkbox"/> Sun
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11. Scheduled Dates for Asbestos Project

Project Start Date: 9.7.06 Project Completion Date: 9.12.06

ACM Removal Dates (from) 9.7.06 (to) 9.12.06

12. Asbestos (ACM) Removal			ME DEP USE ONLY	
ACM Type	Amount	Measurement	Postmark/ FAX/ hand delivered	
<u>2800 Transite Siding</u>	<u>2800</u>	SqFt <input checked="" type="checkbox"/> LnFt <input type="checkbox"/>	_____	_____
<u>Floor Tile</u>	<u>180</u>	SqFt <input checked="" type="checkbox"/> LnFt <input type="checkbox"/>	Date Received _____	_____
		SqFt _____ LnFt _____	Check # _____	_____
		SqFt _____ LnFt _____	NESHAP _____	_____
		SqFt _____ LnFt _____	State _____	_____
		SqFt _____ LnFt _____	Variance _____	_____

ACORD_{TM} CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/21/06

PRODUCER Water Street Insurance Agency 27 Water Street Wakefield, MA 01880	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE INSURER A: SCOTTSDALE INSURER B: AIM MUTUAL INSURER C: PILGRIM INSURER D: INSURER E:	NAIC #
INSURED KPM Demolition Dana K Kilroy dba 121 Bradley Ave Haverhill, MA 01032		

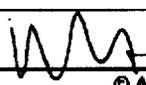
COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACTOR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY BE WAVED OR REDUCED BY PAID CLAIMS.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CLS1189224	12/17/05	12/17/06	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
					\$ 50,000	
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMPROP AGG	\$ 2,000,000
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	PMC7225233	10/3/05	10/3/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					\$	
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	XLS0031247	12/17/05	12/17/06	EACH OCCURRENCE	\$ 4,000,000
					\$	
					AGGREGATE	\$ 4,000,000
						\$
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/CM/DCR INCLUDED? If yes, describe under SPECIAL PROVISIONS below	AWC7017736012005	12/21/05	12/21/06	WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$ 500,000
					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
					E.L. DISEASE - POLICY LIMIT	\$ 500,000
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Job site: 9 Westland Ave - S Portland ME

CERTIFICATE HOLDER Marge Viola 134 Garfield Ave Chelsea, MA 02150	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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ACORD 26 (2001/08)

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POWER OF ATTORNEY

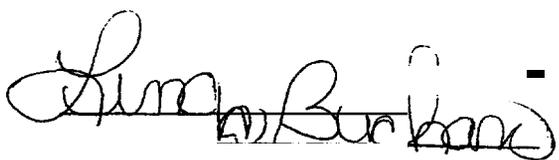
I, Robert J. Coolbrith, hereinafter referred to as PRINCIPAL, in the County of Suffolk, Commonwealth of Massachusetts, do appoint Margaret M. Viola my true and lawful attorney.

In principal's name, and for principal's use and benefit, said attorney is authorized hereby to sign all legal documents, take care of financial matters, make medical decisions, make and deliver contracts and deeds related to real property including land and buildings and transact all and every kind of business of whatever nature; giving and granting to said attorney full power and authority to do all and every act and thing whatsoever requisite and necessary to be done relative to any of the foregoing as fully to all intents and purposes as principal might or could do if personally able or present,

All that said attorney shall lawfully do or cause to be done under the authority of this power of attorney is expressly approved.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 17~~th~~ day of August 2002.

SIGNED, SEALED AND DELIVERED

 - 

Robert J. Coolbrith

COMMONWEALTH OF MASSACHUSETTS
COUNTY OF SUFFOLK, ss.

On this 17~~th~~ day of August 2002, before me personally appeared the above-named Robert J. Coolbrith and acknowledged the foregoing instrument to be his free act and deed.


Notary Public

My commission expires:

My Commission Expires December 27, 2002

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1337	Date Applied For: 09/08/2006	CBL: 197 A003001
Location of Construction: 9 WESTLAND AVE	Owner Name: BREMNER MARIE	Owner Address: 134 GARFIELD AVE
Business Name:	Contractor Name: KPM Demolition	Contractor Address: 121 Bradley Ave Haverhill
Lessee/Buyer's Name	Phone:	Phone: (978) 373-7636
		Permit Type: Demolitions
Proposed Use: Residential Demo foundation, residence and garage.		Proposed Project Description: Demo foundation, residence and garage

Comments:

0912512006-ldobson: Please call Carol M. Merritt before issuing permit 874-8822

09/28/2006-jmb: Received email from Carol M.

1010312006-jmb: Called Mark Allen at Northern Utilities to verify gas shut off approval, he gave the ok to proceed.

From: Carol Merritt
To: Tammy Munson
Date: Thu, Sep 28, 2006 8:48 AM
Subject: Re: 9 Westland - Demo permit

Yes

>>> Tammy Munson 09/28 8:42 AM >>>

The contractor called regarding the status of this permit. Did you receive all of your requested info?



Demolition Call List & Requirements

Site Address: 9 WESTLAND AVE

Owner: Robert T. Coalbrith

Structure Type: Residential

Contractor: KPM DEMOLITION

Utility Approvals	Number	Contact Name/Date
Central Maine Power	1-800-750-4000	<u>1866-225-4200</u> <u>ADRIE</u>
Northern Utilities	797-8002 ext 6241	<u>MARK DAVIS</u>
Portland Water District	761-8310	<u>DPWA</u>
Dig Safe	1-890-344-7233	<u># 20063605409</u> <u>Sept. 11 P/O</u> <u>START</u>

After calling Dig Safe, you must wait 72 business hours before digging can begin

DPW/ Traffic Division (L. Cote)	074-8891
DPW/ Sealed Drain Permit (C. Merritt)	874-8822
Historic Preservation <u>Jay Reynolds</u>	874-8726
Fire Dispatcher	874-8576

L. Cote
C. Merritt
Jay Reynolds
DIAZ

INSPECTION
 2006
 RECEIVED

Additional Requirements

- 1) Written Notice to Adjoining Owners
- 2) A Photo of the Structure(s) to be demolished
- 3) Certification from an asbestos abatement company

DEP - Environmental (Augusta) 287-2651 Sandy Moody

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

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

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

Signed: [Signature]

Date: 8/31/06