

913197

262-A-007

Permit # \_\_\_\_\_ City of \_\_\_\_\_ BUILDING PERMIT APPLICATION Fee \_\_\_\_\_ Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

LOCATION OF CONSTRUCTION

Contractor: \_\_\_\_\_ Sub.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Est. Construction Cost: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Past Use: \_\_\_\_\_

# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion \_\_\_\_\_

**For Official Use Only**

Date \_\_\_\_\_ Subdivision: \_\_\_\_\_

Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_

Bldg Code \_\_\_\_\_ Lot \_\_\_\_\_

Time Limit \_\_\_\_\_ Ownership: \_\_\_\_\_

Estimated Cost \_\_\_\_\_

**PERMIT ISSUED**

OCT 29 1991

Public

**CITY OF PORTLAND**

**Zoning:**

Street Frontage Provided: \_\_\_\_\_

Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

**Review Required:**

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_

Special Exception \_\_\_\_\_

Other \_\_\_\_\_ (Explain) \_\_\_\_\_

**Foundation:**

1. Type of Soil: \_\_\_\_\_
2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
3. Footings Size: \_\_\_\_\_
4. Foundation Size: \_\_\_\_\_
5. Other \_\_\_\_\_

**Floor:**

1. Sills Size: \_\_\_\_\_ Sills must be anchored.
2. Girder Size: \_\_\_\_\_
3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_
4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.
5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_
6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
7. Other Material: \_\_\_\_\_

**Exterior Walls:**

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
6. Corner Posts Size \_\_\_\_\_
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
10. Masonry Materials \_\_\_\_\_
11. Metal Materials \_\_\_\_\_

**Interior Walls:**

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Materials \_\_\_\_\_

**Ceiling:**

1. Ceiling Joists Size: \_\_\_\_\_
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
3. Type Ceilings: \_\_\_\_\_
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
5. Ceiling Height: \_\_\_\_\_

**Roof:**

1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
3. Roof Covering Type \_\_\_\_\_

**Chimneys:**

Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

**Heating:**

Type of Heat: \_\_\_\_\_

**Electrical:**

Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

**Plumbing:**

1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_
2. No. of Tubs or Showers \_\_\_\_\_
3. No. of Flushes \_\_\_\_\_
4. No. of Lavatories \_\_\_\_\_
5. No. of Other Fixtures \_\_\_\_\_

**Swimming Pools:**

1. Type: \_\_\_\_\_
2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_
3. Must conform to National Electrical Code and State Law.

Permit Received By \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PERMIT ISSUED WITH REQUIREMENTS**

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CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

**PLOT PLAN**



*Done w/out Insp.*

**FEES (Breakdown From Front)**

Base Fee \$ 30 -  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

**Inspection Record**

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

**COMMENTS**

**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 has authorized agent and 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 or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

*Ronald Wilson Agent For Owner*  
 SIGNATURE OF APPLICANT ADDRESS

*8544583*  
 PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

BUILDING PERMIT REPORT

DATE: 10-28-91

ADDRESS: Rand Rd - Emery Waterhouse

REASON FOR PERMIT: Underground Tank Removal Installation

BUILDING OWNER: Emery Waterhouse Co.

CONTRACTOR: Joe Wilson Bros.

PERMIT APPLICANT Norm Wilson

APPROVED: [Signature] ~~DENIED~~

CONDITION OF APPROVAL OR DENIAL:

- ✓ (1) All underground tank removal and/or installation shall be done in accordance with Department of Environmental Protection Regulations Chapter 691
- ✓ (2) No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
- ✓ (3) Fire Dispatcher must be notified 48 hours in advance of removal and/or transportation of tanks.

RECEIVED

OCT 24 1991

7/88

Maine Department of Environmental Protection  
Bureau of Oil & Hazardous Materials Control  
State House Station #17  
Augusta, Maine 04333  
Telephone: 207-289-2651  
Attn: Tank Removal Notice

DEPT. OF BUILDING INSPECTIONS  
CITY OF PORTLAND

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

COPY

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: the Emery-Waterhouse Co.  
Mailing Address: P.O. Box 659 Telephone No.: 7752371  
City: Portland State: ME Zip Code: 04104  
Contact Person (name, address & telephone no.):  
Bob Morrill  
Name of Facility: SAMU AS Above Registration No.: 1353  
Facility Location: RAND ROAD- Portland, ME

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

	<u>Tank Number</u>	<u>Age of Tank (Years)</u>	<u>Tank Size (Gallons)</u>	<u>Type of Product Most Recently Stored</u>
A.	<u>1</u>	<u>19</u>	<u>6000</u>	<u>#2 Fuel Oil</u>
B.	<u>2</u>	<u>19</u>	<u>6000</u>	<u>#2 Fuel Oil</u>
C.	<u>3</u>	<u>16</u>	<u>8000</u>	<u>#2 Fuel Oil</u>
D.	<u>4</u>	<u>16</u>	<u>8000</u>	<u>#2 Fuel Oil</u>
	<u>5</u>	<u>19</u>	<u>4000</u>	<u>Gasoline</u>

2. Directions to Facility (be specific):

RAND Rd is off Forest Ave by Forest City Chev.

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes  No  (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)

4. Name and telephone number of contractor who will do the tank removal: LES WILSON & SON 8544583

Certified Tank Installer Certification Number & Name (if applicable):  
017 200 299

Professional Firefighter Yes  No  (Affiliation: \_\_\_\_\_)

5. Expected date of removal: 11/20/91

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

Date: 10/20/91

Ronald Wilson Rep  
Signature of Tank Owner or Operator

Ronald Wilson Rep  
Printed Name and Title