



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

July 22, 1987

Mr. Tony DiMillo
Long Wharf
Portland, ME 04101

Dear Sir:

Your application to install five floats 6' x 35' and five pilings as per plans has been reviewed and a permit is herewith issued subject to the following requirements.

One hundred sixty eight feet (168) of the dock area be designated as commercial berthing for fishing boats in accordance with the City Zoning Ordinance for marinas.

If you have any questions regarding this requirement, please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

/ksc

DIMILLO'S Floating Restaurant

June 16, 1987

Joseph E. Gray, Jr.
Director of Planning & Urban Development
389 Congress Street
Portland, Me. 04101

Dear Mr. Gray:

Enclosed please full scale drawings of the new
finger piers I recently installed. In red are the 5
new piers.

Total lineage footage is 408', of that, I have
designated 168' as commercial berthing. (commercial
slips are colored in green).

If you have any further questions, please call

RECEIVED

JUN 16 1987

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

TD/s
Enclosure

Yours truly,

Tony DiMillo

Tony DiMillo

RECEIVED

JUN 16 1987

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

RECEIVED

JUN 16 1987

DEPT OF
CITY OF PORTLAND

ON THE WATER

LONG WHARF

TEL: 772-2216
COMMERCIAL STREET

PORTLAND, MAINE 04101

DiMILLO'S
Floating Restaurant

May 22, 1987

Dear Mr. Hoffses,

Enclosed, please find drawings of my recently installed floats. I did not realize that I had to apply to your office for permits, as I was issued permits from all agencies to do this work in 1980. I apologize.

My contractor started installing the slips on Monday, April 27, 1987 and completed the job on Friday, May 1, 1987.

Sincerely,

Tony DiMillo

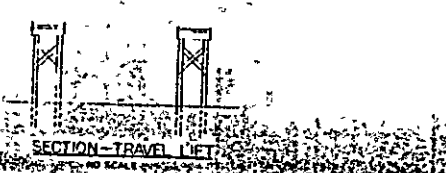
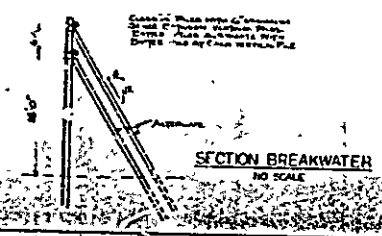
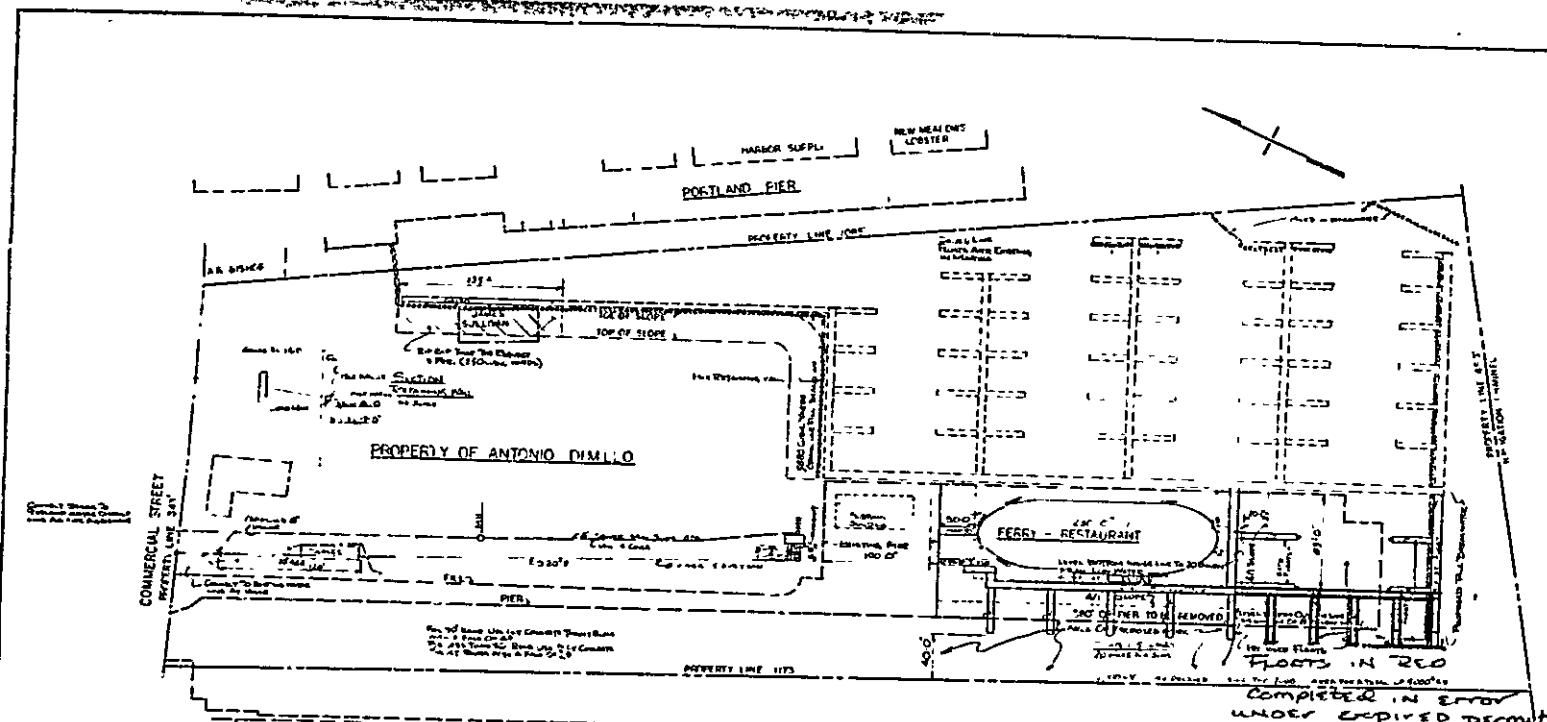
Tony DiMillo

ON THE WATER

LONG WHARF

TEL: 772-2216
COMMERCIAL STREET

PORTLAND, MAINE 04101



REVISION MAY 24, 1990
 REVISION MAY 24, 1990
 REVISION MAY 4, 1990
 REVISION MAY 21, 1990
 REVISION JUNE 24, 1990

**PROPOSED IMPROVEMENTS
 TO PROPERTY OF
 ANTONIO DIMILLO**
 COMMERCIAL STREET, PORTLAND, MAINE
 NORMAN GRAY CONSULTING ENGINEER
 10 EDWARDS SQUARE PORTLAND, MAINE
 SCALE 1" = 40'
 DATE MAY 1990

May 26, 1987

BUILDING PERMIT APPLICATION City of Portland

APPLICANT FILL OUT VII AND DETAILS OF WORK ON REVERSE
Please insert N/A (not applicable) for any item not pertaining to your request.

I. GENERAL INFORMATION

Location/address of construction: Long Wharf
Owner or lessee's name: Tony DIMITIO
Address: Samis Bldg 04101
Contractor's name: John G. Gibson Co.
Address: Swains Island, Yarmouth

PERMIT ISSUED
JUL 23 1987
City Of Portland
II. NEW SUBDIVISION OR EXISTING LOT REFERENCE
Name: _____
Lot: _____
Block: _____
Bk & pg: Reg/Iss: _____
Date recorded: _____

III. PROPOSED USE Seasonal Condominium Apartment

IV. PAST USE

V. (OWNER) SHIP PUBLIC (Federal/State/Local Government) PRIVATE (Individual/Corp/Nonprofit)

VI. DESCRIPTION OF WORK:
Install five floats 6' x 35 and five piling as per plans
permit to dig

VII. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ #stories _____

VIII. ESTIMATED CONSTRUCTION COST: \$ _____
IX. RESIDENTIAL UNITS: RESIDENTIAL BUILDINGS ONLY: 1. NEW DWELLING UNITS WITH: 2. EXISTING DWELLING UNITS WITH: 3. NET RESIDENTIAL UNITS: _____
X. RESIDENTIAL UNITS: 1. NEW DWELLINGS: _____ 2. EXISTING DWELLINGS: _____

XIII. ZONING: DISTRICT _____ STREET FRONTAGE _____
SETBACKS: front _____ back _____ side _____ side _____
ZONING BOARD APPROVAL: no yes (date) _____
PLANNING BOARD APPROVAL: no yes (date) _____
XIV. OFFICE USE: TAX MAP _____ LOT # _____ VALUE/STRUCTURE _____ PERMIT EXPIRATION _____

XV. CONDITIONAL USE: variance _____ site plan _____ subdivision _____ shore and floodplain mgmt _____
special exception _____ other _____ (explain) _____

XVI. SIGNATURE OF FIELD INSPECTOR (CEO) _____ **DATE** _____

XVII. FEES:
base fee.....
subdivision fee.....
site plan review fee.....
other fees.....
late fee.....
TOTAL..... \$65.00

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:

1. WATER SUPPLY <input type="checkbox"/> public <input type="checkbox"/> private	8. CHIMNEY * flues * fireplaces material	PLOT PLAN/DETAILS OF WORK ON REVERSE Pink - Tax Assessor Gold - OPLUG
2. SEWER <input type="checkbox"/> public <input type="checkbox"/> private, type	9. FRAMING floor joists size max on centers ceiling joists rafter studs wall studs	
3. HEAT type fuel	10. If 1-story building w/ masonry walls wall thickness height	
4. FOUNDATION type thickness footing	11. BEDROOM WINDOWS height width sill height egress window? <input type="checkbox"/> yes <input type="checkbox"/> no	
5. ROOF type covering pitch load		
6. PLUMBING * tubs * showers * lavatories * laundry tubs * flushes * other		
SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no		
7. ELECTRICAL service entrance size * smoke detectors		
NUMBER OF OFF-STREET PARKING SPACES enclosed outdoors		

DIRECTIONS AND SPECIFICATIONS FOR BUILDING PERMIT APPLICATION

Note to applicant: Proper forms, as specified by your municipality, must accompany permit.

I. GENERAL INFORMATION

Fill out owner and contractor information as appropriate. There is room for a list of sub-contractors if necessary.

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE

The subdivision and lot reference information should be filled out, if applicable. Enter the subdivision name used at planning board meetings, so the subdivision can be referenced. Enter the subdivision lot number and block number. If possible write in book and page number in the Registry of Deeds and the date recorded.

III. PROPOSED USE CODES & IV. PAST USE CODES

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Residential</p> <ul style="list-style-type: none"> 101 detached one family 102 attached one family 103 2 family house 104 3-4 family house 105 5 family house 12 mobile home 113 modular home 114 other <p>B. Non-residential</p> <ul style="list-style-type: none"> 213 lodging facilities 310 amusement/recreation 319 church 320 industrial 321 parking garage 322 service/repair garage 323 hospital/institutions 324 office/bank/professional 326 schools/education 327 store/mercantile 328 other 329 structures other than buildings | <p>C. Expansion</p> <ul style="list-style-type: none"> 433 new housing unit 434 additions/alterations 435 alterations/decrease in housing units 436 garage 437 other (additional stories, swimming pool) <p>D. Conversion</p> <ul style="list-style-type: none"> 540 non-residential/non-housekeeping to housekeeping structure 541 housekeeping to non-residential/non-housekeeping structure 543 single to multi 544 other <p>E. Demolition</p> <ul style="list-style-type: none"> 645 single family 646 2-family house 647 3-4 family house 648 5 family house 649 other |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If other specify on front page

In the next part, please identify if it is (was) a seasonal home, condominium, or rental apartment.

V. OWNERSHIP

Private - all buildings owned by a private individual or company during period of construction. This includes all "turnkey" housing which is to be sold upon completion to a Local Public Housing Authority; housing built under various low and middle income housing programs, including housing built by nonprofit organizations; i.e., churches, unions, cooperatives, etc.

Public - all buildings owned by a gov't body from the outset of construction, i.e., Federal, State, and local governments. Include only residential structures owned by and built under the supervision of a Local Housing Authority.

VII. BUILDING DIMENSIONS

Enter building dimensions including square footage of the structure.

VIII. ESTIMATED COST

Estimated cost of construction, including equipment rental, tools, labor, materials

IX. TOTAL GR. SQ. FT OF LAND & BUILDING

Enter TOTAL gross square feet of building and land.

X. RESIDENTIAL BUILDINGS ONLY

Enter the number of residential units in the new and existing structure with the appropriate number of bedrooms.

XI. RESIDENTIAL UNITS

Specify the number of residential units in the new dwelling; the number of units in the existing dwelling; and the NET number units after construction is completed. Ex.: If add an apartment to existing building - there is a NET increase of 1 unit.

XII. SIGNATURE OF APPLICANT

Person applying for the building permit should sign here.

DO NOT FILL OUT SECTIONS XIII - XVIII; MUNICIPAL OFFICIALS WILL FILL THESE SECTIONS OUT

INSTRUCTIONS ON DETAILS OF WORK SECTION

Fill out each section only as applicable to construction. The Code Enforcement Officer in your municipality will specify exactly what is needed.

Use plot plan only as your Code Enforcement Officer requires it.

OK AR 12/3/87

RECEIVED
NOV 10 1987

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION ... PORTLAND, MAINE 5/2/83

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications

LOCATION Long Wharf Fire District #1 [] #2 []

1. Owner's name and address Anthony DiMillo, 121 Commercial St. Telephone 772-2216

2. Lessee's name and address Devil's Den Charters Telephone 883-9661

3. Contractor's name and address Harry Adams Telephone 883-9661

P.O. Box 272, Scarborough, Maine 04074 No. of sheets

Proposed use of building No. families

Last use No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 500.00 Appeal Fees \$ 15.00

FIELD INSPECTOR—Mr. Base Fee

@ 775-5451 Late Fee

To construct a 5 X 7 wood frame ticket booth. TOTAL \$

2x4 construction wood sheathing, class A asphalt shingles, fire code 5/8th sheet rock.

Metal clad siding. 5/12th pitch roof.

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? No Is any electrical work involved in this work? Yes

Is connection to be made to public sewer? If not, what is proposed for sewage?

Has septic tank notice been sent? Form notice sent?

Height average grade to top of plate Height average grade to highest point of roof

Size, front depth No. stories solid or filled land? earth or rock?

Material of foundation Thickness, top bottom cellar

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining Kind of heat fuel

Framing Lumber—Kind Dressed or full size? Corner posts Sills

Size Girder Columns under girders Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over feet.

Joists and rafters: 1st floor 2nd 3rd roof

On centers: 1st floor 2nd 3rd roof

Maximum span: 1st floor 2nd 3rd roof

If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE MISCELLANEOUS

BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street? No

ZONING BUILDING CODE: Will there be in charge of the above work a person competent

Fire Dept.: to see that the State and City requirements pertaining thereto

Health Dept.: are observed? Yes

Others:

Signature of Applicant Harry Adams Phone # 883-9661

Type Name of above Harry T. Adams for Devil's Den Charters

Other and Address

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
B.G.C.A. TYPE OF CONSTRUCTION
ZONING LOCATION PORTLAND, MAINE 5/2/83

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION Long Wharf Fire District #1 [] #2 []
1. Owner's name and address Tony DiMillo, 121 Commercial St., Telephone 772-1236
2. Lessee's name and address Old Port Mariner Fleet, Inc., Telephone 642-3270
3. Contractor's name and address Daniel R. Libby, Inc., Telephone 642-3270
Box 100, RD#2 W. Buxton, Me. 04993 No. of sheets
Proposed use of building Ticket Sales 642-3270 No. families
Last use No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ 425 Appeal Fees \$
FIELD INSPECTOR - Mr. @ 775-5451 Base Fee
Late Fee
TOTAL \$ 15.00

To construct a 6 x 8 wood frame ticket booth.
2x4 construction wood sheathing, class
A asphalt shingles, fire code 5/8th sheet rock.
Metal clad siding, 5/12th pitch roof.

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? No
Is any electrical work involved in this work? Yes
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber - Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. of centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE
BUILDING INSPECTION - PLAN EXAMINER
ZONING:
BUILDING CODE:
Fire Dept.:
Health Dept.:
Others:

MISCELLANEOUS
Will work require disturbing of any tree on a public street? No
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? Yes

Signature of Applicant Daniel R. Libby Phone # 642-3270
Type Name of above Daniel R. Libby 1 [] 2 [] 3 [] 4 []
for Old Port Mariner Fleet Other
and Address



APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date February 1, 19 91
 Receipt and Permit number 01882

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Long Wharf DiMillo's Marina
 OWNER'S NAME: Antonio DiMillo/Gibson ADDRESS: Same FEES

OUTLETS: Receptacles 15 Switches _____ Plugmold _____ ft. TOTAL _____

FIXTURES: (number of) Incandescent _____ Fluorescent _____ (not strip) TOTAL _____
 Strip Fluorescent _____ ft. _____

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) 1 _____

MOTORS: (number of) Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING: Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____
 Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of) Ranges _____ Water Heaters _____
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compactors _____
 Fans _____ Other: (denote) _____

TOTAL _____

MISCELLANEOUS: (number of) Branch Panels _____
 Transformers _____
 Air Conditioners Central Unit _____
 Separate Units (windows) _____

Signs 20 sq. ft. and under _____
 Over 20 sq. ft. _____

Swimming Pools Above Ground _____
 In Ground _____

Fire/Burglar Alarms Residential _____
 Commercial _____

Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under x _____ 2.00
 over 30 amps _____

Circus, Fairs, etc. _____
 Alterations to wires _____
 Repairs after fire _____
 Emergency Lights, battery _____

Emergency Generators _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: 3.00
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____

TOTAL AMOUNT DUE: 15.00

INSPECTION: Will be ready on NOW, 19 91; or Will Call _____

CONTRACTOR'S NAME: Charles Mastroluca
 ADDRESS: 168 Veranda St. Portland, Maine 04103
 TEL: 775-2761

MASTER LICENSE NO. MS6000 2387 SIGNATURE OF CONTRACTOR: C. Mastroluca
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION PORTLAND, MAINE August 15, 1986

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION ... Long Wharf - Commercial Street Fire District #1 , #2

1. Owner's name and address ... Long Wharf Associates - 38 Preble St Telephone 772-0548

2. Lessee's name and address Telephone

3. Contractor's name and address ... Allied Construction Co., Inc. Telephone 772-2888

Fore Street No. of sheets

Proposed use of building No. families

Last use No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$.....

FIELD INSPECTOR—Mr. Appeal Fees \$

@ 775-5451 Base Fee

sub div for ⁵⁷ condominium units at 25.00 sub site plan 350.00

major site plan review div 1,425.00

TOTAL \$ 1,775.00

Start of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

11-19-91 — Permit never issued
lee

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?

Is connection to be made to public sewer? If not what is proposed for sewage?

Has septic tank notice been sent? Form notice sent?

Height average grade to top of plate Height average grade to highest point of roof

Size, front depth No. stories solid or filled land? earth or rock?

Material of foundation Thickness, top bottom cellar

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining Kind of heat fuel

Framing Lumber—Kind Dressed or full size? Corner posts Sills

Size Girder Columns under girders Size Max. on centers

Joists (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

Joists and rafters: 1st floor 2nd 3rd roof

On centers: 1st floor 2nd 3rd roof

Maximum span: 1st floor 2nd 3rd roof

If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE

BUILDING INSPECTION—PLAN EXAMINER

ZONING

BUILDING CODE

Fire Dept.

Health Dept.

Others:

MISCELLANEOUS

Will work require disturbing of any tree on a public street?

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

Signature of Applicant *Laurie Lee Gillson* Phone # SAME

Type Name of above Laurie Lee Gillson for NO 2 3 4

Long Wharf Associates Other

and Address



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date April 29, 1992, 19____
 Receipt and Permit number 2387

To the CHIEF ELECTRICAL INSPECTOR, Name: _____

The undersigned hereby applies for a permit for the electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Long Wharf
 OWNER'S NAME: DiMillo's Restraunt ADDRESS: Long Wharf

FEES

OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____

FIXTURES: (number of) Incandescent _____ Fluorescent _____ (not strip) TOTAL _____
 Strip Fluorescent _____ ft. _____

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) _____

MOTORS: (number of) Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING: Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____
 Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of)
 Ranges _____ Water Heaters _____
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compactors _____
 Fans _____ Others (denote) _____

TOTAL _____

MISCELLANEOUS: (number of) Branch Panels _____
 Transformers _____
 Air Conditioners Central Unit _____
 Separate Units (windows) _____
 Signs 20 sq. ft. and under _____
 Over 20 sq. ft. _____
 Swimming Pools Above Ground _____
 In Ground _____
 Fire/Burglar Alarms Residential _____
 Commercial _____
 Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____
 over 30 amps _____
 Circus, Fairs, etc. _____
 Alterations to wires _____
 Repairs after fire XXXXXX _____ 15.00
 Emergency Lights, battery _____
 Emergency Generators _____

INSTALLATION FEE DUE: _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____

FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____

TOTAL AMOUNT DUE: 15.00

INSPECTION: Will be ready on 4-29-92 PM _____, 19____; or Will Call _____

CONTRACTOR'S NAME: Charles C. Mastroluca

ADDRESS: 168 Veranda St.

TEL.: 775-2760

MASTER LICENSE NO.: 2387 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN



APPLICATION FOR PERMIT TO ERECT
SIGN OVER PUBLIC SIDEWALK OR STREET

000744

PERMIT ISSUED

JUN 28 1988

City of Portland

Portland, Maine, June 27 1988

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect the following described sign extending over a public sidewalk or street in accordance with the Building Code of the City of Portland, and the following specifications:

Location: 1 Long Wharf, Portland, Me 04101 Within Fire Limits? Dist. No.

Owner of building to which sign is to be attached Longfellow Cruise Lines, 1 Long Wharf, Portland

Name and address of owner of sign: Don Ogier, 90 Congress St., Portland, Me 04101

Contractor's name and address Don Ogier, 90 Congress St., Portland Telephone 671-1095

When does contractor's bond expire?

Information Concerning Building

No. stories Material of wall to which sign is to be attached Wood Posts

Details of Sign and Connections

Building owner's consent and agreement filed with application

Electric? no Vertical dimension after erection 12" Horizontal 5'

Weight 20 lbs. Will there be any hollow spaces? no Any rigid frame? no

Material of frame wooden No. advertising faces 2 material plywood

No. rigid connections 2 Are they fastened directly to frame of sign? yes

No. through bolts 8 Size 1/4"x3" Location, top or bottom bottom

No. guys 1 material steel Size 3'

Minimum clear height above sidewalk or street 8'

Maximum projection into street halfway over the sidewalk (Sq. ft.) Fee \$ 26.00

Signature of contractor

FILE COPY

934510

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 55.00 Zone _____ Map # _____ Lot # _____
 Please fill out any part which applies to job. Proper plans must accompany form.

PERMIT ISSUED

Owner: Anthony DiMillo Phone # _____
 Address: Long Wharf
 LOCATION OF CONSTRUCTION Long Wharf
 Contractor: Portland Pump Sub: _____
P.O. Box 1180 Scarborough, ME 04074 Phone # 883-4317
 Address: _____
 Est. Construction Cost: _____ Proposed Use: Marine w/o Tanks
 _____ Past Use: marina
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Special _____ Condominium _____ Conversion _____
 Explain Conversion Remove 2 underground tanks
INSTALL 1 UNDERGROUND TANK (12,000 GAL)

For Official Use Only
 Date: JANUARY 20, 1993 Subdivision: _____
 Inside Fire Limits _____ Name: JAN 26 1993
 Bldg Code _____ L.S. _____
 Time Limit _____ Ownership: CITY OF PORTLAND Public _____ Private _____
 Estimated Cost _____

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. Tracing: 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 _____

Zoning: Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ 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) W-1-25-HISTORIC PRESERVATION

Ceiling: Not in District nor Landmark
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review
 3. Type Ceilings: _____ Requires Review
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof: Approved
 1. Truss or Rafter Size _____ Span _____ Approved with conditions
 2. Sheathing Type _____ Size _____ Condit
 3. Roof Covering Type _____ 1/4" 193

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: Mary Gresik

PERMIT ISSUED WITH REQUIREMENTS
 PERMIT ISSUED WITH REQUIREMENTS
 Date Jan 21, 1993
 City of District 2

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO [Signature]

White - Tax Assessor

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ _____

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

Inspection Record		Date
Type		
PROGRESS INSPECTION		1/26/93
"		1/27/93

COMMENTS: *Nothing started to date*
Completed 15/1/93

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.

William A. Bennett
 SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK TITLE PHONE NO.

BUILDING PERMIT REPORT

DATE: 1/25/77

ADDRESS: D. M. 11/1

REASON FOR PERMIT: Underground Tank Removal & Installation

BUILDING OWNER: A. Henry D. Miller

CONTRACTOR: Portland Pump

PERMIT APPLICANT: William B. ...

APPROVED: 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.



STATE OF MAINE

Department of Environmental Protection

MAIN OFFICE: RAY BUI DIVO, HOSPITAL STREET, AUGUSTA
MAIL ADDRESS: State House Station 17 Augusta 04333
207-289-7668

JOHN R. McKERNAN, JR.
GOVERNOR

DEAN C. MATRIGOT
COMMISSIONER

DATE: 8 JANUARY 1993

TO: William C. Heer
DiMillo's MARINA
LONG WHARF
PORTLAND, ME, 04101

Dear Mr. C. Heer:

This letter is to acknowledge that on 29 DECEMBER, 1992 this Department received your completed registration materials for a new or replacement underground oil storage facility or ancillary equipment located at DiMillo's MARINA Long Wharf Port. Maine statute dictates that the installation may take place five (5) business days after notification (38 M.R.S.A.) Section 563 (1) (A), this installation may begin on 8 JANUARY 1993. I have assigned your registration the following interim number INT 93-002. Have a copy of your registration and display this letter in a prominent place during construction.

NOTE: Check with your tank installer to insure that your installation is in conformance with all Federal Regulations that are in effect as of December 22, 1988. For questions concerning the Federal Regulations, call the E.P.A. Hot Line at 1-800-424-9346.

Sincerely,

William V. Valentine

WILLIAM V. VALENTINE
Division of Licensing & Enforcement
Bureau of Hazardous Materials & Solid Waste Control

printed on recycled paper

REGIONAL OFFICES

• Portland •

• Bangor •

• Presque Isle •

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

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

Name of Facility Owner: J. H. Brown
 Mailing Address: 600 Main St Telephone No: 772 71
 City: Bridgton State: ME Zip Code: 04411
 Contact Person (name, address & telephone no.): Mr. H. Brown
600 Main St 772 7625
 Name of Facility: Oil Storage Registration No.: 1525
 Facility Location: 600 Main St, Bridgton, ME

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

Tank Number	Age of Tank (Years)	Tank Size (Gallons)	Type of Product Most Recently Stored
A. 1	13	10,000	Diesel
B. 2	13	10,000	Gasoline
C.			
D.			

2. Directions to Facility (be specific):

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:

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

Professional Firefighter Yes No (Affiliation: _____)

5. Expected date of removal: 1/26/12

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

Date: 12/17/11

[Signature]
 Signature of Tank Owner or Operator

[Printed Name]
 Printed Name and Title

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 30 DAYS PRIOR TO REMOVAL - RETURN POSTCARD WHEN TANK(S) HAS BEEN REMOVED.

Mail original and yellow copy to DEP; pink copy to fire dept.; retain gold copy

PROJECT SITE SKETCH

Date 10-16-92

By W.B.

CUSTOMER D. Millos

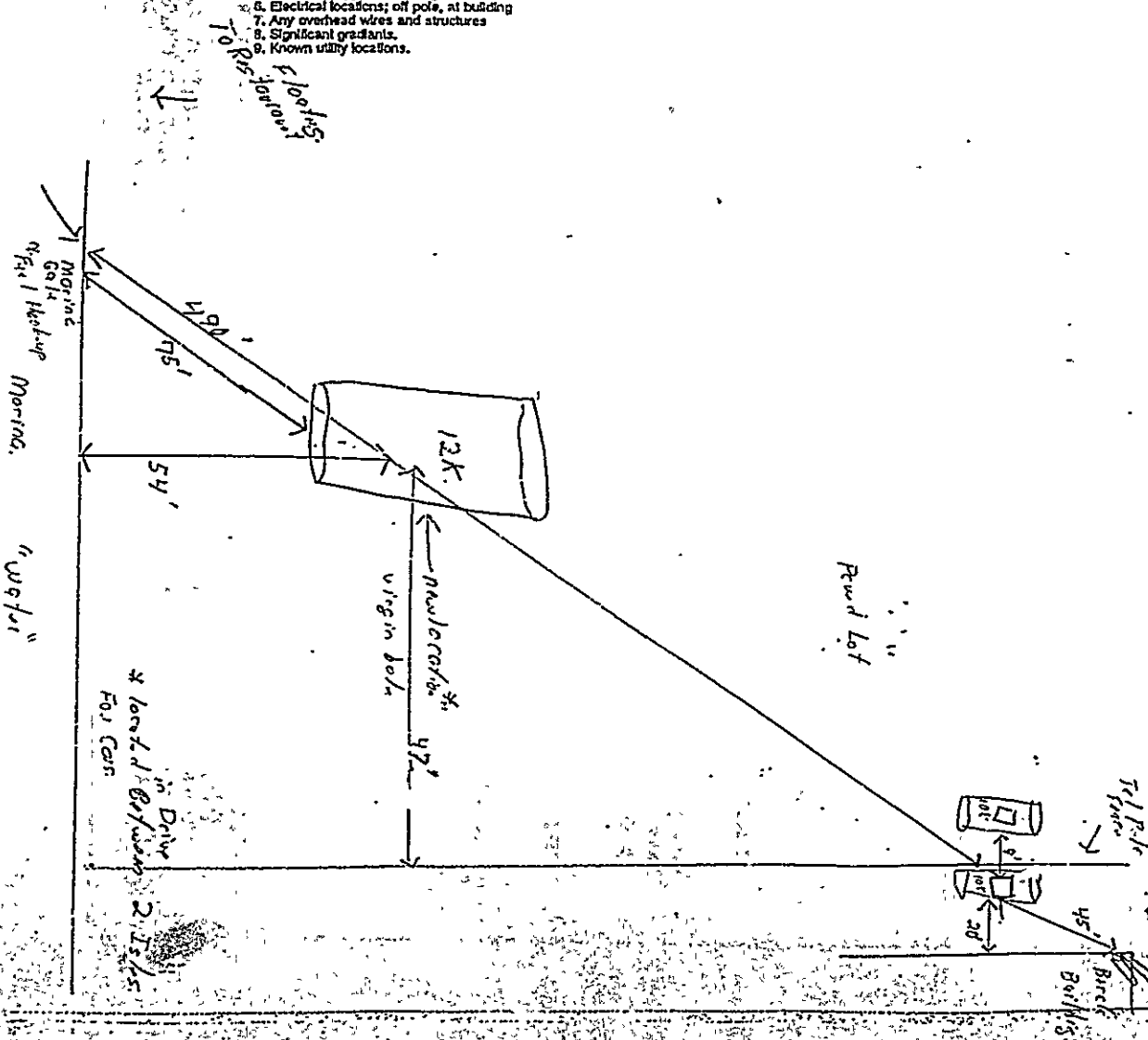
LOCATION Long Wharf Portland

PROJECT Upgrade Marina USTs

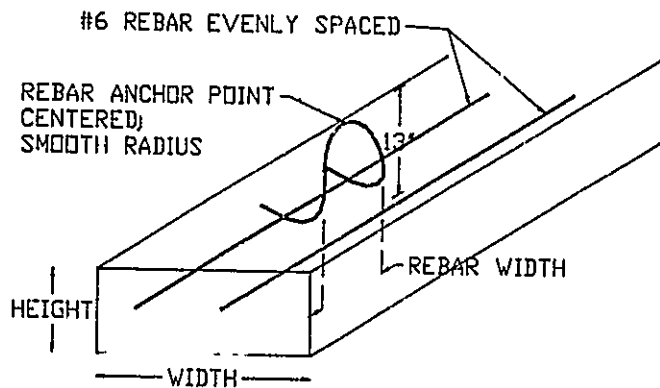
SKETCH LIST

Locate significant items with two measurements from reference points. Indicate and label:

1. North
2. Bordering roads
3. Significant buildings
4. Tank and lines; fill, vent, and product
5. Island, canopy and area lights
6. Electrical locations; off pole, at building
7. Any overhead wires and structures
8. Significant gradients
9. Known utility locations.



WHEN USING DEADMEN ANCHORS IN MULTIPLE TANK INSTALLATIONS EACH TANK WILL REQUIRE TWO DEADMEN. IF ONE DEADMAN IS USED FOR ADJACENT TANKS IT MUST BE DOUBLED IN WIDTH. A SEPERATE ANCHOR POINT MUST BE PROVIDED FOR EACH STRAP. REBAR ANCHOR POINTS ARE INCORPORATED WITH THEIR LEGS ANCHORED UNDER THE REBAR REINFORCEMENT. SPACING FOR ANCHOR POINTS IS DETERMINED BY THE NUMBER OF ANCHOR POINTS SHOWN ON TANK DRAWING.



ALL ANCHORING METHODS
MINIMUM PER ANCHOR LOCATION

TANK DIAM.	4'6'	8'10'12'
DROP FORGED TRUNBUCKLE DIAM.		
HOOK TYPE	3/4"	1-1/4"
JAW TYPE	1/2"	3/4"
EYE TYPE	1/2"	3/4"

WIRE ROPE DIAM.		
5x19	3/8"	1/2"
IMPROVED PLOW STEEL		

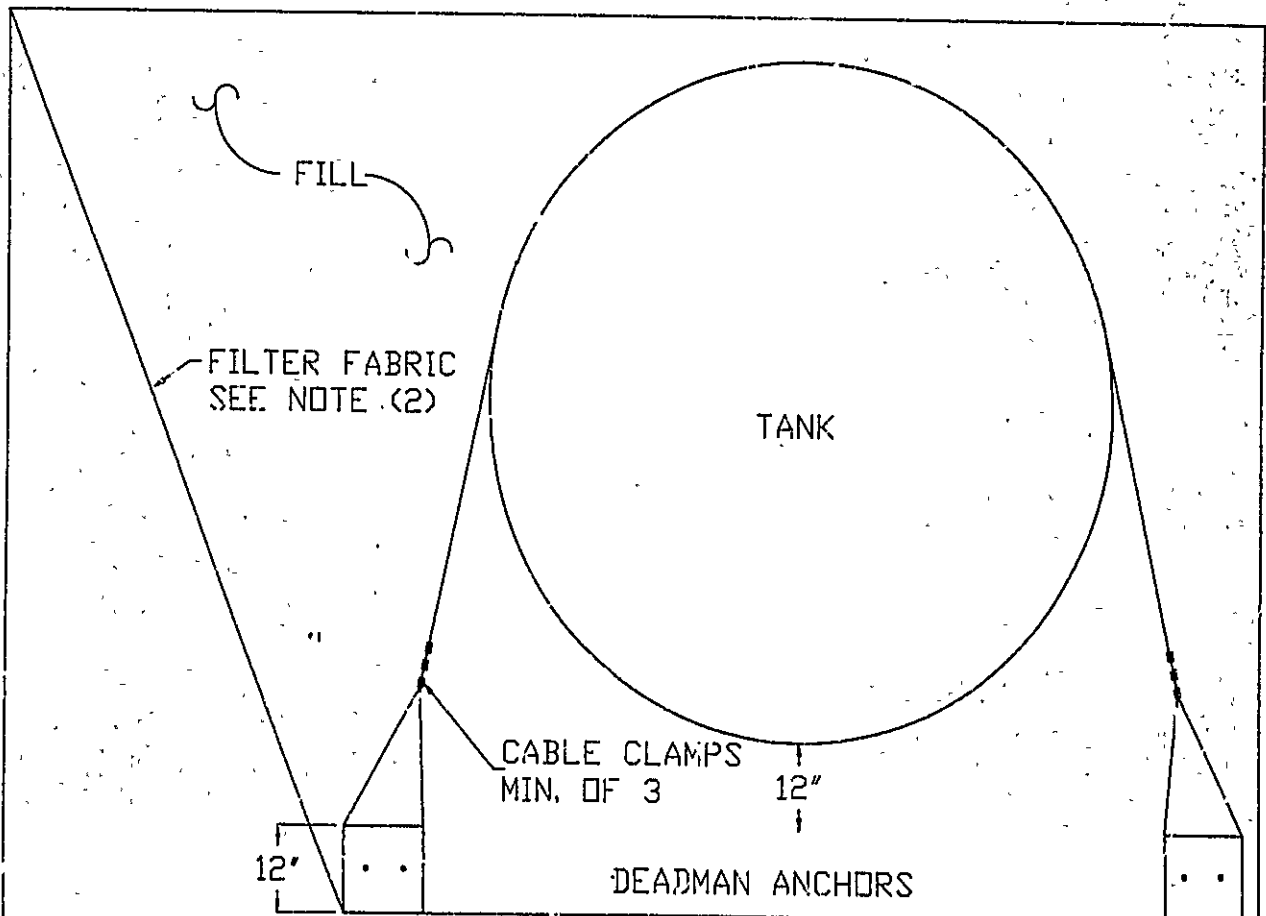
DO NOT USE WIRE EYEBOLTS OR BENT STEEL EYEBOLTS

TANK DIAM.	MIN. HEIGHT	X	WIDTH
4'	6'	X	6'
6',8'	12'	X	12'
10'	12'	X	18'
12' (SEE DCF PUB. 3-PE-9632)			

A ROUND CROSS SECTION CAN BE USED IF THE DIAMETER EQUALS OR EXCEEDS THE DEADMAN WIDTH.

AN ANCHOR POINT CAN BE FABRICATED FROM REBAR AS FOLLOWS:

TANK DIAM.	REBAR SIZE (1 PER ANCH PT)	MIN REBAR WIDTH
4',6'	#6	4-1/2"
8'	#8	8"
10',12'	#10	12-1/2"





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)

1. REGISTRATION NUMBER: 15258
(Complete only if a registration has been
previously assigned by the Department
of Environmental Protection.)

STATE USE ONLY DATE OF REGISTRATION _ / _ / _

2. FACILITY INFORMATION:

- A. Name of Facility: Diniles Marina
- B. Street Address of Facility: Loag Wharf
- C. Town/City where facility is located: Portland, ME 04101
- D. Mailing address: Same
Maine
- E. Telephone: 207-773-7632
- G. Directions to Facility: Go to Commercial St. Portland. Site
is located in lot in front of Floating
restaurant.
- H. Are any planned or existing tank(s) (including piping and pumps)
within 1000 feet of a public water supply source? Yes ___ No X
- I. Are any planned or existing tank(s) (including piping and pumps)
within 300 feet of a private water supply source? Yes ___ No X
- J. (Complete if the answer to (I) above is YES.) Is the water supply
which is located within 300 feet of the tank(s) owned by someone
other than the facility owner or operator? Yes ___ No X
- K. Is the facility located on a sand and gravel aquifer or recharge
area as mapped by the Maine Geological Survey? Yes ___ No X
- L. Is the facility located within 250 feet of a fresh or salt water
body or wetland? Yes X No ___
- M. Is the facility located within a 100 year flood plain? Maps are
available at most municipal offices. Yes X No ___

Note: If you wish assistance in answering items (K) or (L), please call
the Department at (207) 289-2651. Sand and gravel aquifer maps can
be reviewed at any of the Department's offices or purchased for a
nominal fee from the Maine Geological Survey, State House Station
#22, Augusta, Maine 04333, (207) 289-2801.

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

STATE USE ONLY

Reviewer: _____ Date: ___/___/___ Map Number: _____
Comment: _____

N. Facility is now or will be used for (check one):

- | | |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Wholesale Distribution of Oil | <input type="checkbox"/> Oil storage at a single family residence |
| <input checked="" type="checkbox"/> Retail Distribution of Oil | <input type="checkbox"/> Oil storage at a multi-family residence |
| <input type="checkbox"/> Oil storage at a Commercial Establishment for on-site consumption | <input type="checkbox"/> Oil storage/farm |
| <input type="checkbox"/> Oil storage at an Industrial Establishment for on-site consumption | <input type="checkbox"/> Oil storage/Public Facility (state or local) |
| | <input type="checkbox"/> Oil Storage/Federal Facility |

3. TANK OWNER:

A. Name: DiMillo Mario (last) (first) (middle initial)
B. Mail Address: Long Wharf
C. Town/City: Portland D. State: ME.
E. Zip Code: 04101 F. Phone: 207-778-7632

4. TANK OPERATOR: (if different from owner.)

A. Name: Sonr. (last) (first) (middle initial)
B. Mail Address: _____
C. Town/City: _____ D. State: _____
E. Zip Code: _____ F. Phone: _____

5. CONTACT PERSON:

A. Name: William Ciser B. Phone: 207-778-7632

6.

10. IF NEW OR REPLACEMENT TANKS ARE INCLUDED WITH THIS REGISTRATION, PROVIDE:

A. Name of Installer: Ported Pump Company
 B. Installer ID Number: ARTHUR GRANT 021

11. INDIVIDUAL TANK DATA (Complete one [L] line for each tank at the facility, including tanks planned for installation or replacement).

USE THIS FORM FOR OLD, ALREADY INSTALLED AND/OR NON-CONFORMING UST'S

A. Tank Number	B. Tank Type	C. Piping Type	D. Tank Size Gallons	E. Form of Additional Protection for New and Replacement Whole or Partial Tanks in Sensitive Geologic Areas (Tanks and Piping)	F. Product Stored	G. Tank Age	H. Status	I. Date removed from active service (if applicable)	J. System Type
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	_____ Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular #1 <input type="checkbox"/> Premium #2 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #6 <input type="checkbox"/> Diesel Chemical (Specify) _____ Other (Specify) _____	_____ (Y)	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filed not removed) <input type="checkbox"/> Planned for removal	____/____/____ (Mo) (Y)	<input type="checkbox"/> Section <input type="checkbox"/> Pressurized
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	_____ Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular #1 <input type="checkbox"/> Premium #2 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #6 <input type="checkbox"/> Diesel Chemical (Specify) _____ Other (Specify) _____	_____ (Y)	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filed not removed) <input type="checkbox"/> Planned for removal	____/____/____ (Mo) (Y)	<input type="checkbox"/> Section <input type="checkbox"/> Pressurized
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	_____ Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular #1 <input type="checkbox"/> Premium #2 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #6 <input type="checkbox"/> Diesel Chemical (Specify) _____ Other (Specify) _____	_____ (Y)	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filed not removed) <input type="checkbox"/> Planned for removal	____/____/____ (Mo) (Y)	<input type="checkbox"/> Section <input type="checkbox"/> Pressurized
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	_____ Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular #1 <input type="checkbox"/> Premium #2 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #6 <input type="checkbox"/> Diesel Chemical (Specify) _____ Other (Specify) _____	_____ (Y)	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filed not removed) <input type="checkbox"/> Planned for removal	____/____/____ (Mo) (Y)	<input type="checkbox"/> Section <input type="checkbox"/> Pressurized
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	_____ Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular #1 <input type="checkbox"/> Premium #2 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #6 <input type="checkbox"/> Diesel Chemical (Specify) _____ Other (Specify) _____	_____ (Y)	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filed not removed) <input type="checkbox"/> Planned for removal	____/____/____ (Mo) (Y)	<input type="checkbox"/> Section <input type="checkbox"/> Pressurized



6. INDIVIDUAL TANK DATA: Complete for each tank.

- A. TANK TYPE:**
 C = Cathodically Protected Steel - Single Wall with Excavation Liner.
 W = Cathodically Protected Steel - Double Walled
 E = Fiberglass - Single wall with Liner.
 G = Fiberglass - Double Walled
 N = Other - Please specify. Eluron Double Wall
- B. Piping Type:**
 E = Single Walled Fiberglass with liner
 G = Double Walled Fiberglass
 M = Single Walled Steel with Liner.
 C = Copper with Secondary Containment
 W = Cathodically Protected Steel
Elviroflex
- C. Tank Size:**
 Fill in with the Size of the Tank in gallons.
- 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
- E. Product Stored:**
 1 = Kerosene 2 = #2 Fuel Oil 4 = #4 Fuel Oil
 5 = #5 Fuel Oil 6 = #6 Fuel Oil 20 = Unleaded-Plus
 22 = Premium 23 = Unleaded 28 = Premium unlead
 29 = Diesel 81 = Waste Oil 99 = Other-Please Specify
- F. Date Installed:**
 Fill in Month and Year of Installation.
Planned
- G. Tank Status:**
 B = Active
 C = Out of Service
 D = Abandoned in Place-Filled
 E = Planned for Removal
- H. 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)

USE THIS FORM FOR NEW UST'S BEING INSTALLED

TANK 1: A. N B. Elviroflex C. 12,000 D. 3 E. 29+23 F. 1 G. H. 2 I. 5 J. 1+3
Spill Cont

TANK 2: A. B. C. D. E. F. G. H. I. J.

TANK 3: A. B. C. D. E. F. G. H. I. J.

TANK 4: A. B. C. D. E. F. G. H. I. J.

7. Attach a check for the applicable registration fee made payable to the State of Maine 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, Maine 04333).

A registration fee 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 = \$ _____

Motor fuel stored in a non-conforming tank is subject to an additional annual fee payable to the Third Party Commercial Risk Pool.

8. MAKE TWO (2) COPIES OF THIS FORM. Submit the original to the Department of Environmental Protection (Bureau of Oil and Hazardous Materials 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 RETROFITTING EXISTING TANKS OR PIPING ARE INCLUDED WITH THIS REGISTRATION, PLEASE PROVIDE:

A. Name of Installer: Portland Pump Co.

B. Installer ID Number: 021 Date to be Installed: 1/22/93

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.

Date: 12/1/92 Anthony DeMillo
President
Owner or Authorized Title (Please print
Employee of the Owner or type)

Signature: Anthony DeMillo Title Owner

12. If this registration involves the replacing or installing of tanks or piping, the following information must be attached:

- (a) A map, plotted on the most current 1:24,000 scale (7 1/2 minute) USGS topographical quadrangle, showing the location of the facility. If a 7 1/2 minute map is not available, a 1:62,500 scale (15 minute) map may be used.
- (b) Attach a DETAILED drawing of the facility showing the exact location of TANKS AND PIPING to be installed and any existing tanks. THE FORM OF ADDITIONAL PROTECTION FOR TANKS MUST BE DETAILED ON THE DRAWING! If new tanks are not installed as indicated on this drawing, the registration must be amended within 10 days!
- (c) Attach a copy of the tank manufacturer's warranty showing the expiration date for each tank being installed or replaced.

*Drawing to follow EXACT position
NOT yet determined*



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date July 19 1993
 Receipt and Permit number 3014

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:
 The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of
 Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: One Long Wharf
 OWNER'S NAME: Legerre/Eagles ADDRESS: 19 Pilot Pt. Rd. C. E. 04107

OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____ FEES _____

FIXTURES: (number of) Incandescent _____ Fluorescent _____ (not strip) TOTAL _____
 Strip Fluorescent _____ ft. _____

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) _____ TOTAL _____

MOTORS: (number of) Fractional _____ 1 HP or over _____ TOTAL _____

RESIDENTIAL HEATING: Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____
 Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of) Ranges _____ Water Heaters _____
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compactors _____
 Fans _____ Others (denote) _____

MISCELLANEOUS: (number of) Branch Panels _____
 Transformers _____
 Air Conditioners Central Unit _____
 Separate Units (windows) _____
 Signs 20 sq. ft. and under _____
 Over 20 sq. ft. _____
 Swimming Pools Above Ground _____
 In Ground _____
 Fire/Burglar Alarms Residential _____
 Commercial _____
 Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____
 over 30 amps _____
 Circus, Fairs, etc. _____
 Alterations to wires _____
 Repairs after fire _____
 Emergency Lights, battery _____
 Emergency Generators _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: 1.00
 TOTAL AMOUNT DUE: MIN 15.00

INSPECTION: Will be ready on 7/20, 1993; or Will Call _____

CONTRACTOR'S NAME: Seabee Elec.
 ADDRESS: 200 Anderson St. Portland 04101

TEL.: 774-4880
 MASTER LICENSE NO.: 3014
 LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR:
William Seabee

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

040202

Call Steve at 772-2216 and he will pickup when ready.

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$35.00 Zone _____ Map # _____ Lot# _____

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

Owner: Steve DiMillo Phone # 772-2216
 Address: Long Wharf Portland 04101
 LOCATION OF CONSTRUCTION same
 Contractor Marshall Rental Sub: _____
 Address: 56 State Rd, Rt 1 Kittery 03904 Phone # 439-3344
 Est. Construction Cost: _____ Proposed Use: Temp Food Service
 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 to erect Tent 4/4/94 to 5/2/94
as per plans

PERMIT ISSUED

For Official Use Only

Date 3/23/94 Subdivision: _____
 Inside Fire Limits: _____ Name 202-29-031
 Bldg Code: _____ Ownership: _____
 Time Limit: _____ City of Portland
 Estimated Cost: _____

Zoning: _____
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ 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) WDA-3-25-94

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 _____ all if required
 6. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____ Not in District nor Landmark.
 3. Type Ceilings: _____ Does not require review.
 4. Insulation Type _____ Size _____ Requires Review.
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: APPROVED
 2. Sheathing Type _____ Size _____ APPROVED with conditions
 3. Roof Covering Type _____

Chimneys:
 Type: _____ Number of Fire Places _____ Date: 3/23/94
 Signature: Steve DiMillo

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.

T. Munson

White - Tax Assessor

Ivory Tag - CEO

PERMIT ISSUED WITH REQUIREMENTS

Permit Received By Latini
 Signature of Applicant [Signature] Date 3/23/94
 CEO's District Steve DiMillo

CONTINUED TO REVERSE SIDE

940202

Call Steve at 772-2216 and he will pickup when ready

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$35.00 Zone _____ Map # _____ Lot # _____

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

Owner: Steve Dimillo Phone # 772-2216

Address: Long Wharf Portland 04101

LOCATION OF CONSTRUCTION same

Contractor: Marshall Rental Sub: _____

Address: 56 State Rd Rr J Kireevy 03986 Phone # 439-3344

Est. Construction Cost: _____ Proposed Use: Temp Food Service

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 to erect Tent 4/4/94 to 5/2/94

as per plans

For Official Use Only

Date: 3/23/94 Subdivision: _____

Inside Fire Limits: _____ Name: MAR 29 1994

Blgd Code: _____ City: CITY OF PORTLAND

Time Limit: _____ Estimated Cost: _____

Zoning: _____

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____

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): WDR - 3-25-94

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 _____ Not in District for Leadwork

3. Type Ceilings: _____ Does not require review

4. Insulation Type: _____ Size: _____ requires review

5. Ceiling Height: _____ 90-20

Roof:

1. Truss or Rafter Size _____ Span: _____ Approved

2. Sheathing Type _____ Size: _____ Approved

3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing: nsiq roof galvab stabilizer

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: _____ Square Footage _____

3. Must conform to National Electrical Code and State Law.

Permit Received By: Latini

Signature of Applicant: [Signature] Date: 3/23/94

CEO's District: Steve DIMILLO

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO

[Signature] T. Munson

White - Tax Assessor

PERMIT ISSUED WITH REQUIRMENTS

PERMIT ISSUED

PLOT PLAN



FEES (Breakdown From Front)
 Base Fee \$ 35.00
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS Certificate drawing floor plan

*4-22-94 - Tent was never erected.
 Work not going to be done - X*

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.

SIGNATURE OF APPLICANT

ADDRESS

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

Inspections Services



William D. Giroux
Zoning Administrator

CITY OF PORTLAND

June 2, 1994

RE: 25 Long Wharf

Mr. Antonio DiMillo
25 Long Wharf
Portland, ME 04101

Dear Mr. DiMillo,

This letter is in reference to your building permit application to install floating boat slips at 25 Long Wharf in Portland. The purpose of this letter is to try and clarify for you and the Planning Board, if you elect to proceed, the reasons for my preliminary determination. This is not a use which is permitted in the Waterfront Central Zone under section 14-314 of the Portland Land Use Code. It is, however, possible that you could qualify as a 'conditional use' under section 14-315(2). I have discussed this possibility with planning staff and the Corporation Counsel's office. There is disagreement among us as to whether you could qualify under this section which reads:

- a. Noncommercial vessel berthing of fifty(50) linear feet or greater per pier along the edges of piers existing on January 4, 1993, provided that:
 1. Such use does not decrease the amount of, nor diminish the quality of, existing on-site berthing space, as measured along the pier, float or wharf edge, which could be used for commercial vessels in its current condition. In assessing the impact on quality of berthing space, the planning board shall consider the following: cost, access, maneuverability, depth for various-sized vessels, loading/unloading areas, lease terms, availability of utilities, parking and safety.

It has always been my feeling that the initial determination as to whether you are a conditional use must be made in this office so as to guide you into the correct review process. The Board of Appeals or Planning Board, whoever has jurisdiction, then has to make the final decision on whether the proposal is a conditional use under the applicable section and then

6/2/94

consider if the standards are being met. Section 14-474c.(2) appears to indicate that the board must make the final use determination. Emphasis has been added.

(2) Standards.. Upon a showing that a proposed use is a conditional use under this article.

- a. There are unique or distinctive characteristics or effects associated with the proposed conditional use;
- b. There will be an adverse impact upon the health, safety, or welfare of the public or the surrounding area; and
- c. Such impact differs substantially from the impact which would normally occur from such a use in that zone.

I have also attached a copy of the conditional use decision form which the Board of Appeals uses. Under Findings of Fact number 1, the board decides if the use is allowed before weighing the standards.

For the above stated reasons, I feel that you should consider applying for a conditional use permit which would be reviewed by the Planning Board. An application must also be made for site plan review. I have attached copies of the pertinent sections of the Land Use Code. You may want to consult with an attorney as well as a design professional before proceeding. We would be happy to meet with you and answer any questions you may have.

Sincerely,



William D. Giroux
Zoning Administrator

/el

cc: Joseph E. Gray, Jr. Director of Planning and Urban Development
P. Samuel Hoffses, Chief of Inspection Services
Alex Jaegerman, Chief Planner
Rick Knowland, Senior Planner
Craig Carrigan, PE, Development Review Coordinator
Natalie Burns, Associate Corporation Counsel
Tammy Munson, Code Enforcement Officer

CITY OF FORTLAND, MAINE

BOARD OF APPEALS



1775

CONDITIONAL-USE APPEAL

DECISION

Name and address of applicant: _____

Location of property under appeal: _____

For the Record

Names and addresses of witnesses (proponents, opponents and others):

Exhibits admitted (e.g., renderings, reports, etc.):

Findings of Fact

* 1. The proposed conditional use is/is not (circle one) permitted under Section 14-_____ of the Zoning Ordinance, for the following reason(s):

2. The proposed conditional use does/does not (circle one) meet all special standards, conditions or requirements, if any, applicable thereto, for the following reason(s):

3-A. There are/are not (circle one) unique or distinctive characteristics or effects associated with the proposed conditional use, for the following reason(s):

3-B. There will/will not (circle one) be an adverse impact on the health, safety or welfare of the public or the surrounding area, for the following reason(s): _____

3-C. The impact does/does not (circle one) differ substantially from the impact which would normally occur from such a use in that zone, for the following reason(s): _____

Conclusion*

After public hearing on _____, and for the reasons above-stated, the accompanying application is hereby (check one)

_____ granted

_____ granted subject to the following condition(s): _____

_____ denied.

Date: _____

Secretary of the Board

*The application may be denied only if either the finding for #1 or 2 above is in the negative or the finding for #'s 3-A, 3-B and 3-C above are each in the affirmative.

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

March 29, 1994

RE: Long Wharf

Steve DiMillo
Long Wharf
Portland, ME 04101

Dear Steve,


Your application to erect a temporary tent April 4, 1994 to May 2, 1994 as per plans has been reviewed and a permit is herewith issued subject to the following requirements:

No Certificate of Occupancy can be issued until all requirements of this letter are met.

1. A restaurant is not a permitted use in this area of the Waterfront Central Zone. This is only being allowed as a temporary measure for no more than thirty(30) days while the existing nonconforming restaurant is being repaired.
2. The mobile kitchen (Jordan's Van) shall be self-contained and to be inspected by our food service inspector prior to service.
3. There shall be no kind of temporary hook-ups to the City sewer for gray water.
4. Substantial barriers must be placed around the tent and kitchen to protect the patrons from any vehicular traffic.
5. Your master electrician needs to take out an electrical permit for the work to be performed.
6. During operation, aisle widths to exits must be maintained.
7. If any heating equipment is to be installed, a separate permit must be applied for.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


Marge Schmuckal
Asst. Chief of Inspection Services

/sl

cc: LT. Gaylen McDougal, Fire Prevention Bureau

COMMERCIAL STREET

KEY BANK

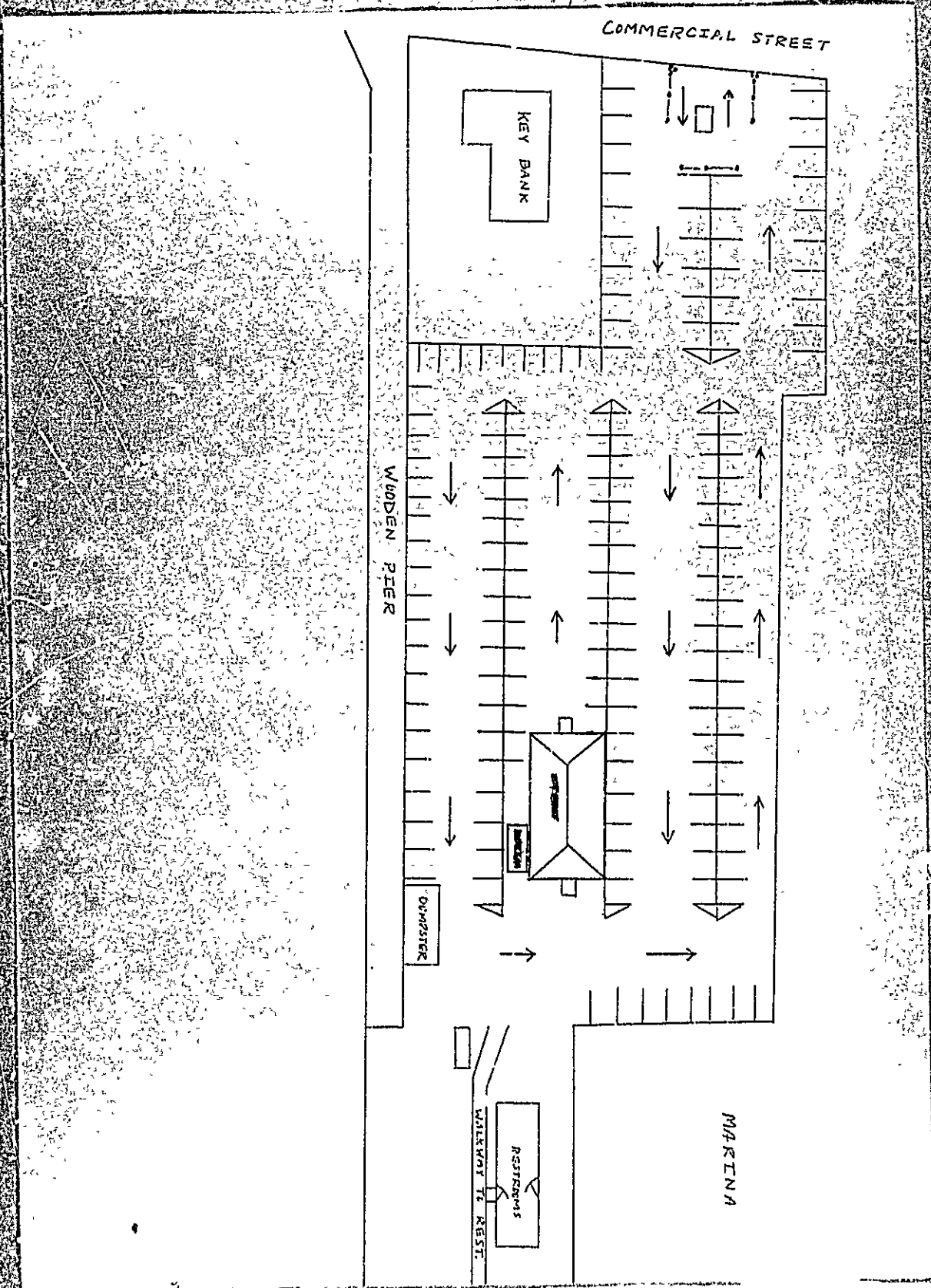
WOODEN PIER

OUTPOST

RESTROOMS

WALKWAY TO REST.

MARINA



- 40' x 60' Frame Tent
Sidewalls w/ Windows
2 Entries/Exits

- Miniature lighting throughout tent top

- Emergency Lighting and exit signs over entries/exits

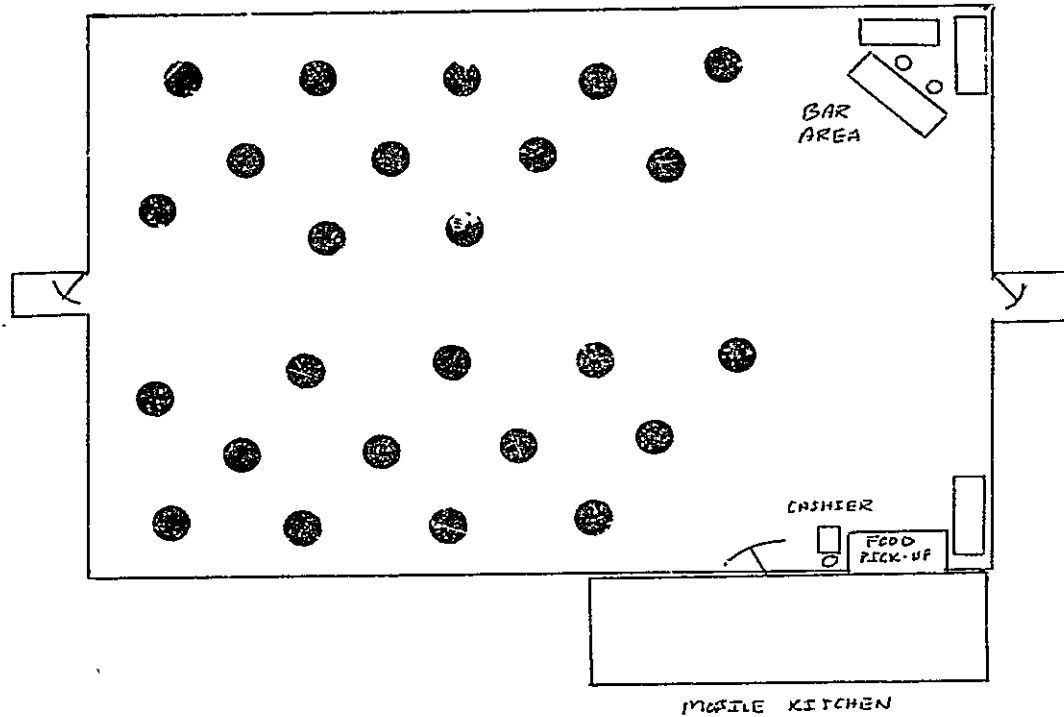
- Mobile Kitchen

- 2 - Grills
- 2 - Steamers
- 2 - Servers
- 1 - Coffee Maker
- 1 - Powder kettle
- 1 - Cash Register

- Bar Area

- 1 - Frozen Drink machine
- 1 - Cash Register

- Tables seating 4 (25)



Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

F-337

ISSUED BY
Academy Tent & Canvas
2910 S. Alameda Street
Los Angeles, CA 90058
(213) 234-4060

Date treated or
manufactured

5-19-63

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR MARSHALL RENTAL CENTER ADDRESS 56 STATE ROAD
CITY KITTERY STATE ME 03904

Certification is hereby made that: (Check "a" or "b")

(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used.....Chem. Reg. No.....

Method of application.....

(b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used.....X2R Vinyl.....Reg. No. F-337

The Flame Retardant Process Used Will Not Be Removed by Washing
(with or will not)

David Bradley

Name of Applicator or Production Superintendent

By Tom Shapiro - President

Title

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

February 24, 1994

RE: Temporary Tent for Restaurant

Steve DiMillo
c/o DiMillo's Floating Restaurant
25 Long Wharf
Portland, ME 04101-4735

Dear Mr. DiMillo:

Thank you for the information you recently submitted to us on your proposal. The Licensing Committee could see no major problems to what you are proposing.

There are two things you must follow thru on:

- 1.) Contact Sue Newton in the City Clerk's office in regards to off-premise liquor-licenses. There are some fairly strict State regulations concerning this matter.
- 2.) You need to apply for a temporary tent use permit. We will need some additional information from you at the time of the permit application.
 - a) Is any heating being provided? If so, what, and how is the equipment protected from the patrons and traffic?
 - b) We will need a floor plan showing table and seating arrangements along with aisle widths and exits.
 - c) Emergency lighting and exit signs must be provided.
 - d) Show temporary barriers to protect the tent and patrons from the vehicle traffic in the parking lot.
 - ✓e) We will need a copy of the flame retardant certificate for the tent which you should be able to get from your supplier.
 - f) Your electrician needs to take out an electrical permit for the work to be performed.
 - g) If you are going to have any live entertainment, we will need to know.

We will be looking forward to your application so that we can act on this matter as soon as possible. If you have any further questions, don't hesitate to contact me.

Very truly yours,


Marge Schmuckal
Asst. Chief of Inspection Services

/el

cc: P. Samuel Hoffses, Chief of Inspection Services
Nadeen Daniels, Asst. City Manager
Susan Newton, Licensing
LT. Gaylen McDougal, Fire Prevention Bureau



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 3/2/95 1995
 Receipt and Permit number 3071

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Long Wharf
 OWNER'S NAME: Tony DiMillo ADDRESS: _____

OUTLETS: _____ FEES _____

Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____

FIXTURES: (number of) _____

Incandescent _____ Fluorescent _____ (not strip) TOTAL _____

Strip Fluorescent _____ ft. _____

SERVICES: _____

Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) _____

MOTORS: (number of) _____ (compactor) _____

Fractional _____

1 HP or over _____ 5-horse = 3-phase _____ repair of existing circuit _____ 2.00

RESIDENTIAL HEATING: _____

Oil or Gas (number of units) _____

Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: _____

Oil or Gas (by a main boiler) _____

Oil or Gas (by separate units) _____

Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of) _____

Ranges _____ Water Heaters _____

Cook Tops _____ Disposals _____

Wall Ovens _____ Dishwashers _____

Dryers _____ Compactors _____

Fans _____ Others (denote) _____

TOTAL _____

MISCELLANEOUS: (number of) _____

Branch Panels _____

Transformers _____

Air Conditioners Central Unit _____

Separate Units (windows) _____

Signs 20 sq. ft. and under _____

Over 20 sq. ft. _____

Swimming Pools Above Ground _____

In Ground _____

Fire/Burglar Alarms Residential _____

Commercial _____

Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____

over 30 amps _____

Circus, Fairs, etc. _____

Alterations to wires _____

Repairs after fire _____

Emergency Lights, battery _____

Emergency Generators _____

INSTALLATION FEE DUE: _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____

FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____

TOTAL AMOUNT DUE: _____

15.00

minimum dww

INSPECTION: r/in _____ today _____, 19____; or Will Call - connect _____

CONTRACTOR'S NAME: G & W Electrical

ADDRESS: Box 297- Saco, ME

TEL: 283-1439

MASTER LICENSE NO.: Joe Graves#03071 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

