

PERMIT # Cell CITY OF Portland BUILDING PERMIT APPLICATION

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

MAP # _____ LOT # _____

Owner Graybar Electric
 Address 29 West Commercial Portland 773-166
 LOCATION OF CONSTRUCTION 29 West Commercial Street
 CONTRACTOR Maine Bay Canvas SUBCONTRACTOR _____
 ADDRESS Portland

Construction Cost _____ Type of Use Permit
 Use _____
 Dimensions L _____ W _____ Sq Ft _____ # Stories _____ Lot Size _____
 Is Proposed Use _____ Seasonal _____ Condominium _____ Apartment _____
 Construction - Explain Erect tent from June 16 to June 17, 1968

COMPLETE ONLY IF THE NUMBER OF UNIT WILL CHANGE
 Residential Buildings Only _____
 Dwelling Units _____ # of New Dwelling Units _____

Foundations:
 1. Type Soil _____
 2. Ext. Back - Front _____ Rear _____ Side(s) _____
 3. Footing Size _____
 4. Foundation Size _____
 5. Other _____

Floors:
 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. C b a Material _____

Exterior Walls:
 1. Studding Size _____
 2. No. windows _____
 3. No. doors _____
 4. Header Size _____
 5. Bracing Yes _____ No _____
 6. Ceiling Posts Size _____
 7. Insulation Type _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Material _____
 11. Metal Material _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Size _____ Span(s) _____
 3. Wall Construction _____
 4. Sheathing Type _____
 5. Other Materials _____

For Official Use Only

Date May 24, 1968 Subdivision: Yes _____ No _____
 Inside Fire Maps _____ Name _____
 Map Code _____ Lot _____
 Block _____
 Estimated Cost _____ Permit Expiration _____
 Value Structure _____ Ownership _____
 Fee 35

Roofing:
 1. Ceiling Joists Size _____
 2. Ceiling Sheathing Size _____ Spacing _____
 3. Type Ceiling _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height _____

Roof:
 1. Truss or Rafters Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 4. Other _____

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 Traps 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.

Zoning:
 District _____ Street Frontage Req. _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date _____
 Planning Board Approval: Yes _____ No _____ Date _____
 Conditional Use _____ Variance _____ Site Plan _____ Sub _____
 Other (Explain) _____ Special Exception _____
 Date Approved _____

Permit Received By Lynne Benoit

Signature of Applicant Louis Gagnon Date 5/24/68

Signature of CEO Louis Gagnon Date _____

Inspection Dates _____

May 19, 1987

PERMIT # BUILDING PERMIT APPLICATION **Portland** Previous permit #

APPLICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE

0 57. Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION

Location/address of construction 29 West Commercial Street
Owner or lessee's name Lessee: Graybar Elec. Tel. 773-1766
Address same

Contractor's name Maine Bay Canvas Tel. 773-2261
Address 977 Brighton Avenue

Subcontractors: _____
MAY 20 1987
City Of Portland

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE	
Name	_____
Lot	_____
Block	_____
Bk & pg. Reg. / deed	_____
Date recorded	_____

III. PROPOSED USE: _____ CODE _____ If other*, explain _____ Seasonal Condominium Apartment

IV. PAST USE: _____
V. OWNERSHIP: _____ PUBLIC (Federal / State / local government) PRIVATE (individual / co. p / nonprofit)

VI. DESCRIPTION OF WORK:
erect tent for tent sale from 5/21 to 11 a.m. to 7 p.m.
send permit to #1 - call when ready

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

VIII. EST. CONSTRUCTION COST: _____ IX. SQ. FT. OF LAND: _____ BUILDING: _____

X. RESIDENTIAL BUILDINGS ONLY		XI. RESIDENTIAL UNITS	
BEDROOMS		* NEW DWELLINGS	
* NEW DWELLING UNITS WITH:	1 BDRM 2 BDRMS 3 BDRMS	* EXISTING DWELLINGS	
* EXISTING DWELLING UNITS WITH:		NET RESIDENTIAL UNITS: _____	

XII. SIGNATURE OF APPLICANT: Daniel Fontaine, Jr. Graybar Electric Co. DATE: 5-19-87

DO NOT WRITE BELOW THIS LINE

XIII. ZONING:	XIV. OFFICE USE:
DISTRICT _____ STREET FRONTAGE _____	TAX MAP _____
SETBACKS: front _____ back _____ side _____ side _____	LOT _____
ZONING BOARD APPROVAL: no <input type="checkbox"/> yes <input type="checkbox"/> (date) _____	VALUE/STRUCTURE _____
PLANNING BOARD APPROVAL: no <input type="checkbox"/> yes <input type="checkbox"/> (date) _____	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:		XVIII. SPACE FOR FIGURING / ADDITIONAL COMMENTS:	
base fee		
subdivision fee		
site plan review fee		
other fees		
late fee		
TOTAL	35.00		

1 WATER SUPPLY <input type="checkbox"/> public <input type="checkbox"/> private	8 CHIMNEY * flues * fireplaces	FLOT PLAN/DETAILS OF WORK ON REVERSE	
2 SEWER <input type="checkbox"/> public <input type="checkbox"/> private, type	material		Pink - Tax Assessor 601 - 6PL03
3 HEAT type fuel	9 FRAMING floor joists		
4 FOUNDATION type	size max on centers		
5 ROOF type thickness footing	ceiling joists		
covering pitch load	rafters		
6 PLUMBING * tubs * showers	studs		
* lavatories * laundry tubs	wa. studs		
* flushes * other	10 If 1-story building w/ masonry walls		
SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no	wall thickness height		
7 ELECTRICAL service entrance size	11 BEDROOM WINDOWS		
* smoke detectors	height width sill height		
NUMBER OF OFF-STREET PARKING SPACES	egress window? <input type="checkbox"/> yes <input type="checkbox"/> no		
enclosed outdoor			

5 MA 109-21

900559

Permit # 900559 City of Portland BUILDING PERMIT APPLICATION Fee \$55. Zone _____ Map # _____ Lot# _____

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

Owner: J.B. Brown Phone # _____
 Address: Box 207 DTS PTLD, ME
 LOCATION OF CONSTRUCTION 29 West Commercial St.
 Contractor: Les Wilson & Sons Sub: (Graybar Electric)
 Address: Box 1028; Westbrook ME Phone # 04092 354-4533
 Est. Construction Cost: _____ Proposed Use: Commercial
 Past Use: Commercial
 # 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: REMOVE TWO TANKS - each 1,000-gallon fuel oil tanks

For Official Use Only

Date: 5/27/90 Subdivision Name: PERMIT ISSUED
 Inside Fire Limits: _____ Lot: _____
 Bldg Code: _____ Ownership: JUN 28, 1990 Private _____
 Time Limit: _____
 Estimated Cost: _____ City Of Portland

Zoning: Street Frontage Provided: _____ Back _____ Side _____
 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) _____

Foundations:
 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: _____ Spacing 16" O.C.
 4. Joists Size: _____
 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 _____
 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 _____ Spacing _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceiling: _____
 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: Louise F. Chase

Signature of Applicant: Ronald Wilson Agent For Owner Date: 6/27/90

Signature of CEO: _____ Date: 6-28-90

Inspection Dates: _____

White-Tax Assessor Yellow-GPCOG White Tax-CEO © Copyright GPCOG 1988

PLOT PLAN



FEE'S (Breakdown From Front)

Base Fee \$ 55

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

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

COMMENTS

Remove 2 tanks @ \$10 = \$20

Install 1 tank = 35

\$55

Signature of Applicant Ronald Wilson Agent For Owner Date 6/27/90

BUILDING PERMIT REPORT

DATE: 6-28-90

ADDRESS: 29 West Commercial St

REASON FOR PERMIT: Underground Tank Removal & Installation

Remove 2-1000 gal fuel oil and install 1-1000 gal VTL with steel tank #342

BUILDING OWNER: J. P. Brown

CONTRACTOR: Lee Williams & Sons


PERMIT APPLICANT Ronald Williams

APPROVED: LT 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.

CITY OF PORTLAND, MAINE
MEMORANDIUM

TO: Inspection Clerks/Secretaries
FROM: Marge 
SUBJECT: West Commercial St. - Graybar Electric

DATE: 6/27/90

John Dunlap from DEP (Department of Environmental Protection) called and gave a verbal waiver order to remove a leaking oil tank at West Commercial St., Graybar Electric. If some one comes in for a permit, please take it without a written notice from D E P. They should have all other required information for the permit.

GC Fire Prevention

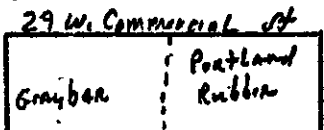
lec

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 (7½ minute) USGS topographical quadrangle, showing the location of the facility. If a 7½ minute map is not available, a 1:62,500 scale (15 minute) map may be used.

(b) Attach a drawing of the facility showing the location of TANKS AND PIPING to be installed and any existing tanks. THE FORM OF ADDITIONAL PROTECTION for tanks used for marketing and distribution of oil in sensitive areas MUST BE DETAILED ON THE DRAWING. Monitoring well locations must be provided for all tanks greater than 1,100 gallons used for on-site consumption of oil.

Piping Sump & tank will have piping to monitor same (Electronic)



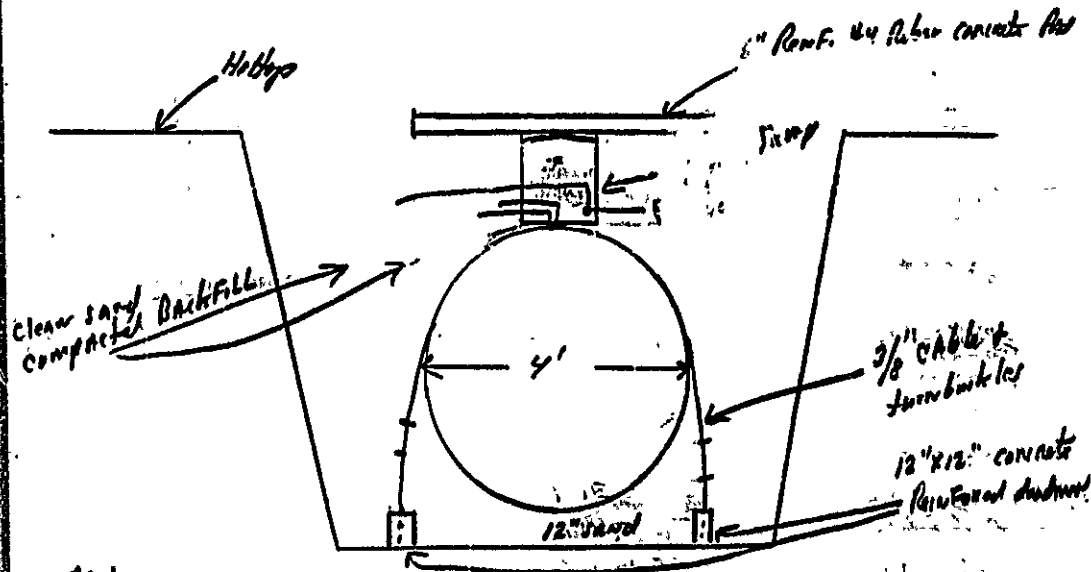
- 2-1000 Gallon tanks to be removed & replaced with double wall C. Protected steel tank 1000 gallons

Parking

Beach St

West Commercial St

N-E →



New 1000 D. Waller Cath. Protected steel tank with monitoring space monitoring & Piping Sump Electronic monitoring

Million Dollar Bridge

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

A. Name of Installer: Les Wilson & Sons
 B. Installer ID Number: 200 017 299 298

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

Date of Planned Installation 6/29/90

A. Tank Number	B. Tank Type	C. Piping Type	D. Tank Size	E. Form of Additional Protection for New and Replacement Wholesale or Retail 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. Status
1	<input checked="" type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Single Walled <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Single Walled <input checked="" type="checkbox"/> Other (Specify) <u>COPPER</u>	<u>1000</u> 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 <input type="checkbox"/> Premium <input checked="" type="checkbox"/> Unleaded #2 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #8 Diesel Chemical (Specify) Other (Specify)	Mo/Yr	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (iled not removed) <input checked="" type="checkbox"/> Planned for removal	(M) (Y)	<input checked="" type="checkbox"/> Suction <input type="checkbox"/> Pressurized
2	<input checked="" type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Single Walled <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Single Walled <input checked="" type="checkbox"/> Other (Specify) <u>COPPER</u>	<u>1000</u> 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 <input type="checkbox"/> Premium <input checked="" type="checkbox"/> Unleaded #2 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #8 Diesel Chemical (Specify) Other (Specify) <u>Empty here w/ol</u>	Mo/Yr	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (iled not removed) <input checked="" type="checkbox"/> Planned for removal	(M) (Y)	<input checked="" type="checkbox"/> Suction <input type="checkbox"/> Pressurized
3	<input checked="" type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Single Walled <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Single Walled <input checked="" type="checkbox"/> Other (Specify) <u>COPPER</u>	<u>1000</u> Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input checked="" type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input checked="" type="checkbox"/> Unleaded #2 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #8 Diesel Chemical (Specify) Other (Specify)	Mo/Yr	<input checked="" type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (iled not removed) <input type="checkbox"/> Planned for removal	(M) (Y)	<input checked="" type="checkbox"/> Suction <input type="checkbox"/> Pressurized
	<input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled	<input type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Single Walled <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Single 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 <input type="checkbox"/> Premium <input checked="" type="checkbox"/> Unleaded #2 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #8 Diesel Chemical (Specify) Other (Specify)	Mo/Yr	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (iled not removed) <input type="checkbox"/> Planned for removal	(M) (Y)	<input type="checkbox"/> Suction <input type="checkbox"/> Pressurized
	<input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled	<input type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Single Walled <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Single 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 <input type="checkbox"/> Premium <input checked="" type="checkbox"/> Unleaded #2 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #8 Diesel Chemical (Specify) Other (Specify)	Mo/Yr	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (iled not removed) <input type="checkbox"/> Planned for removal	(M) (Y)	<input type="checkbox"/> Suction <input type="checkbox"/> Pressurized

3. TANK OWNER: A. Name: Brow J. B. Inc.
 (last) (first) (middle initial)
 B. Mail Address: P.O. Box 207 O.T.S.
 C. Town/City: Portland D. State: MAINE
 E. Zip Code: 04112 F. Phone: 774 5908
4. TANK OPERATOR: A. Name: SAME
 (if different from owner)
 B. Mail Address: _____
 C. Town/City: _____ D. State: _____
 E. Zip Code: _____ F. Phone: _____
5. CONTACT PERSON: A. Name: DAK GAS B. Phone: 774 5908

6. 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).

Registration fees are applicable ONLY to active, new, or replacement tanks used for the MARKETING AND DISTRIBUTION OF OIL. Registration fees are due upon registration and annually thereafter, prior to the FIRST DAY OF JANUARY. Fees are as follows:

Number of Tanks _____ 6,000 gallons or under in size at \$25.00 per tank = \$ N/A

Number of Tanks _____ over 6,000 gallons in size at \$50.00 per tank = \$ N/A

Fee Computation Worksheet:

a. _____ # tanks 6,000 gallons or under in size at \$25.00 per tank = \$ _____

b. _____ # tanks over 6,000 gallons at \$50.00 per tank = \$ _____

c. Total Annual Fee due — add a & b = \$ _____

7. 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.

8. Complete the next two (2) pages of this form and include each tank currently at the facility and each new or replacement tank planned for the facility.

9. 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 or other hazardous materials. 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: 6/27/90 Ronald Wilson Rep. Rep.
 Owner or Authorized Employee of the Owner Title
 (Please print or type)

Signature: Ronald Wilson Rep. Rep.
 Title

(1)

copy

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

1. REGISTRATION NUMBER: 8304
 (Complete only if a registration has
 been previously assigned by the Department
 of Environmental Protection.)

STATE USE ONLY

DATE OF REGISTRATION: 1/1

2. FACILITY INFORMATION

- A. Name of Facility: Graybar Electric
 B. Street Address of Facility: 29 West Commercial St
 C. Town/City where facility is located: Portland, ME
 D. Mailing address: SAME
 E. Zip Code: 04112 F. Telephone: (207) 773 1266
 G. Directions to Facility: Corner of W. Commercial & Beach St
 H. Are any planned or existing tank(s) (including piping and pumps) within 1000 feet of a public water supply source? Yes No
 I. Are any planned or existing tank(s) (including piping and pumps) within 300 feet of a private water supply source? Yes No
 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
 K. Is the facility located on a sand and gravel aquifer or recharge area as mapped by the Maine Geological Survey? Yes No

(If you wish assistance in answering item (K), 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 at a nominal fee from the Maine Geological Survey, State House Station #22, Augusta, Maine 04333, (207)289-2801.)

If the answer to item (H), (J) or (K) above is yes, the facility is in a sensitive geologic area requiring certain conditions for tank installation. A new or replacement tank used for marketing and distribution of oil in such an area requires secondary containment or ground water monitoring.

NOTE: The installation of 21,000 gallons or greater combined tank capacity, on a significant sand and gravel aquifer requires the installation of 360° double containment tanks and piping with interstitial monitoring.

RECEIVED

JUN 27 1990

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

STATE USE ONLY			
Reviewer:	Date:	Map Number:	Comment:

L. Facility is new or will be used for (check one):

- Wholesale Distribution of Oil
- Retail Distribution of Oil
- Oil storage at a Commercial Establishment for on-site consumption
- Oil storage at an Industrial Establishment for on-site consumption
- Oil storage at a single family residence
- Oil storage at a multi-family residence
- Oil storage/farm
- Oil storage/Public Facility (state or local)
- Oil storage/Federal Facility
- Chemical (hazardous substance) storage

900559

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$55. Zone _____ Map # _____ Lot# _____

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

Owner: J. B. Brown Phone # _____Address: Box 207 DTS pTLD, MELOCATION OF CONSTRUCTION 29 West Commercial St.Contractor: Les Wilson & Sons Sub.: (Graybar Electric)Address: Box 1028; Westbrook ME Phone # 04092 854-4583Est. Construction Cost: _____ Proposed Use: commercialPast Use: commercial

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominiums _____ Conversion _____

Explain Conversion REMOVE TWO TANKS - each 1,000-gallon fuel oil& INSTALL ONE TANK - 1,000-gallon (double-wall steel)

Foundations:

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

Floors:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
Bracing Type: _____ Size: _____
Floor Sheathing Type: _____ Size: _____
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 _____

W. Kay Schmitt White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

© Copyright GPCOG 1988

For Official Use Only		PERMIT ISSUED
Date <u>6/27/90</u>	Subdivision: _____	Name: _____
Inside Fire Limits: _____	Lot: <u>JUN 28 1985</u>	Public _____
Bldg Code: _____	Ownership: _____	City Of Portland
Time Limit: _____	Estimated Cost: _____	
Zoning: _____	Street Frontage Provided: _____	
Review Required:	Provided Setbacks: Front _____ Back _____ Side _____	
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) _____	
	tanks	
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 <u>Louise E. Chase</u>	Signature of Applicant <u>Ronald Wilson Agent for Owner</u> Date <u>6/27/90</u>	
Signature of CEO <u>Ronald Wilson</u>	Date <u>6-28-90</u>	
Inspection Dates _____		

PERMIT ISSUED
WITH LETTER