

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 001502
ZONING LOCATION PORTLAND, MAINE .. Oct. 16, 1986

OCT 17 1986
City Of Portland

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 64 Blueberry Road Regional Waste - 64 Blueberry Rd
1. Owner's name and address Fire District #1 [] #2 []
2. Lessee's name and address Telephone
3. Contractor's name and address Weyher/Livsey - 80 Blueberry Road Telephone 775-5072
Proposed use of building waste No. of sheets
Last use same No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ 96,000 Appeal Fees \$
FIELD INSPECTOR-Mr. @ 775-5451 Base Fee \$ 500.00
Late Fee \$
TOTAL \$

To build concrete foundations for the turbin and administration building as per plans

Stamp of Special Conditions

send permit to # 3 04102

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? yes
Is any electrical work involved in this work? yes
Is connection to be made to public sewer? yes
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 Re 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 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 Dennis Dinger for
Type Name of above Weyher/Livsey
Phone # same
1 [] 2 [] 3 [] 4 []
Other and Address

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP 322
B.O.C.A. TYPE OF CONSTRUCTION

MAR 28 1986

ZONING LOCATION PORTLAND, MAINE City Of Portland

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 64 Blueberry Road
1. Owner's name and address: Regional Waste System 2275 Congress St. 04102 Telephone 773-6465
2. Lessee's name and address: Neil & Gunter 97 Darling Ave. So. Portland Telephone 775-3268
3. Contractor's name and address: Contractor - Gibbs & Hill - New York
Proposed use of building No. of sheets
Last use No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ Major Site Plan Appeal Fees \$ 350.00
Base Fee
Late Fee
TOTAL \$
FIELD INSPECTOR—Mr. @ 775-5451

to construct trash incenerator
For site work to be done pd 350.00 3-18-86

Stamp of Special Conditions

SITE WORK ONLY

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? 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
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?
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 Michael Barden for Neil & Gunter Phone # 775-3594
Type Name of above Neil & Gunter 1 2 3 4
Other
and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street: 41 BLUEBERRY RD

Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: REYNOLDS First: WACIE

Applicant Name: WEYHER/LIVSEY

Mailing Address of Owner/Applicant (If Different): 81 BLUEBERRY RD

Caution: Permit Required

PORTLAND PERMIT # 1,992 TOWN COPY

Date Permit Issued: 10/16/84 \$ _____ FEE If Double Fee Charged

Amelia Reynolds Local Plumbing Inspector Signature L.P.I. # _____

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Amelia Reynolds Signature of Owner/Applicant Date: 10/16/84

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

SEP 15 1987 Date Approved

Local Plumbing Inspector Signature _____

PERMIT INFORMATION

This Application is for

1. NEW PLUMBING

2. RELOCATED PLUMBING

NOV 4 - 1986

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME.

3. MULTIPLE FAMILY DWELLING

4. OTHER - SPECIFY: single water

Plumbing To Be Installed By:

1. MASTER PLUMBER

2. OIL BURNERMAN

3. MFG'D. HOUSING DEPT. MECHANIC

4. PUBLIC UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # 1054

MAR 20 1987

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type Of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sill cock		Bathub (and Shower)
		<u>37</u>	Floor Drain		Shower (Separate)
			Urinal		Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____		Water Heater
	Hook-Up Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				<u>37</u>	Fixtures (Subtotal) Column 2
				<u>37</u>	Total Fixtures
				\$ <u>64.</u>	Permit Fee
				\$ _____	Total
				\$ <u>64.</u>	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN

Pe. mit # _____ City of Portland **BUILDING PERMIT APPLICATION** Fee \$145.00 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Regional Waste Systems Phone # 773-6465
 Address: 64 Blueberry Rd., Portland, Maine
 LOCATION OF CONSTRUCTION 64 Blueberry Road
 Contractor: Sprinkler Systems Inc. Sub: _____
 Address: P.O. Box 1285, Lewiston, ME 04240 Phone # 782-0104
 Est. Construction Cost \$25,000.00 Proposed Use: Regional Waste
 Past Use: same
 # 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 install sprinkler system. Two sets of plans enclosed.

For Official Use Only

Date February 23, 1990 Subdivision _____
 Inside Fire Limits _____
 Bldg Code _____ Lot _____
 Time Limit _____ Ownership: MAR 9 1990 Private _____
 Estimated Cost \$25,000.00 City of Portland

Zoning: I-1
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance: _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other OK W.D. N.S.P. 3-9-90 (Explain)

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

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

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

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

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

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

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

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

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

Permit Received By Joyce M. Rivelli
 Signature of Applicant _____ Date 2/23/90
 Signature of City Engineer _____ Date 3-1-90
 Inspection Dates _____

White-Tax Assessor Yellow-GPCOG White Tag -CEO © Copyright GPCOG 1988
 [2] Mrs. S. Loue

Permit # 181 City of Portland BUILDING PERMIT APPLICATION Fee \$145.00 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Regional Waste Systems Phone # 773-6465
 Address: 64 Blueberry Rd., Portland, Maine

LOCATION OF CONSTRUCTION: 64 Blueberry Road
 Contractor: Sprinkler Systems Inc.
 Address: P.O. Box 1285, Lewiston, ME 04240 Phone # 782-0104

Est. Construction Cost: \$25,000.00 Proposed Use: Regional Waste
 Past Use: same

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 install sprinkler system. Two sets of plans enclosed.

For Official Use **PERMIT ISSUED**
 Date: February 23, 1990 Subdivision: _____
 Inside Fire Limits: _____ Name: _____
 Bldg Code: _____ Lot: MAR 9 1990
 Time Limit: _____ Ownership: _____
 Estimated Cost: \$25,000.00 City of Portland

Zoning: L-1
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain): OK WLD N=O 3-9-90

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

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

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

Interior Walls:
 1. Studding Size: _____ Spacing _____
 2. Header Sizes: _____ Span(s) _____
 3. Wall Covering Type: _____
 4. Fire Wall if required: _____
 5. Other Materials: _____

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

Roof:
 1. Truss or Rafter Size _____ 00.25x2 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: Joyce M. Rivard
 Signature of Applicant: [Signature] **PERMIT ISSUED** Date: 2/23/90
 Signature of CEO: [Signature] **WITH LETTER** Date: 3-7-90
 Inspection Dates: _____

PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ \$145.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

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

COMMENTS

Signature of Applicant Michael Fabey ^{Cont.} for owner Date 2/23/90



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207)874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

March 9, 1990

RE: 64 Blueberry Road

Sprinkler System, Inc.
P.O. Box 1285
Lewiston, Maine 04240

Dear Sir:

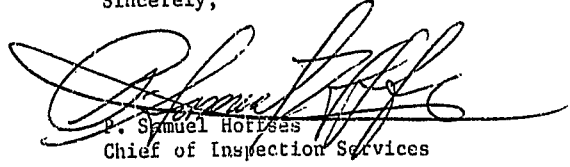
Your application to install sprinkler system has been reviewed and a permit is herewith issued subject to the following requirement:

No certificate of occupancy can be issued until all requirements of this letter are met.

All 1 1/2" standpipe connections and hose to be threaded I.P.S., any 2 1/2" standpipe connection to be national standpipe.

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

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el

cc: LT. Wallace Garroway, Fire Prevention Bureau

PERMIT # 002883 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Regional Waste Systems Inc.

Address: 64 Blueberry Road Pctd. 04104

LOCATION OF CONSTRUCTION 64 Blueberry Road - 1

CONTRACTOR: name _____ SUBCONTRACTORS: 773-6465

ADDRESS: Keeley Const. PO Box 1074 Pctd 04104/Brad Aldrich 773-6465

Est. Construction Cost: 675,000. Type of Use: Regional Waste Incinerator

Past Use: _____

Building Dimensions: L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain: Major Site Plan (6 sets of Plans)

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only:
 # Of Dwelling Units _____ % Of New Dwelling Units _____

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

Floor:
 1. Sill 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. Hoarder 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 Size _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

For Official Use Only

PERM ISSUED

Date: May 17, 1989 Subdivision: _____
 Inside Fire Limits: _____ Name: _____
 Bldg Code: _____ Lot: NOV-30-1989
 Time Limit: _____ Block: _____
 Estimated Cost: _____ Permit Expiration: _____
 Value Structure: _____ Ownership: City of Portland
 Fee: 53,365.00 Bldg Rec. 5,365.00

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 _____
 4. Other _____

Chimneys:
 Type: _____ Number of Fire Place: _____

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.

Zoning:
 District: E-1 Street Frontage Req. _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____ Side _____

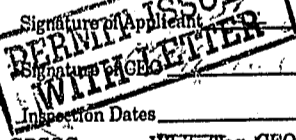
Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt _____ Special Exception _____
 Other (Explain) _____
 Date Approved: 11-27-89

Permit Received By: Dakota Goode

Signature of Applicant: _____ Date: 5/17/89

Signature of Inspector: _____ Date: 6-20-89

Inspection Dates: _____



White-Tax Assessor _____ Yellow-GPCOG _____ White Tag CEO _____
 127 Main St. House

PLOT PLAN



FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ _____	_____	_____	____/____/____
Subdivision Fee \$ _____	_____	_____	____/____/____
Site Plan Review Fee \$ <u>350.00 Major Site Plan</u>	_____	_____	____/____/____
Other Fees \$ _____ (Explain) _____	_____	_____	____/____/____
Late Fee \$ _____	_____	_____	____/____/____

COMMENTS

Signature of Applicant *E. A. Ross (as agent for owner)* Date 5/17/89



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

64 Blueberry Road

29 November 1989

Keeley Construction
PO Box 1074
Portland ME 04104

Dear Sir:

Your application to construct a regional waste incinerator has been reviewed and a permit is herewith issued subject to the following requirements:

1. Dumbwaiter enclosure to be 1 hour fire barrier per N.F.P.A. 101 Section 6-2.4.
2. Additional directional exit signs to indicate path of travel to exits at the following locations:
 - A. over each side of the main door through dimising wall on 1st floor
 - B. at intersection of corridor on 2nd floor
3. Location of F.H.R. on 2nd floor in Office of Maintenance Records Clerk and in future mens locker room to be relocated to more accessible location agreeable to A.H.J. when proposed partitioning of space is undertaken.
4. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

NO CERTIFICATE OF OCCUPANCY CAN BE ISSUED UNTIL ALL REQUIREMENTS OF THIS LETTER ARE MET.

Site Plan Review Requirements

Planning Division	approved	S Greene	10-16-89
Fire Department	approved	Lt Colling	5-22-89
Inspection Services	approved	W Giroux	11-27-89
Public Works	approved	S Harris	10-17-89

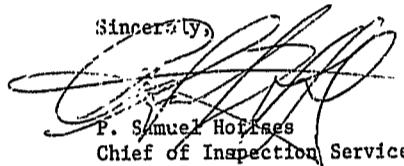
64 Blueberry Road

29 November 1989

cont.

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

Sincerely,



P. Samuel Hoffas
Chief of Inspection Services

cc: S Harris, Public Works
P Niehoff, Public Works
S Greene, Planning
Lt Garroway, PFD



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 4/30/90, 19
 Receipt and Permit number 01268

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: 64 Bluberry Rd.

OWNER'S NAME: Regional Waste System ADDRESS: same

	FEES
OUTLETS:	
Receptacles <u>87</u> Switches _____ Plugmold _____ ft. TOTAL <u>87</u>	<u>7.70</u>
FIXTURES: (number of)	
Incandescent <u>31</u> Fluorescent <u>83</u> (not strip) TOTAL <u>114</u>	<u>13.40</u>
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of)	
MOTORS: (number of)	
Fractional <u>16</u>	<u>8.00</u>
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 <u>1</u> Over 20 kws _____	<u>5.00</u>
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL	
MISCELLANEOUS: (number of)	
Branch Panels <u>1</u>	<u>1.00</u>
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 <u>x</u>	<u>5.00</u>
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps <u>3</u>	<u>6.00</u>
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)	
TOTAL AMOUNT DUE: _____	<u>46.10</u>

INSPECTION:

Will be ready on _____, 19____; or Will Call x

CONTRACTOR'S NAME: 3-E CR.

ADDRESS: Forest Ave - Ptld

TEL: 797-8190

MASTER LICENSE NO.: Paul Werner #13643

LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR:

Paul Werner 3-E Company

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

PERMIT # 002145 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: City of Portland - Reginal Waster Systems, Inc.
 Address: 64 Blueberry Rd., Portland, ME 04102

LOCATION OF CONSTRUCTION 64 Blueberry Road

CONTRACTOR Holden Company Phone: 797-5700

ADDRESS: 75 Bishop St., Portland, ME 04103

Est. Construction Cost: _____ Type of Use: Commercial

Past Use: same

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain to remove 1, 4,000 gal fuel oil tank and install 1, 4,000 double wall fiberglass fuel

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only: _____
 # Of Dwelling Units _____ # Of New Dwelling Units _____

- 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. Joist 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 _____

For Official Use Only

Date May 22, 1989 Subdivision: Yes / No _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Lot _____
 Time Limit _____ Block _____
 Estimated Cost _____ Permit Expiration: _____
 Value/Structure _____ Ownership: _____ Public _____ Private _____
 Fee \$45.00

PERMIT ISSUED

- Ceiling:
1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size City Of Portland
 5. Ceiling Height: _____

- Roof:
1. Truss or Rafter 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 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.

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 _____ Subdivision _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other (Explain) _____
 Date Approved _____

Permit Received By Joyce M. Rinaldi

Signature of Applicant Peter A. [Signature] Date 2-22-89

Signature of CEO _____ Date _____

Inspection Dates (2) KT

PERMIT # 002145 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: City of Portland - Regional Waster Systems, Inc.
 Address: 64 Blueberry Rd., Portland, ME 04402

LOCATION OF CONSTRUCTION 64 Blueberry Road
 CONTRACTOR Holden Company SUBCONTRACTORS: 797-5700

ADDRESS: 75 Bishop St., Portland, ME 04103

Est. Construction Cost: _____ Type of Use: Commercial
 Past Use: same
 Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain To remove 1, 4,000 gal fuel oil tank and install 1, 4,000 double wall fiberglass fuel oil tank.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only: _____
 # Of Dwelling Units _____ # Of New Dwelling Units _____

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 _____

For Official Use Only

Date May 22, 1989 Subdivision: Yes / No _____
 Name: _____
 Inside Fire Limits _____ Lot: _____
 Bldg Code _____ Block: _____
 Time Limit _____ Permit Expiration: _____
 Estimated Cost _____ Ownership: _____
 Value/Structure _____ Public _____
 Fee \$45.00 Private _____

PERMIT ISSUED

Ceiling: _____ MAY 22 1989
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size: _____ and _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter 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 00 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.

Zoning: _____
 District: T-1 Street Frontage Req. _____ Provided _____
 Required 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 _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other: _____ (Explain) _____
 Date Approved W.D.H. 5-25-89

Permit Received By Joyce M. Rinaldi
 Signature of Applicant Peter A. Perry Date 2-22-89

Signature of CEO _____ Date 5-25-89

Inspection Dates _____

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 45.00 _____
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

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

COMMENTS

Signature of Applicant *[Signature]* Agent For Owner - Date 5-27-89

DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL
AND HAZARDOUS SUBSTANCES (CHEMICAL)
STORAGE TANKS

MAY 22 1989

(Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 280)

Facility Name: REGIONAL WASTE SYSTEMS
Location (Town/City): PORTLAND, ME
Owner: REGIONAL WASTE SYSTEMS

REGISTRATION NUMBER
(Complete ONLY if Registration Number has been previously assigned.)

4. TANK OWNER
A. Name: REGIONAL WASTE SYSTEMS
B. Mail Address: 64 Blueberry Rd.
C. Town/City: PORTLAND D. State: ME
E. Zip Code: 04105 F. Telephone: (207) 773-6465
5. TANK OPERATOR
A. Name: REGIONAL WASTE SYSTEMS
B. Mail Address: 64 Blueberry Rd.
C. Street Address: 64 Blueberry Rd.
D. Town/City: PORTLAND E. State: ME
F. Zip Code: 04105 G. Telephone: (207) 773-6465

6. COMPLETE the next two pages of this form and include each tank currently at the facility and each new or replacement tank planned for the facility.

7. ENCLOSE a check for the applicable registration fee with this submittal made payable to "Treasurer — State of Maine" and return to the Department of Environmental Protection. 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:

_____ Tanks 6,000 gallons or under in size _____ \$25 per tank
_____ Tanks over 6,000 gallons in size _____ \$50 per tank

8. MAKE TWO COPIES of this form. SUBMIT the original to the DEPARTMENT OF ENVIRONMENTAL PROTECTION (Bureau of Oil & Hazardous Materials Control, State House Station 17, Augusta, Maine 04333). SEND one 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. Registrations for existing tanks are due prior to February 1, 1986.

9. CERTIFY THIS FORM BY SIGNING. By signing this form, the tank registrant certifies that all information is accurate and complete, and that they 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 statute to file an amendment to this registration with the Department of Environmental Protection immediately upon any change in the information on this form.

4/17/89 Eric A. Root DEPUTY DIRECTOR
Date Owner or Authorized Employee Title
(Please PRINT or TYPE) (Please PRINT or TYPE)

[Signature]
SIGNATURE

**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 260)

Facility Name: REGIONAL WASTE SYSTEMS
Location (Town/City): PORTLAND, ME Owner: REGIONAL WASTE SYSTEMS

REGISTRATION
NUMBER

RECEIVED

MAY 22 1989

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

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

(Complete ONLY if
Registration Number
was Assigned.)

A. Name of Installer: Chris Williams

B. Installer ID Number: 285

C. Expected Date of Installation: 5/18/89

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

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. Date Installed	H. Status	I. Date removed from active service (if applicable)	J. Amount of Product left in inactive tank (if applicable)
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input checked="" type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Cathodically Protected Steel <input checked="" type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Other (Specify) <u>Copper in PVC sleeve</u>	4,000 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 FUEL OIL <input type="checkbox"/> Regular #1 #5 <input checked="" type="checkbox"/> Premium #2 #8 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Chemical (Specify) <input type="checkbox"/> Other (Specify)	/ (Mo) (Yr)	<input type="checkbox"/> Planned Active <input type="checkbox"/> Out-of-Service <input type="checkbox"/> Abandoned in place (filled with inert material) <input type="checkbox"/> Planned for removal	/ (Mo) (Yr)	Gallons
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <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 FUEL OIL <input type="checkbox"/> Regular #1 #5 <input type="checkbox"/> Premium #2 #8 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Chemical (Specify) <input type="checkbox"/> Other (Specify)	/ (Mo) (Yr)	<input type="checkbox"/> Planned Active <input type="checkbox"/> Out-of-Service <input type="checkbox"/> Abandoned in place (filled with inert material) <input type="checkbox"/> Planned for removal	/ (Mo) (Yr)	Gallons
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <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 FUEL OIL <input type="checkbox"/> Regular #1 #5 <input type="checkbox"/> Premium #2 #8 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Chemical (Specify) <input type="checkbox"/> Other (Specify)	/ (Mo) (Yr)	<input type="checkbox"/> Planned Active <input type="checkbox"/> Out-of-Service <input type="checkbox"/> Abandoned in place (filled with inert material) <input type="checkbox"/> Planned for removal	/ (Mo) (Yr)	Gallons
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <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 FUEL OIL <input type="checkbox"/> Regular #1 #5 <input type="checkbox"/> Premium #2 #8 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Chemical (Specify) <input type="checkbox"/> Other (Specify)	/ (Mo) (Yr)	<input type="checkbox"/> Planned Active <input type="checkbox"/> Out-of-Service <input type="checkbox"/> Abandoned in place (filled with inert material) <input type="checkbox"/> Planned for removal	/ (Mo) (Yr)	Gallons
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <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 FUEL OIL <input type="checkbox"/> Regular #1 #5 <input type="checkbox"/> Premium #2 #8 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Chemical (Specify) <input type="checkbox"/> Other (Specify)	/ (Mo) (Yr)	<input type="checkbox"/> Planned Active <input type="checkbox"/> Out-of-Service <input type="checkbox"/> Abandoned in place (filled with inert material) <input type="checkbox"/> Planned for removal	/ (Mo) (Yr)	Gallons



RECEIVED MAY 03 1989

Date of Certificate:

APRIL 28, 1989

STATE OF MAINE
DEPARTMENT OF ENVIRONMENTAL PROTECTION

UNDERGROUND STORAGE TANK
FACILITY REGISTRATION FORM

Please display this certificate in a
visible location at the registered facility.

Facility:

REGIONAL WASTE SYS. INC

Facility Registration Number: 10077

PORTLAND
ME 04102

Date of Registration: DECEMBER 5, 1986

Operator:

REGIONAL WASTE SYS. INC.
64 BLUEBERRY ROAD
PORTLAND
ME 04102

Sensitive Area Status:

NONE

Owner:

REGIONAL WASTE SYS. INC
64 BLUEBERRY ROAD
PORTLAND
ME 04102

Facility Use:

OIL STORAGE/PUBLIC FACILITY

Number of Tanks: 1
(See accompanying list
for detailed breakdown)

IF THE INFORMATION ON THIS FORM IS ACCURATE AND
COMPLETE, PLEASE RETAIN FOR YOUR RECORDS.

The Maine Department of Environmental Protection must be
notified of any errors or changes in the information on this form.
To accomplish this, please draw a line through the incorrect or outdated
information, insert the correct information, and return this form to:

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF OIL AND HAZARDOUS MATERIALS CONTROL
STATE HOUSE STATION #17
AUGUSTA, MAINE 04333
ATTN: Underground Tanks Program

If you have any questions concerning this
process, please call (207)289-2651 and ask for the
administrator of the Underground Storage Tanks program.

RECEIVED
MAY 22 1989

DEPT. OF BUILDING INSPECTION



STATE OF MAINE

Department of Environmental Protection

MAIN OFFICE: RAY BUILDING, HOSPITAL STREET, AUGUSTA
MAIL ADDRESS: State House Station 17, Augusta, 04333
207-289-7688

JOHN R. MCKERNAN, JR.
GOVERNOR

DEAN C. MARRIOTT
COMMISSIONER

RECEIVED
MAY 5 1989

DATE: 5-1-89

TO: Eric Root Deputy Director
Rts. 64 Blueberry Rd.
Portland Me 04102

Dear Mr. Root,

This letter is to acknowledge that on 4/20, 1989 this Department received your completed registration materials for a new or replacement underground oil storage facility or ancillary equipment located at Regional water systems. Maine statute dictates that the installation may take place five (5) business days after notification (38 M.R.S.A.) Section 563(a)(1), this installation may begin on 5-2-89. I have assigned your registration the following interim number INT89-49. 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,

Richard Kaselis
RICHARD KASELIS, ES II
Division of Licensing & Enforcement
Bureau of Oil & Hazardous Materials Control

RR/kcc
RKFORMLET

RECEIVED

MAY 22 1989

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

• Portland •

REGIONAL OFFICES
• Bangor •

• Presque Isle •

DEPARTMENT OF ENVIRONMENTAL PROTECTION
 REGISTRATION FORM FOR UNDERGROUND OIL
 AND HAZARDOUS SUBSTANCES (CHEMICAL)
 STORAGE TANKS

MAY 22 1989

(Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 280)

Facility Name: REGIONAL WASTE SYSTEMS

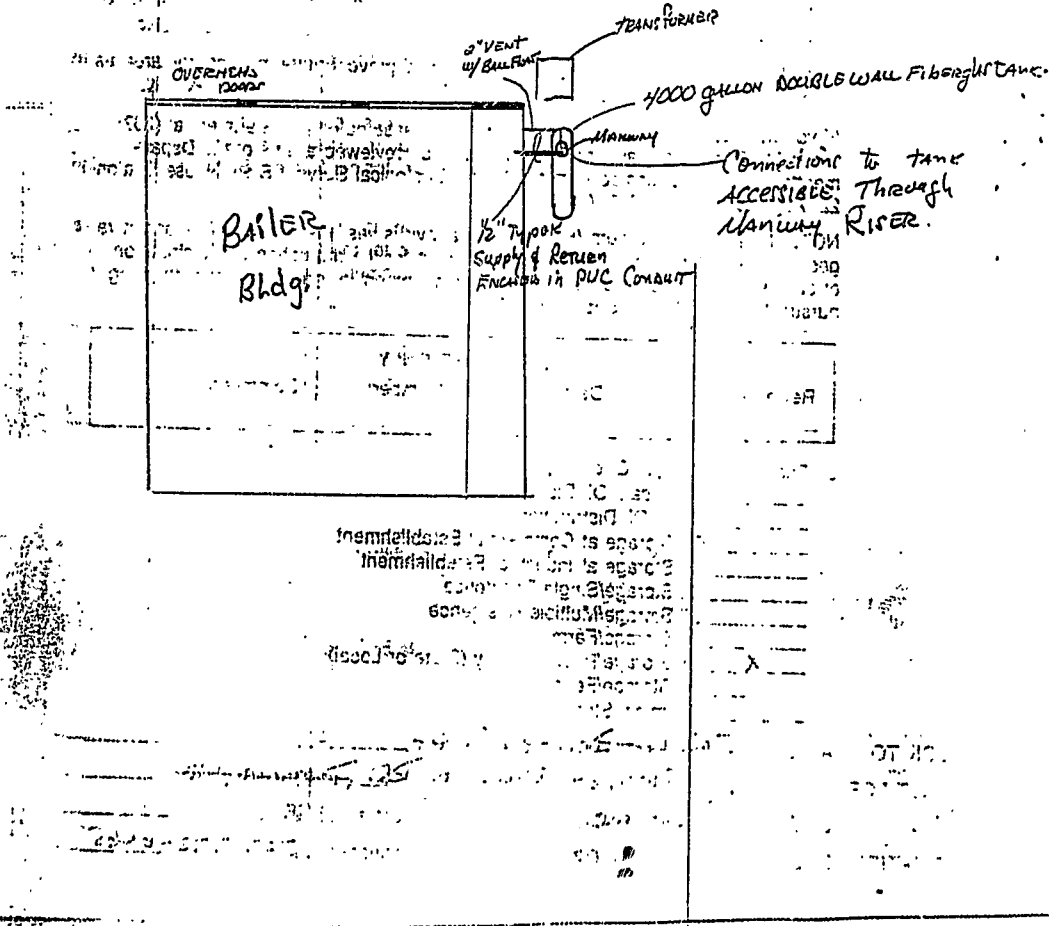
Location (Town/City): BRELAND, ME

Owner: REGIONAL WASTE SYSTEMS

REGISTRATION NUMBER

(Complete ONLY if Registration Number has been previously assigned.)

12. If this registration involves replacing tanks or installing tanks, ATTACH a drawing of the facility showing the location of tanks (and piping) to be installed and any existing tanks. USE the space below for a sketch if no drawing already exists. THE FORM OF ADDITIONAL PROTECTION for tanks used for marketing and distribution of oil in sensitive areas should be detailed on the drawing. MONITORING WELL LOCATIONS should be provided for all tanks greater than 1,100 gallons that are used for on-site consumption of oil.



**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)**

STATE USE ONLY
DATE OF REGISTRATION: / /

1. REGISTRATION NUMBER: _____
(Complete only if a registration number has been previously assigned.)

2. FACILITY INFORMATION

- A. Name: REGIONAL WASTE SYSTEMS
B. Mail Address: 64 Blueberry Rd., PORTLAND, ME
C. Street Address: SAME
D. Town/City: PORTLAND, ME
E. Zip Code: 04102 F. Telephone: (207) 773-6465
G. Directions to Site: Congress St. west to Blueberry Rd. - facility at end of Blueberry
H. Is at least one existing or planned tank (including piping and pumps) within 1000 ft. of a public water supply? Yes No
I. Is at least one existing or planned tank (including piping and pumps) within 300 ft. of a public water supply? Yes No
J. (Complete if the answer to (I) above is YES.) Is at least one water supply located within 300 feet of the tank(s) is owned by someone other than the facility owner or operator? Yes No
K. Is the facility located on a significant 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 requested from the Maine Geological Survey, State House Station 22, Augusta, Maine 04333, (207) 289-2801.

NOTE: If the answer to item (H), (J) or (K) above is yes, the facility is in a sensitive geologic area. A new or replacement tank used for the marketing and distribution of oil in such an area requires secondary containment or ground water monitoring pursuant to 38 M.R.S.A. Section 546(C).

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

- L. Facility Use (Check One):
 Wholesale Oil Distribution
 Retail Oil Distribution
 Oil Storage at Commercial Establishment
 Oil Storage at Industrial Establishment
 Oil Storage/Single Residence
 Oil Storage/Multiple Residence
 Oil Storage/Farm
 Oil Storage/Public Facility (State or Local)
 Oil Storage/Federal Facility
 Chemical Storage

3. PERSON TO CONTACT FOR MORE INFORMATION

- A. Name: Eric Root, Deputy Director
B. Mail Address: Rt 5, 64 Blueberry Rd., PORTLAND, ME
C. Town/City: PORTLAND D. State: ME
E. Zip Code: 04102 F. Telephone: (207) 773-6465

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

MAY 2 2 1989

RECEIVED

NOTICE OF UNDERGROUND OIL STORAGE TANK REMOVAL
(File with DEP and local fire department 10 days in advance)

1. REGISTRATION NUMBER: 10077
(Complete only if a registration number has been previously assigned by DEP)
2. FACILITY INFORMATION
- a. Facility Name: REGIONAL WASTE SYSTEMS
- b. Facility Mailing Address: 64 BLUEBERRY ROAD, PORTLAND ME
- c. Telephone Number: 773-6465
3. TANK OWNER INFORMATION
- a. Name: SAME AS ABOVE
- b. Mailing Address: 64 BLUEBERRY ROAD,
- c. Town/City: PORTLAND State: ME Zip: 04102
- d. Telephone Number: 773-6465
4. CONTRACTOR:
- a. Name: THE HOLDEN COMPANY
- b. Telephone Number: 797-5700
5. EXPECTED REMOVAL DATE: 5/16/89
6. TANK INFORMATION:

Tank No.	Approximate Age (Years)	Tank size (Gallons)	Type Product Most Recently Stored
1	<u>11 years</u>	<u>4000</u>	<u>FUEL OIL</u>
2.			
3.			

7. DIRECTIONS TO FACILITY (Please be specific): CONGRESS ST - WEST TO
BLUEBERRY ROAD

8. SIGNATURE OF FACILITY OWNER OR REPRESENTATIVE:

[Signature]

Date: 4/19/89

RETURN COMPLETED FORM TO:

Maine Dept. of Environmental Protection
Bureau of Oil & Hazardous Materials Control
State House Station 17
Augusta, ME 04333
Attn: Tank Removal Notice

10553301
MAY 22 1989

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: Portland, ME

Street, Subdivision Lot #: 500 Blueberry Road

PROPERTY OWNERS NAME

Last: Local Waste Systems First:

Applicant Name: Air-Temp

Mailing Address of Owner/Applicant (if Different): 1 Wallace Ave
Saco, Maine 04106

PORTLAND 3691 TOWN COPY

Date Permitted: 11/21/89 FEE: \$110.00 Double Fee Charged:

Local Plumbing Inspector Signature: [Signature] L.P.L. #: 11213

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 11/19/89

Caution: Inspection Required

I have inspected the installation authorized above and found it to be compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____ Date Approved: DEC 15 1989

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING
2. RELOCATED PLUMBING

NOV 8 1989

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY Commercial Vent Condition

Plumbing To Be Installed By:

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # 016018

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Hosebibb / Sillcock		Bathtub (and Shower)
	1	Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, e. s.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: <u>eye wash</u>		Water Heater
Number of Hook-Ups & Relocations	1			

\$	Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	0	Fixtures (Subtotal) Column 1	
				5	Fixtures (Subtotal) Column 2	
				5	Total Fixtures	
\$				15	Fixture Fee	
\$					Hook-Up & Relocation Fee	
\$				15	Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PERMIT # 02883 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Regional Waste Systems Inc.

Address: 64 Blueberry Road Ptd. 04104

LOCATION OF CONSTRUCTION 64 Blueberry Road

CONTRACTOR: same SUBCONTRACTORS: 773-6465

ADDRESS: **Keeley Const. PO Box 1074 Ptd 04104/Brad Aldrich 773-8499

Est. Construction Cost: 675,000. Type of Use: Regional Waste Incinerator

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size: _____

In Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain: Major Site Plan (6 sets of Plans)

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

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.

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 _____

10/26 For Official Use Only PERMIT ISSUED

Date: May 17, 1989 Subdivision: Yes No

Inside Fire Limits: _____ Name: _____

Bldg Code: _____ Lot: NOV 30 1989

Time Limit: _____ Block: _____

Estimated Cost: _____ Permit Expiration: _____

Value: _____ Ownership: CITY OF PORTLAND

Fee: 350 Major Site Plan

Bid Fee: 3,365.00

Roofing:

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 _____

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 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.

Zoning:

District: E-1 Street Frontage Req.: _____ Provided _____

Required 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 _____

Shore and Floodplain Mgmt: _____ Special Exception _____

Other (Explain) _____

Date Approved: 11-27-89

Permit Received By: Deborah Goode

Signature of Applicant: [Signature] Date: 5/17/89

Signature of Inspector: [Signature] Date: 11-20-89

PERMIT WITH LETTERS OF APPROVAL

White-Tax Assessor

Yellow-GPCOG

White Tag-CEG

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127 MRS. LOUIE

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS:
Town Or Plantation: Portland
Street Subdivision Lot #: 224 West Broadway RD

PROPERTY OWNERS NAME:
Last: Regional Waste System First: Dennis Steiner
Applicant Name: Dennis Steiner
Mailing Address of Owner/Applicant (If Different): 28 Gray Park Cray

PORTLAND 4149 TOWN COPY
Date Issued: 3/28/91 Fee: \$11.50 Double Fee Charge
Inspector: [Signature] License # 01124
Chief Plumber License # _____

Owner/Applicant Statement
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.
[Signature] 3/28/91
Signature of Owner/Applicant Date

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
[Signature] 4/22/91
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for:
1. NEW PLUMBING
2. RELOCATED PLUMBING

Type Of Structure To Be Served:
1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY commercial

Plumbing To Be Installed By:
1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER
LICENSE # 611977

Hook-Up & Piping, Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture		
	Number	Type of Fixture	Number	Type of Fixture	
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathub (and Shower)	
	1	Floor Drain		Shower (Separate)	
		Urinal		Sink	
	1	Drinking Fountain	1	Wash Basin	
		Indirect Waste	1	Water Closet (Toilet)	
		Water Treatment Softener, Filter, etc.		Clothes Washer	
		Grease/Oil Separator		Dish Washer	
		Dental Cuspidor		Garbage Disposal	
		Bidet		Laundry Tub	
		Other: _____		Water Heater	
Number of Hook-Ups & Relocations			1	Water Heater	
\$ Hook-Up & Relocation Fee	Fixtures (Subtotal) Column 2		3	Fixtures (Subtotal) Column 1	
			2	Fixtures (Subtotal) Column 2	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				5	Total Fixtures
				\$ 15.	Fixture Fee
				\$.	Hook-Up & Relocation Fee
				\$ 15.	Permit Fee (Total)

TOWN COPY

913330

Permit # 913330 City of Portland BUILDING PERMIT APPLICATION Fee \$510 Zone _____ Map # _____ Lot# _____

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

Owner: Regional Waste Systems Phone # 773-6465 *cl for pick up*

Address: 64 Blueberry Rd; Ptld, ME 04102

LOCATION OF CONSTRUCTION 64 Blueberry Rd.

Contractor: Owner Sub: _____

Address: _____ Phone # _____

Est. Construction Cost: 98,000. Proposed Use: waste processing

Past Use: waste processing

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 Interior renovations- (baler building)

For Official Use Only

Date 12/11/91 Subdivision: _____

Inside Fire Limits _____ Name _____

Bldg Code _____ Lt. DEC 28 1991

Time Limit _____ Ownership: _____

Estimated Cost 98,000

PERMIT ISSUED
CITY OF PORTLAND

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) _____

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 Size _____ 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 _____ Historic District or 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: 12-12-91

Signature: _____

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 E. Chase

Signature of Applicant _____

CEO's District 4 Eric Root

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO 4 MA. CAIRO

PERMIT ISSUED
WITH LETTER
12/11/91

White - Tax Assessor

923415

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$520. Zone _____ Map # _____ Lot# _____

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

Owner: R W S Inc Phone # _____
 Address: 64 Blueberry Rd ; Ptld, ME 04102
 LOCATION OF CONSTRUCTION 64 Blueberry Rd.
 Contractor: H E Callahan Co Sub: 784-6927
 Address: Box 677 RRX Auburn, ME Phone # 042102
 Est. Construction Cost: \$100,000 Proposed Use: waste baling facility
 Past Use: waste baling facility
 # 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 Interior renovations - baling facility

For Official Use Only

Date 1/27/92 Subdivision: _____ Name _____
 Inside Fire Limits _____ Lot _____
 Bldg Code _____ Ownership: CITY OF PORTLAND
 Time Limit _____ Estimated Cost 100,000

Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: _____ (Explain) _____

(Part II)

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

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

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

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

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

Roof:
 1. Truss or Rafter Size _____
 2. Sheathing Type _____
 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 ISSUED WITH LETTER

Permit Received By Louise E Chase
 Signature of Applicant David LePage Date 1-27-92
 CEO's District 4 **PERMIT ISSUED WITH LETTER**
 CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO Mr. Carroll

White - Tax Assessor

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS:

Town Or Plantation: Portland

Street Subdivision Lot #: 69 Blueberry Rd.

PROPERTY OWNERS NAME:

Last: Regional Waste Systems First: _____

Applicant Name: Dennis Steiner

Mailing Address of Owner/Applicant (If Different): 28 Gray Park Gray

PORTLAND 4388 TOWN COPY

Date Permit Issued: 1/13/92 \$ 116.00 FEE Double Fee Charged

L.P.I. # 01241

Local Plumbing Inspector Signature: _____
Chief Plumbing Inspector

Owner/Applicant Statement.

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: Dennis Steiner Date: 1/13/92

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: K. Carroll Date Approved: 4/22/92

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
	1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING 3. <input type="checkbox"/> SINGLE FAMILY DWELLING 4. <input type="checkbox"/> MODULAR OR MOBILE HOME 5. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 6. <input type="checkbox"/> OTHER - SPECIFY _____	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>01987</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____		Water Heater
\$ Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
				Total Fixtures
				Fixture Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)
				\$ <u>6.50</u>



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date May 20, 1992, 19
 Receipt and Permit number 3604

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: 64 Blueberry Rd (2nd fl renovations)
 OWNER'S NAME: Regional Waste Systems ADDRESS: 64 Blueberry Rd

OUTLETS:	FEES
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>60</u>	<u>2.00</u>
FIXTURES: (number of)	
Incandescent _____ Flourescent <u>45</u> (not strip) TOTAL	<u>9.00</u>
Strip Flourescent _____ 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 _____	
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: _____
	TOTAL AMOUNT DUE: <u>21.00</u>

INSPECTION:
 Will be ready on _____, 19____; or Will Call XXX
 CONTRACTOR'S NAME: BH Milliken/Brian Milliken
 ADDRESS: 203 Anderson St
 TEL: 879-1877
 MASTER LICENSE NO.: 3604 SIGNATURE OF CONTRACTOR: Roberta Lopez for Brian Milliken
 LIMITED LICENSE NO.: _____

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

923693

Permit # 923693 City of Portland BUILDING PERMIT APPLICATION Fee \$560 Zone _____ Map # _____ Lot # _____

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

Owner: R W S Inc Phone # 773-6465
 Address: 64 Blueberry Rd; Ptld, ME 04101
 LOCATION OF CONSTRUCTION 64 Blueberry Rd.
 Contractor: C C B, Inc Sub.: 774-2626
 Address: 650 Main- So Ptld, ME Phone # 04106
 Est. Construction Cost: 108,200 Proposed Use: waste facility
 Past Use: waste facil.
 # 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: Interior renovations - 2nd fl locker rooms
& lunch area

For Official Use Only
 Date: 4/29/92 Subdivision: MAY 22 1992
 Inside Fire Limits _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost: 108,200
 Name _____
 City of PORTLAND
 Private _____

Zoning: _____
 Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain): WDA 4-30-92

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: _____
 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: _____ Spacing _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____
Roof:
 1. Truss or Rafter Size _____ Span _____ Action: approved
 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 E. Chase
 Signature of Applicant: Peter Whitmore III Date 4-29-92
 Signature of Official: Peter Whitmore III
 CEO's District _____

PERMIT ISSUED WITH LETTER

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO 4 MR. CARROLL

White - Tax Assessor



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date January 30, 1992, 19
 Receipt and Permit number 2201

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: 64 Blueberry Rd Bailer Building Project
 OWNER'S NAME: Regional Waste ADDRESS: 64 Blueberry Rd

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of) HPS = high pressure sodium <u>114</u>	
Incandescent _____ Flourescent _____ (not strip) TOTAL _____	22.80
Strip Flourescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground <input checked="" type="checkbox"/> Temporary _____ TOTAL amperes <u>2000</u>	15.00
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over <u>9</u> _____	18.00
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 <u>9</u> _____	36.00
Transformers <u>112</u> _____	8.00
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 <input checked="" type="checkbox"/> _____	15.00
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under <u>4</u> _____	8.00
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery <input checked="" type="checkbox"/> _____	1.00
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: 123.80

INSPECTION:
 Will be ready on VIEW, 19; or Will Call 874-8300 X8700 Sven
CONTRACTOR'S NAME: Mountain West Electric Co. Inc.
ADDRESS: RR 2 Box 240 Lewiston, ME
TEL.: 782-2350
MASTER LICENSE NO.: 2201 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

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

924352

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$895 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Regional Wst. Systems Inc. Phone # 773-6465
Address: 64 Blueberry Rd. Portland, ME 04104
LOCATION OF CONSTRUCTION 64 Blueberry Rd. 1st fl.
Contractor: Self Sub: _____
Address: _____ Phone # _____
Est. Construction Cost: 175,000 Proposed Use: Training
Past Use: same plus lockers
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: reconfigure training facility

For Official Use Only
Date: Nov 17, 1992 Subdivision: _____
Name: NOV 20 1992
Inside Fire Limits _____
Bldg Code _____
Time Limit _____
Estimated Cost: \$175,000
Ownership: _____
City of Portland

Foundation: interior renovations
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. Ceiling 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 _____

PERMIT ISSUED WITH LETTER

White - Tax Assessor

Ceiling:
1. Ceiling Joists Size: _____ Spacing _____ Not in District nor Landmark.
2. Ceiling Strapping Size _____
3. Type Ceiling: _____ 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: 11-18-92
Signature: _____

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: _____ Square Footage _____
3. Must conform to National Pool Code and State Code _____

Permit Received By _____
Signature of Applicant _____ Date: 11/17/92

CEO's District D Thomas Church

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO [Signature]

HISTORIC PRESERVATION

PERMIT ISSUED WITH LETTER

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP 001502

OCT 17 1986

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION PORTLAND, MAINE ... Oct. 16, 1986

City Of Portland

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 64 Blueberry Road

1 Owner's name and address Regional Waste - 64 Blueberry Rd Fire District #1 #2

2 Lessee's name and address Telephone

3 Contractor's name and address Weyher/Livsey - 80 Blueberry Road Telephone 775-5072

Proposed use of building waste No of sheets

Past use same No families

Material No stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 96,000. Appeal Fees \$

FIELD INSPECTOR Mr. @ 775-5451 Base Fee 500.00

Late Fee

TOTAL \$

To build concrete foundations for the turbine and administration building as per plans

Stamp of Special Conditions

send permit to # 3 04102

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

Is connection to be made to public sewer? Yes 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 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 MISC. ELI ANE OUS

BUILDING INSPECTION PLAN EXAMINER Will work require disturbing of any tree on a public street?

ZONING Will the be in charge of the above work a person competent

BUILDING CODE to see that the State and City requirements pertaining thereto

Fire Dept. are observed?

Health Dept.

Others

Signature of Applicant Dennis Dinger Phone # same

Type Name of above Dennis Dinger for 1 2 3 4

Weyher/Livsey Other and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

MA. Carroll