



Permitting and Inspections Department  
Michael A. Russell, MS, Director

**SCRAP METAL RECYCLING FACILITIES PERMIT APPLICATION**  
CHAPTER 31, PORTLAND CITY CODE §31-1 et. seq.

Please check one: (Corporation/ LLC/ Non-profit org.  ) (Sole Proprietor  ) (Partnership  )

Property Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_ Zip \_\_\_\_\_

**\*If the property is owned by more than one entity please supplement above information on an additional sheet of paper.**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location Address: \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Manager of Business \_\_\_\_\_ Home Phone # \_\_\_\_\_

Does the issuance of this license benefit any City employee?  Yes  No

If yes, please list name(s) of employee(s) and City Department(s):

\_\_\_\_\_

Have applicant, partners, associates, or corporate officers ever been arrested, indicted, convicted or court martialled for any violation of law?  If yes, please explain:

\_\_\_\_\_

Have any of the applicants, including the corporation if applicable, ever held a business license with the City of Portland?  Yes  No. If yes, please list business name(s) and location(s):

\_\_\_\_\_

Is any principal officer under the age of 18?  Yes  No

Please list items or general type of items for sale, if any: \_\_\_\_\_



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**SOLE PROPRIETOR / PARTNERSHIP INFORMATION:** (if corporation, leave blank)

Name of Owner(s): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Residence Zip Code \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Residence Zip Code \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Residence Zip Code \_\_\_\_\_

**CORPORATE / LLC / NON-PROFIT ORGANIZATION APPLICANTS:** (if sole proprietor, leave blank)

Corporation Name: \_\_\_\_\_

Corporation Mailing Address: \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PRINCIPAL OFFICERS:** (if more space is needed, please attach a separate page)

Name \_\_\_\_\_ Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Residence Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Residence Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Residence Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

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Name \_\_\_\_\_ Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Residence Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Residence Zip Code \_\_\_\_\_



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Please provide the following information and check all items for which information has been submitted. **20 COPIES MUST BE SUBMITTED WITH THIS APPLICATION FOR DISTRIBUTION TO CITY DEPARTMENTS. Incomplete packets will not be accepted.**

- \_\_\_ The maximum storage height of any piles of metal or other material.
- \_\_\_ A map of the location of any areas on the site used for processing, preparing or storage of materials.
- \_\_\_ A map of the location of any sand and/or gravel aquifer and/or any sand and gravel aquifer recharge area as described on the Maine Geological Survey significant aquifer map for the Portland West Quadrangle (GSM Map No. 99-11) or as mapped by a State of Maine certified geologist or other competent professional.
- \_\_\_ A map of the location of any residences, schools, public parks, public playgrounds, public bathing beaches, churches, or cemeteries within 500 feet of the area where metal and/or materials will be stored or processed.
- \_\_\_ A map of the boundaries of the 100-year floodplain.
- \_\_\_ A map of any sand or gravel aquifer on or adjacent to the site as mapped by the Maine Geological Survey or by a licensed geologist.
- \_\_\_ A map of any waterbody, watercourse or wetland on or within 300 feet of the site.
- \_\_\_ A site plan that complies with chapter 14, section 525(b) as files for approval by the Portland Planning Department/Board.  
\*\*Please note date of site plan submission at Planning Office, 4<sup>th</sup> floor, City Hall: \_\_\_\_\_, 200\_\_
- \_\_\_ Results and data from on-site and off-site soil sampling and testing, which testing complies with the Rules attached hereto.
- \_\_\_ Results and data from on-site and off-site groundwater sampling and testing, which testing complies with the Rules attached hereto.
- \_\_\_ A depiction of any and all screening of the site.



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\_\_\_ Other information.

- \_\_\_ 1. The types of metal processed on the site.
- \_\_\_ 2. The types of waste handled and the average volume per year per material.
- \_\_\_ 3. A description of the protocol for handling waste and the destination to which that waste is sent.
- \_\_\_ 4. An operations manual as described in chapter 402 of the Maine Department of Environmental Protection regulations.
- \_\_\_ 5. Operational records as described in chapter 402 of the Maine Department of Environmental Protection regulations.
- \_\_\_ 6. An annual report as described in chapter 402 of the Maine Department of Environmental Protection regulations.

Renewal Application

\_\_\_ **If this is a renewal application, please provide evidence of annual testing completed according to the Rules attached to this application.**

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises, or otherwise owed to the City by the Applicant, will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby waive any rights to privacy with respect thereto.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Planning \_\_\_\_\_

PPD \_\_\_\_\_

Zone \_\_\_\_\_

Taxes \_\_\_\_\_

Fire \_\_\_\_\_

License fee \$515 plus costs

Application fee \$35 new \$25 renewal

Total Due \_\_\_\_\_

License Expires 9/30/\_\_\_\_