



CITY OF PORTLAND
Permitting and Inspections Department
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 _____ Date of Birth _____
Residence Zip Code _____

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, 4th 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.
- ___ *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.



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____ 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 _____		License fee \$541 plus costs
PPD _____		Application fee \$45 new \$35 renewal
Zone _____		Total Due _____
Taxes _____		License Expires 9/30/ _____
Fire _____		