

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that SPRINKLER SYSTEMS INC.
of PO Box 1285, Lewiston, ME 04248

For installation at 39 FOREST AVE
Maine Medical Center

Joh ID: 2011-09-2160-FAFS

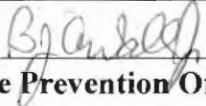
CBL: 037-A-012-001

has permission to renovate tenant sprinkler system

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be


Fire Prevention Officer

58

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

BUILDING PERMIT INSPECTION PROCEDURES

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or email: buildinginspections@portlandmaine.gov



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-09-2160-FAFS
Renovate tenant sprinkler system

For installation at:
39 FOREST AVE
Maine Medical Center

CBL: 037- A-012-001

Conditions of Approval:

Fire

The sprinkler system shall be installed in accordance with NFPA 13. A letter of compliance is required.

Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.

The Fire Department will require Knox locking caps on all Fire Department Connections on the exterior of the building.

System acceptance and commissioning must be coordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.

Installation of a sprinkler or fire alarm system requires a Knox Box to be installed per city ordinance.

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

Job No: 2011-09-2160-FAFS	Date Applied: 9/16/2011 ✓	CBL: 037 - - A - 012 - 001 - - - - -	
Location of Construction: 39 FOREST AVENUE	Owner Name: 39 LLC	Owner Address: 100 SILVER ST PORTLAND, ME 04101	Phone:
Business Name: Maine Med.	Contractor Name: Scott@ Sprinkler Systems LLC	Contractor Address: PO Box 1285, Lewiston, ME 04248-1285	Phone: 782-0104
Lessee/Buyer's Name:	Phone:	Permit Type: FAFS	Zone: B-3c
Past Use: Offices	Proposed Use: Same: Offices -- to install a fire suppression system	Cost of Work: \$2000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: Type:
		Signature: <i>[Signature]</i> (SR)	Signature:
Proposed Project Description: water based fire suppression system		Pedestrian Activities District (P.A.D.)	

Permit Taken By: Gayle	Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>[Signature]</i> 9/16/11	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input checked="" type="checkbox"/> Not in Dist or Landmark <input type="checkbox"/> Does not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</i>

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

2011 092160



Water-Based Fire Suppression System Permit

B-3C

If you or the property owner owes real estate or property taxes or user charges on any property within the city, payment arrangements must be made before permits of any kind are accepted.

Installation address: 39 Forest Avenue CBL: 037 A012

Exact location: (within structure) MMC - Lower Level Offices

Type of occupancy(s) (NFPA & ICC): NFPA #13 - Offices, Light Hazard

Building owner: _____

Managing Supervisor (RMS): Scott E. Garland License No: 278

Supervisor phone: 207-775-1521 E-mail: scottssi@maine.rr.com

Installing contractor: Sprinkler Systems Inc. License No: 093

Contractor phone: 207-782-0104 E-mail: _____

The suppression work to be done will be: New: Renovation: Addition to existing system:

This is an amendment to an existing permit: Yes: NO Permit no: _____

NFPA Standard this system is designed to: NFPA #13 Edition: 2007

*Non-NFPA systems are not approved for use within the City of Portland.

Download a new copy of this document from www.portlandmaine.gov/fire for every submittal. Attach all working documents and complete approved submittals as may be required by the State Fire Marshal's Office on electronic PDF's in addition to full sized plans.

Contractor shall verify location and type of all FDCs shall be approved in writing by the Fire Prevention Bureau.

Submit all information to the Building Inspections Department, 389 Congress Street, Room 315, Portland, Maine 04101.

Prior to acceptance of any fire protection system, a complete commissioning and acceptance test must be coordinated with all fire system contractors and the Fire Department, and proper documentation of such test(s) provided.

All installation(s) must comply with NFPA and the Fire Department Technical Standard(s).

COST OF WORK: <u>\$2,000.00</u>
PERMIT FEE: <u>\$40.00</u>
(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)
RECEIVED
SEP - 2 2011
Dept. of Building Inspections City of Portland Maine

Applicant signature: [Signature] Date: 8-29-2011

Sprinkler Systems, Inc.

P.O. Box 1285

Lewiston, ME 04243-1285

Letter of Transmittal

DATE 8-30-11	JOB # 110026
ATTENTION: Code Enforcement	
RE: MMC Lower Level Offices 39 Forest Ave Portland, ME	

TO: City of Portland
Code Enforcement
RM 315 City Hall
Portland, ME

WE ARE SENDING YOU:

Attached Under separate cover via _____ the following items:

- Shop drawings
 Prints
 Plans
 Samples
 Specifications
 Waiver or Liens
 Copy of letter
 Change order
 Signed Contracts
 APPL. PERMIT CHECK, ETC.

COPIES	DATE	NO.	DESCRIPTION
1c	8-5-11	-	SPRINKLER SHOP DRAWING 11 X 17
1c	-	-	PORTLAND SPRINKLER PERMIT APPL.
1c	8-23-11	27116	*40 PERMIT CHECK
1c	8-23-11	9631	STATE OF MAINE SPRINKLER PERMIT
1c	8-12-11	-	SPRINKLER SYSTEM DESCRIPTION LETTER FOR SFMO
1c	-	-	PLWD Flow Test Map

THESE ARE TRANSMITTED as checked below:

- For your approval
 Approved as submitted
 Resubmit _____ copies for approval
 For your use
 Approved as noted
 Submit _____ copies for distribution

REMARKS:

PLEASE FORWARD INFO TO PORTLAND FIRE DEPT. PLEASE RETURN 1 PORTLAND SPRINKLER PERMIT.

THANK YOU,
SCOTT E. GALLAGHER, SPS, RMS

SIGNED: _____

PROS. REG.



State of Maine
Department of Public Safety
Fire Sprinkler System Permit



9631

MMC Lower Level Offices

Located at: 39 Forest Ave
 In the Town of: Portland
 Occupancy/Use: Offices
 Type of System: NFPA 13

Permission is hereby given to:

Sprinkler Systems, Inc.
 PO Box 1285
 Lewiston, ME 042431285
 Contractor License # **93**

to begin installation according to plans submittal approved by the Office of State Fire Marshal. The submittal is filed under log # **2111295**, and no departure from the application submittal shall be made without prior approval in writing. This permit is issued under the provisions of Title 32, Chapter 20, Section 12004-I. Nothing herein shall excuse the holder of this permit from failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. This permit shall be displayed at the construction site or be made readily available.

This permit was issued on **8/23/2011** for a fee paid of **\$100.00**

*This permit will expire at midnight on **Sunday, February 19, 2012***

The expiration date applies only if the installation has not begun by that date and no permission has been granted to extend the date. Once installation begins, then the permit is valid for however long it takes to complete the installation, assuming that the work is fairly continuous.

John E. Morris
 Commissioner

The type of Fire Department Connection and its location is to be according to the Local Fire Department

Within 30 days of the completion of a new fire sprinkler system or an addition to an existing fire sprinkler system, a fire sprinkler system contractor shall provide to the Office of State Fire Marshal a copy of this permit signed and dated by the certified Responsible Managing Supervisor representing that the fire sprinkler system has been installed according to specifications of the approved plan to the best of the supervisor's knowledge, information, and belief. This requirement is part of the sprinkler law, and neglect of this duty is grounds to not renew the contractor's license to do work in the State of Maine. All renewed sprinkler licenses are good for two years and expire on a June 30th.

Job completed, tested and verified by date of _____

RMS for this job: Garland Scott E.

RMS Signature: _____

Sprinkler Systems, Inc.

P.O. Box 1285

Lewiston, Maine 04243-1285

Ph. (207) 782-0104 Fax (207) 783-4865

Fire Protection Professionals Since 1973

☆Portland Office☆

Phone (207) 775-1521 Fax (207) 879-1387

Maine State Fire Marshal's Office

Attn: Eric J. Ellis

8-12-2011

Re: MMC Lower Level Offices

39 Forest Avenue

Portland, Maine

Eric,

I recently visited the MMC Lower Level Offices, 39 Forest Avenue, Portland, Maine. Originally this section of the building where the owner plans to do their renovations was part of another office space tenant, which was predominantly a Light Hazard occupancy. This area is protected by a wet, pipe schedule, tree sprinkler system consisting of feed mains ranging in size from 2" to 6", feeding branch lines 2" and smaller. The existing piping layout will remain intact. There will be 14 existing sprinklers relocated to meet new ceiling and partition layouts. There will be 12 new pieces of 1" piping installed to replace existing ¾" piping. This system is fed by city water. There will be 45 new Quick Response 155 Degree sprinkler heads installed in the space, replacing existing sprinkler heads that are over 50 years old. This new area that is being created will be office spaces, which will be rated at a Light Hazard occupancy.

Sincerely,

Scott E. Garland, SET, RMS
System Designer

00188

Date: 1986-07-10
 Static PSI: 89
 Residual PSI: 0
 Test Flow (GPM): 1342
 Flow Hydrant: POD-HYD00347
 Flow at 20 PSI (GPM): 0

Flow Hydrant:
 Flow at 20 PSI (GPM):

Date: 1986-07-07
 Static PSI: 59
 Residual PSI: 0
 Test Flow (GPM): 963
 Flow Hydrant: POD-HYD00465
 Flow at 20 PSI (GPM): 0

POD-HYD00125 (WS001423)
 Date: 1989-11-02
 Static PSI: 63
 Residual PSI: 0
 Test Flow (GPM): 903
 Flow Hydrant: POD-HYD00125
 Flow at 20 PSI (GPM): 0

SITE

POD-HYD00309 (WS004529)
 Date: 2010-05-07
 Static PSI: 65
 Residual PSI: 0
 Test Flow (GPM): 1186
 Flow Hydrant: POD-HYD00309
 Flow at 20 PSI (GPM): 0

POD-HYD00308 (WS00480)
 Date: 2010-05-07
 Static PSI: 66
 Residual PSI: 62
 Test Flow (GPM): 1186
 Flow Hydrant: POD-HYD00308
 Flow at 20 PSI (GPM): 443

Date: 1991-07-03
 Static PSI: 62
 Residual PSI: 0
 Test Flow (GPM): 1000
 Flow Hydrant: POD-HYD00309
 Flow at 20 PSI (GPM): 0

Date: 1991-07-03
 Static PSI: 58
 Residual PSI: 0
 Test Flow (GPM): 919
 Flow Hydrant: POD-HYD00308
 Flow at 20 PSI (GPM): 0

Date: 1986-07-03
 Static PSI: 57
 Residual PSI: 0
 Test Flow (GPM): 1100
 Flow Hydrant: POD-HYD00309
 Flow at 20 PSI (GPM): 0

Date: 1986-07-03
 Static PSI: 58
 Residual PSI: 0
 Test Flow (GPM): 1034
 Flow Hydrant: POD-HYD00308
 Flow at 20 PSI (GPM): 0

POD-HYD00187 (WS000837)
 Date: 2005-05-19
 Static PSI: 76
 Residual PSI: 74
 Test Flow (GPM): 2598
 Flow Hydrant: POD-HYD00187
 Flow at 20 PSI (GPM): 15707

Two Hydrant Test

Date: 2005-05-19
 Static PSI: 76
 Residual PSI: 74
 Test Flow (GPM): 2598
 Flow Hydrant: POD-HYD00188
 Flow at 20 PSI (GPM): 15707

Date: 1991-06-27
 Static PSI: 61
 Residual PSI: 0
 Test Flow (GPM): 1138
 Flow Hydrant: POD-HYD00187
 Flow at 20 PSI (GPM): 0

Date: 1986-07-01
 Static PSI: 62
 Residual PSI: 0
 Test Flow (GPM): 1150
 Flow Hydrant: POD-HYD00187
 Flow at 20 PSI (GPM): 0

POD-HYD00186 (WS001126)
 Date: 1991-08-21
 Static PSI: 65
 Residual PSI: 0
 Test Flow (GPM): 1255
 Flow Hydrant: POD-HYD00186
 Flow at 20 PSI (GPM): 0

Date: 1986-07-01
 Static PSI: 57
 Residual PSI: 0
 Test Flow (GPM): 1061
 Flow Hydrant: POD-HYD00186
 Flow at 20 PSI (GPM): 0

Date: 1986-01-07
 Static PSI: 57
 Residual PSI: 0
 Test Flow (GPM): 1061
 Flow Hydrant: POD-HYD00186
 Flow at 20 PSI (GPM): 0

POD-HYD00146 (WS001218)
 Date: 1991-06-27
 Static PSI: 53
 Residual PSI: 0
 Test Flow (GPM): 919
 Flow Hydrant: POD-HYD00146
 Flow at 20 PSI (GPM): 0

Date: 1986-07-08
 Static PSI: 56
 Residual PSI: 0
 Test Flow (GPM): 963
 Flow Hydrant: POD-HYD00146
 Flow at 20 PSI (GPM): 0

POD-HYD00185 (WS000695)
 Date: 1991-07-03
 Static PSI: 56
 Residual PSI: 0
 Test Flow (GPM): 1150
 Flow Hydrant: POD-HYD00185
 Flow at 20 PSI (GPM): 0

Date: 1986-07-01
 Static PSI: 52
 Residual PSI: 0
 Test Flow (GPM): 1113
 Flow Hydrant: POD-HYD00185
 Flow at 20 PSI (GPM): 0

POD-HYD00225 (WS000501)
 Date: 1991-07-03
 Static PSI: 55
 Residual PSI: 0
 Test Flow (GPM): 1011

POD-HYD00087 (WS001552)
 Date: 1995-08-04
 Static PSI: 66
 Residual PSI: 0
 Test Flow (GPM): 1288
 Flow Hydrant: POD-HYD00087

