Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read

Application And Notes, If Any, Attached	PERMIT	Permit Number: 091182
		Territor (difference)
This is to certify thatMAINE COLLEGE	OF ART / tern Fire Co., Inc.	
has permission to install Fire Suppress	sion System	
AT _522 CONGRESS ST	CF03°	7_H006001
of the provisions of the Statute	es of Marie and of the Company of spling and use of buildings and structures	of the City of Portland regulating
Apply to Public Works for street line and grade if nature of work requires such information.	Notication of ispectic must be give and writte permissic procured before this but and or procured is lather or other section. 2. HOL NOTICE IS REQUIRED.	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER REQUIRED APPROVALS Fire Dept. AND Sautes Health Dept.		1
Appeal Board		
Other Department Name		Director - Building & Inspection Services
	PENALTY FOR REMOVING THIS CAI	RD \

PERMIT ISSUED

OCT 2 7 2009 City of Portland

City	y of Portland, Main	e - Buil	lding or Use	Permi	t Application	ı Po	ermit No:	Issue Date	:		CBL:	
389	Congress Street, 0410	1 Tel: ((207) 874-8703	, Fax:	(207) 874-871	6 _	09-1182				037 H	006001
Location of Construction: Owner Name:				Owner Address:			Phone:					
522	CONGRESS ST	GRESS ST MAINE COL			OF ART	522	CONGRESS	ST				
		Contractor Name	:		Cont	ractor Address:				Phone		
		Eastern Fire P	rotectio	n Co., Inc.	170	Kittyhawk Av	e., PO Box	k Aubui	rn	2077841507		
Lesse	ee/Buyer's Name		Phone:			Perm	nit Type:		_		L	Zone:
					Fir	e Suppression	System				B-3	
Past	Use:		Proposed Use:			Permit Fee: Cost of Work: C			CEC	O District:	-	
			ge of Art" - install Fire system			\$60.00	\$3.50	00.00		1		
					FIRE DEPT: Approved INSPEC			CTIO	ON:			
						ļ	<u> </u>		Use G	roup:	ノ	Type:
								Denied	_ ا	_ ,	1	,, , , , , , , , , , , , , , , , , , ,
						*	See Con	di Tivik	12	100	[sprink	lejev Sys 1
Prop	osed Project Description:			_		'		St . 1010	1 0	′		1
inst	all Fire Suppression Syst	em				Signa	ature: K6	·)	Signati	ure:	X	
						_	ESTRIAN ACTI	VITIES DIS	TRICT (P.A.I		
						Actio	on: Approv	red	proved w	//Con	ditions	Denied
						Sign	ature:			Dat	te:	
Perm	nit Taken By:	Date A	pplied For:	Γ		0.8		Approva	 al			
Ld	obson	10/18	8/2009				2011119	7-PP-01.	~~			
1.	This permit application	does not	nreclude the	Spe	cial Zone or Revie	ws	Zonir	ng Appeal		Ī	Historic Pre	servation
1.	Applicant(s) from meeti Federal Rules.		•	Shoreland Varia		☐ Variance	:		ソン Not in District or Land		ict or Landma	
2.	Building permits do not septic or electrical work		plumbing,	☐ Wetland		☐ Miscella	fiscellaneous			Does Not Ro	equire Review	
3.	Building permits are voi within six (6) months of	id if worl		☐ FI	ood Zone	Conditional Use			Requires Review			
	False information may in permit and stop all work	nvalidate		☐ Su	ıbdivision		_ Interpret	ation			Approved	
				☐ Si	te Plan		Approve	d			Approved w	/Conditions
				Maj [Minor, MM		_ Denied				Denied	
				Or.	ulcordation s					Λ	ny cykr	in-warle
				Date:	10/27/09 /	BU	Date:		E	Date: \	Lesty. Us.	a sepaniu
										(thu }	approxi approxi disposi
											Preserv	አ እማ
				(CERTIFICATI	ON						
I her	reby certify that I am the	owner of	record of the na	med pr	operty, or that th	ne pro	posed work is	authorized	by the	owi	ner of reco	ord and that
	ve been authorized by the											
	diction. In addition, if a											
	I have the authority to ent	ter all are	eas covered by si	ıch peri	nit at any reasoi	nable	nour to entorc					pplicable to
Suci	permit.							PEF	1VII	l	1226	ノロ
SIG	NATURE OF APPLICANT			-	ADDRES	 S		DATE			7 100PH	ONE
2101				ADDICESS		1	OCT	2	7 200 ⁹⁴⁰			
								(*) (*)				Syar
RES	PONSIBLE PERSON IN CHA	RGE OF V	VORK, TITLE					DATE	City	of P	ortland	ONE

City of Portland, N	Iaine - Build	ing of Ose Ferning	•	Permit No:	Date Applied For:	CRT:
389 Congress Street,	04101 Tel: (2	(207) 874-8703, Fax: (207) 874-871	09-1182	10/18/2009	037 H006001
Location of Construction:				Owner Address:	Phone:	
522 CONGRESS ST	T MAINE COLLEGE OF ART		522 CONGRESS S	ST		
Business Name:	S Name: Contractor Name:		Contractor Address:		Phone	
		Eastern Fire Protection	n Co., Inc.	170 Kittyhawk Ave	e., PO Box Auburn	(207) 784-1507
Lessee/Buyer's Name		Phone:		Permit Type:		
				Fire Suppression S	System	
Proposed Use:		<u> </u>	Propos	ed Project Description:		-
"Maine College of Art	' - install Fire S	uppression System	instal	Fire Suppression S	ystem	
			ĺ	• • • • • • • • • • • • • • • • • • • •	•	
B : 7 :	- C	1 110 111		<u> </u>		10/07/0000
Dept: Zoning	Status: A	pproved with Condition	s Reviewer	: Ann Machado	Approval D	
						Ok to Issue:
Note:						
	c requires a sepa	arate review and approv	al thru Historic	Preservation. This p	property is located w	vithin an Historic
 ANY exterior work District. This permit is being 		arate review and approv		•		
 ANY exterior work District. This permit is bein work. 	g approved on t	he basis of plans submi	tted. Any devia	tions shall require a	separate approval b	pefore starting that
 ANY exterior work District. This permit is being work. Dept: Building 		he basis of plans submi	tted. Any devia	•		Date: 10/30/2009
 ANY exterior work District. This permit is bein work. 	g approved on t	he basis of plans submi	tted. Any devia	tions shall require a	separate approval b	pefore starting that
 ANY exterior work District. This permit is being work. Dept: Building 	g approved on t Status: A	he basis of plans submi	Reviewer	tions shall require a	separate approval b	Date: 10/30/2009 Ok to Issue:
 ANY exterior work District. This permit is being work. Dept: Building Note: 	g approved on t Status: A	he basis of plans submi	Reviewer	tions shall require a Tammy Munson	separate approval b	Date: 10/30/2009 Ok to Issue:
 ANY exterior work District. This permit is being work. Dept: Building Note: Dept: Fire Note: Sprinkler protection 	Status: Ap Status: Ap shall be maints to be shut dow	pproved pproved with Condition ained.	Reviewer Reviewer	tions shall require a Tammy Munson Capt Keith Gautre	Approval D eau Approval D	Date: 10/27/2009 Ok to Issue: Ok
 ANY exterior work District. This permit is being work. Dept: Building Note: Dept: Fire Note: Sprinkler protection Where the system is system has been place. 	Status: April St	pproved pproved with Condition ained.	Reviewer Reviewer Reviewer	tions shall require a Tammy Munson Capt Keith Gautre	Approval D eau Approval D	Date: 10/27/2009 Ok to Issue: Ok
1) ANY exterior work District. 2) This permit is being work. Dept: Building Note: Dept: Fire Note: 1) Sprinkler protection Where the system is system has been placed. 2) The Fire alarm and Compliance letters	Status: Apon shall be maint s to be shut downaced back in ser Sprinkler syste are required.	pproved with Condition ained.	Reviewer Reviewer Reviewer epair, the syster y a licensed con	tions shall require a Tammy Munson Capt Keith Gautre	Approval D eau Approval D	Date: 10/27/2009 Ok to Issue: Ok

Comments:

10/27/2009-Ldobson: Came by mail didn't get to our office until the 24th of October

PERMIT ISSUED

OCT 2 7 2009

BUILDING PERMIT INSPECTION PROCEDURES

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

to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

X Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee Date

PERMIT ISSUED

Date

OCT 2 7 2009

Cay of Portland

CBL: 037 H006001 **Building Permit #:** 09-1182

Signature of Inspections Official



Fire Suppression System Permit

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.

523 (37-11-6
Installation address: 522 Congress 54 Exact location: (within structure) (Meca) Maine	CBL:
Exact location: (within structure) $(Meca)$ $Maine$	College at Arts
Type of occupancy(s) (NFPA & ICC):	
Building owner:	
Managing Supervisor:	_ License No:
Supervisor phone:	_ E-mail:
Installing contractor: Eastern Fire Protection	_ License No:
Contractor phone: 357 · 784 · 1567	E-mail: hutchinson Som Tennesstern, con
The suppression work to be done will be: New: Renova	
This is an amendment to an existing permit: Yes: NO	Permit no:
NFPA Standard will this system is designed to: NFCA 13	Edition:
*Non-NFPA systems are not approved for use within the City of Portland.	
Download a new copy of this document from Inspection Division on-line	COST OF WORK: \$ 3500.00
at <u>www.portlandmaine.gov</u> for every submittal. Attach all design	
Information and complete approved submittals as may be	
required by the State Fire Marshal's Office on 11X17 copies or	PERMIT FEE: # 55.00
electronic PDF's in <u>addition</u> to full sized plans.	(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)
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 Cong	ress Street, Room 315, Portland, Maine 04101.
Prior to acceptance of any fire protection system, a complete commiss	ioning and acceptance test must be coordinated with
all fire system contractors and the Fire Department, and proper docum	entation of such test(s) provided.
All installation(s) must comply with NFPA and the Fire Department T	echnical Standard(s).
	- IVE
Applicant signature: Jesse Hutchinsen	entation of such test(s) provided. Sechnical Standard(s). Date: 10-19-09 Dept Of Building Inspections
	of Paino
	outland Vibera
	vain one

EASTERN FIRE PROTECTION



☐ Shop drawings

☐ Copy of letter

QUANTITY DRAWING NO.

1

P.O. Box 1390 Kittyhawk Ave. Auburn, ME 04210

REMARKS____

COPY TO _____

TO_	Portle	~nd 1	30:12	inu I	<u> 1508c</u>	tion	Dept.	
	389			_				
	Porti	`•	_					
		1						

WE ARE SENDING YOU Attached

LETTER OF TRANSMITTAL

		tyhawk Ave. Irn, ME 04210	DATE 10 10 0 9 JOB NO. ATTENTION	4977
	PH#	(207) 784-1507 (207) 782-0566	RE: Maine College of 2009 RM 409 R	Arts
9 Cong	<u> </u>	st Rn 315		
SENDING op drawings	YOU [Descriptive data ☐ Hydra	arate cover via the	following items:
py of letter PRAWING NO.	DATE	Literature	SCRIPTION	STATUS
	10 14		p Drawings	<u>C</u>
		for	n: 1 App	
		Check	# 106401	
Status code		A. ApprovedB. Approved as notedC. Submitted for approval	D. Corrected & resubmitted E. For your files F. Refer to remarks	d
Please retur	n	copies each indicating your	approval and/or comments.	
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	_		"ICCE	IVED
			0c7 18	200
			City of Portland	
			- Orliand	Spections Maine
		SI	GNED	

If enclosures are not as noted, kindly notify us at once



PORTLAND FIRE DEPARTMENT Sprinkler Plan Review Request Form

CBL#:	Date:	
Fire Marshal's Permit No:	NA	
Address of Property where Alarm System will be Installed Property Owner Owner's Address	Maine College of Arts	Phone No: Fax No: Email:
	Eastern Fire Protection 176 Kith, hawk Auc. Auburn ME 04210	Phone: Fax No: Email:
Type of System: 13	13D13R1	Life Safety
System Design: Wet [Dry Pre-Action C	Deluge
Number and Location of Zone	J:	
System Monitoring:	Water Flow Tamp	er Low Air
Portland Fire Department.	wed and approved by the State Fire or exceed the requirements of NFPA	•
Sprinkler plans, including all applic	able hydraulic calculations, must be s	ubmitted 10 days prior to scheduled meeting
	Fire Department Use On	ly
Applicant:		Date:
Fire Chief:		Date:
FD HTE #:	<u>.</u>	