

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING & INSPECTION

PERMIT

PERMIT ISSUED
Permit Number 10323

NOV - 1 2010

This is to certify that MAINEHEALTH/High Tech Protect

has permission to install a Fire Suppression System

AT 110 FREE ST

CITY OF PORTLAND

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 buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or otherwise used-in. 2. HOUSING 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. CAPT. N. J. Sullivan

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

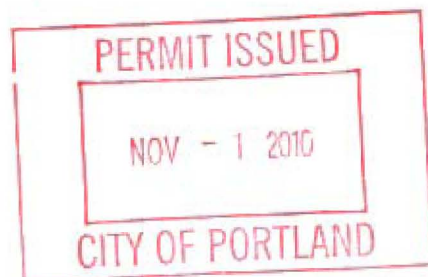
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 10-1323	Issue Date:	CBL: 039 C001001
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Location of Construction: 110 FREE ST	Owner Name: MAINEHEALTH	Owner Address: 465 CONGRESS ST STE 600	Phone:
Business Name:	Contractor Name: High Tech Fire Protection	Contractor Address: P.O. Box 156 Minot	Phone: 2079982551
Lessee/Buyer's Name	Phone:	Permit Type: Fire Suppression System	Zone: B-3

Past Use: Commercial - Maine Health	Proposed Use: Commercial - Maine Health - install a Fire Suppression System	Permit Fee: \$920.00	Cost of Work: \$90,000.00	CEO District: 1
Proposed Project Description: install a Fire Suppression System		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>*See Conditions</i>		
		INSPECTION: Use Group: <i>U</i> Type: <i>NFPA/IBC</i> Signature: <i>KG</i> Signature: <i>[Signature]</i>		
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied Signature: Date:		

Permit Taken By: Idobson	Date Applied For: 10/22/2010	Zoning Approval		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..		Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> OK Date: 10/22/10 <i>ABM</i>	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 District 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 <i>ABM</i> Date:



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



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

Received from Richard Davis Smith 10-22 20 10
Location of Work 110 Free St.

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 920

Building (IL) _____ Plumbing (IS) _____ Electrical (I2) _____ Site Plan (U2) _____

Other Fire _____

CBL: 35-C-1

Check #: _____ Total Collected \$ 920

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: L. J. D.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

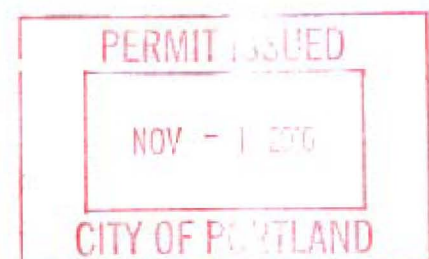
With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to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

 X Final inspection required at completion of work performed by the Fire Department.

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





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.

PDF
entered
✓

Installation address: 110 Free Street CBL: _____
Exact location: (within structure) Complete Building
Type of occupancy(s) (NFPA & ICC): Medical office ^{NFPA 13} Light hazard + Ordinary hazard group 1
Building owner: Maine Health
Managing Supervisor: Ed Poulin License No: Nicet # 108534 / ME RMS # 515
Supervisor phone: 207-998-2551 E-mail: epoulin@fairpoint.net
Installing contractor: High Tech Fire Protection License No: 102
Contractor phone: 207-998-2551 E-mail: HTFP@fairpoint.net
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: 9228
NFPA Standard will this system is designed to: 13 Edition: 2007

*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 at www.portlandmaine.gov 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 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: \$90,000.00

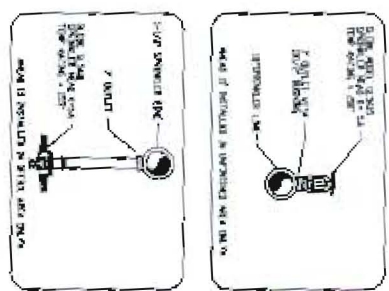
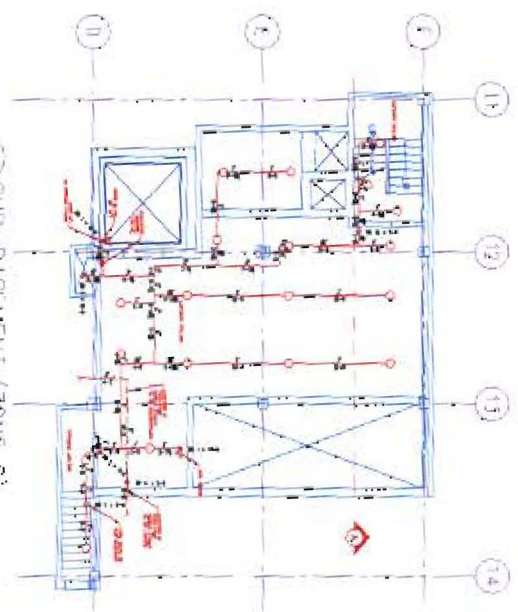
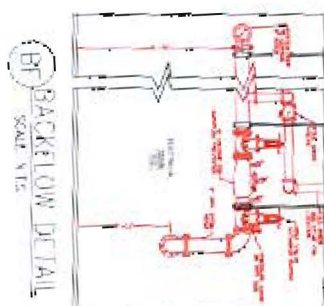
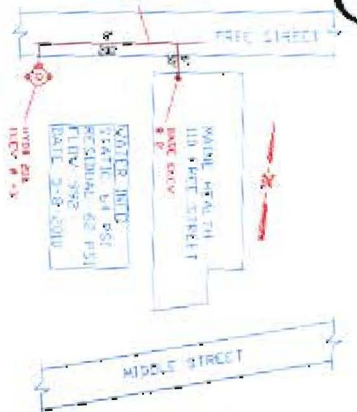
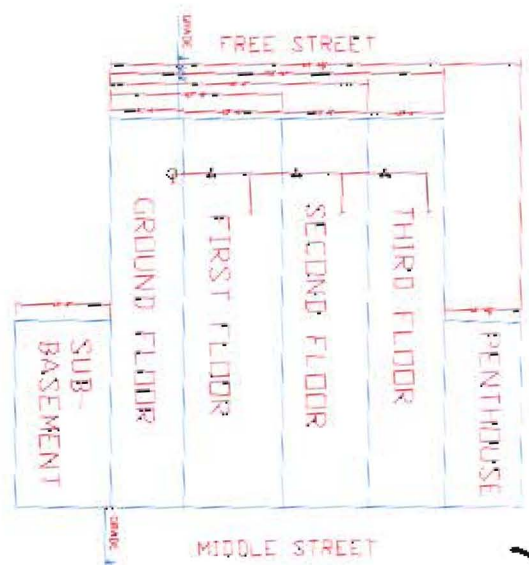
PERMIT FEE: \$920

(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)

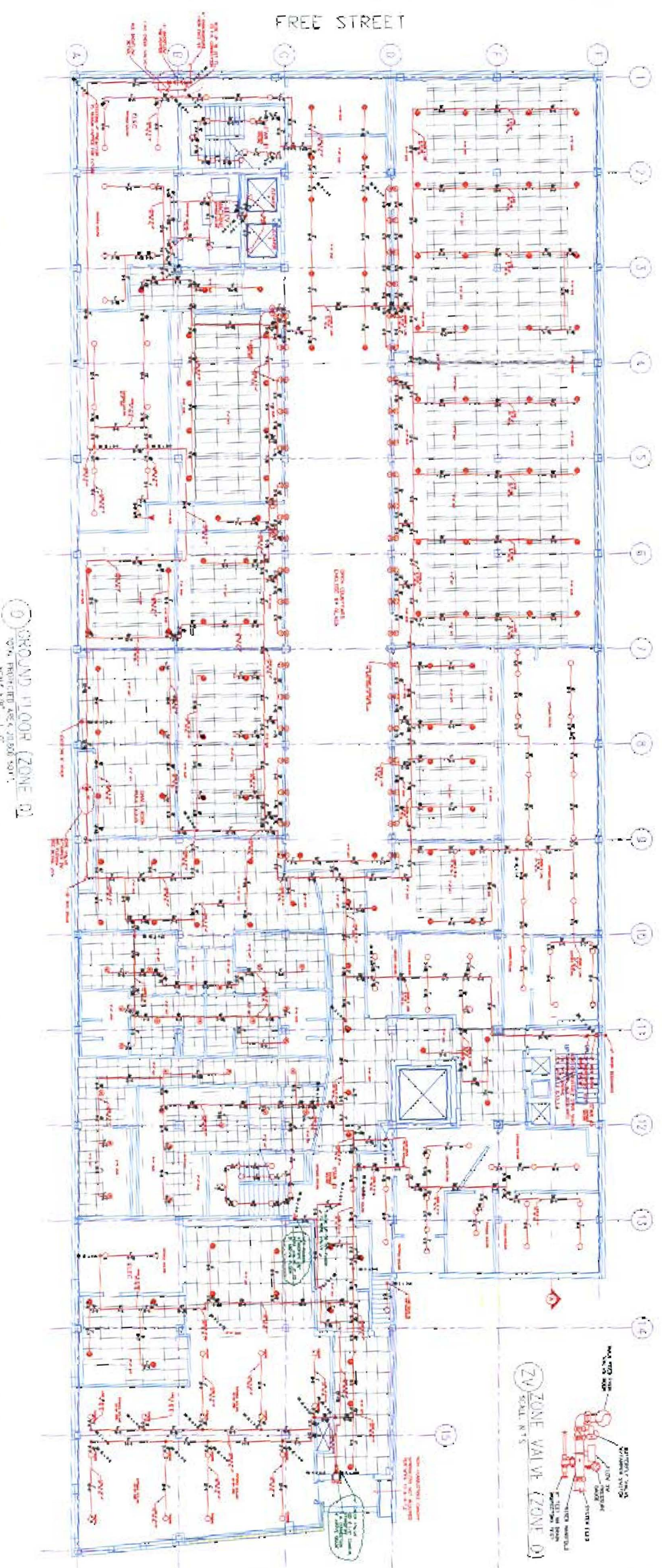
Applicant signature: Edward M Poulin

Date: 9-16-10

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E-mail
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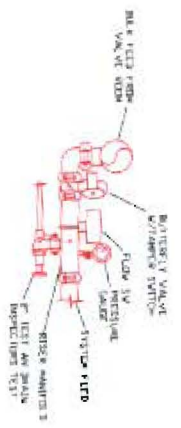


PRODUCT DESCRIPTION

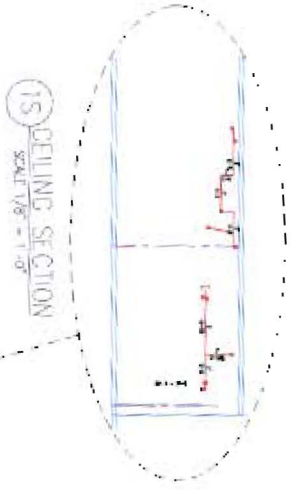
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ZONE VALVE (ZONE D)
SCALE: N.T.S.

GROUND FLOOR (ZONE D)



ZONE VALVE (ZONE 1)
SCALE: N.T.S.



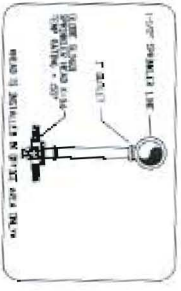
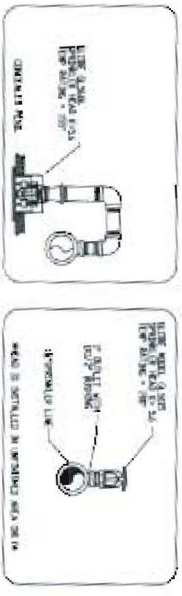
CEILING SECTION
SCALE: 1/8\"/>



SITE PLAN
SCALE: N.T.S.

PROJECT DESCRIPTION

BUILDING CONSTRAINTS:
THE BUILDING IS A 10-STORY, WITH A SUB-BASMENT, CONSTRUCTED OF CONCRETE AND STEEL TRUSSING. FIREPROOFING IS PROVIDED FOR ALL EXTERIOR WALLS AND ROOFS.
BUILDING OCCUPANCY:
THE BUILDING HAS MULTIPLE TENSORS FOR OFFICES, RETAIL, AND RESIDENTIAL USE.
SPRINKLER SYSTEM DESIGN:
THE SYSTEM IS A WET SPRINKLER SYSTEM FOR THE COMPLETE BUILDING. THE SYSTEM IS DESIGNED TO PROTECT THE BUILDING FROM FIRE AND TO PROVIDE A MEANS OF EGRESS FOR ALL OCCUPANTS.
DESIGN ASSUMPTIONS:
1. THE SYSTEM IS DESIGNED TO PROTECT THE BUILDING FROM FIRE AND TO PROVIDE A MEANS OF EGRESS FOR ALL OCCUPANTS.
2. THE SYSTEM IS DESIGNED TO PROTECT THE BUILDING FROM FIRE AND TO PROVIDE A MEANS OF EGRESS FOR ALL OCCUPANTS.
3. THE SYSTEM IS DESIGNED TO PROTECT THE BUILDING FROM FIRE AND TO PROVIDE A MEANS OF EGRESS FOR ALL OCCUPANTS.



FIRST FLOOR (ZONE 1)
SCALE: 1/8\"/>

HIGH TECH	FIRE PROTECTION	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02	F.P. 02
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PROJECT DESCRIPTION

BUILDING CONSTRUCTION:
 THE BUILDING IS A 1-LEVEL, WITH A SUB-BASMENT, CONSTRUCTED OF CONCRETE AND STEEL FRAMED, FIRE RESISTANT, AND OF ROOFING CONSTRUCTION. THE BUILDING IS A 1-LEVEL, WITH A SUB-BASMENT, CONSTRUCTED OF CONCRETE AND STEEL FRAMED, FIRE RESISTANT, AND OF ROOFING CONSTRUCTION.

BUILDING OCCUPANCY:
 THE BUILDING IS A 1-LEVEL, WITH A SUB-BASMENT, CONSTRUCTED OF CONCRETE AND STEEL FRAMED, FIRE RESISTANT, AND OF ROOFING CONSTRUCTION.

SPECIALTY SYSTEM DESIGN:
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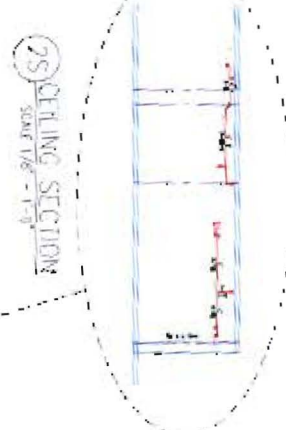
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HIGH TECH FIRE PROTECTION

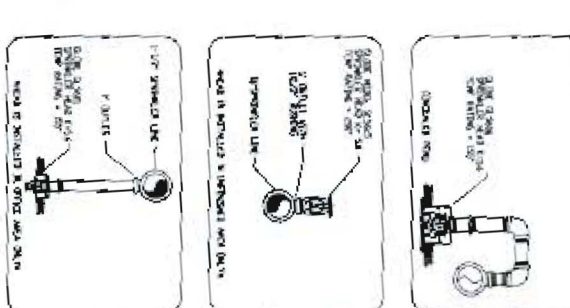
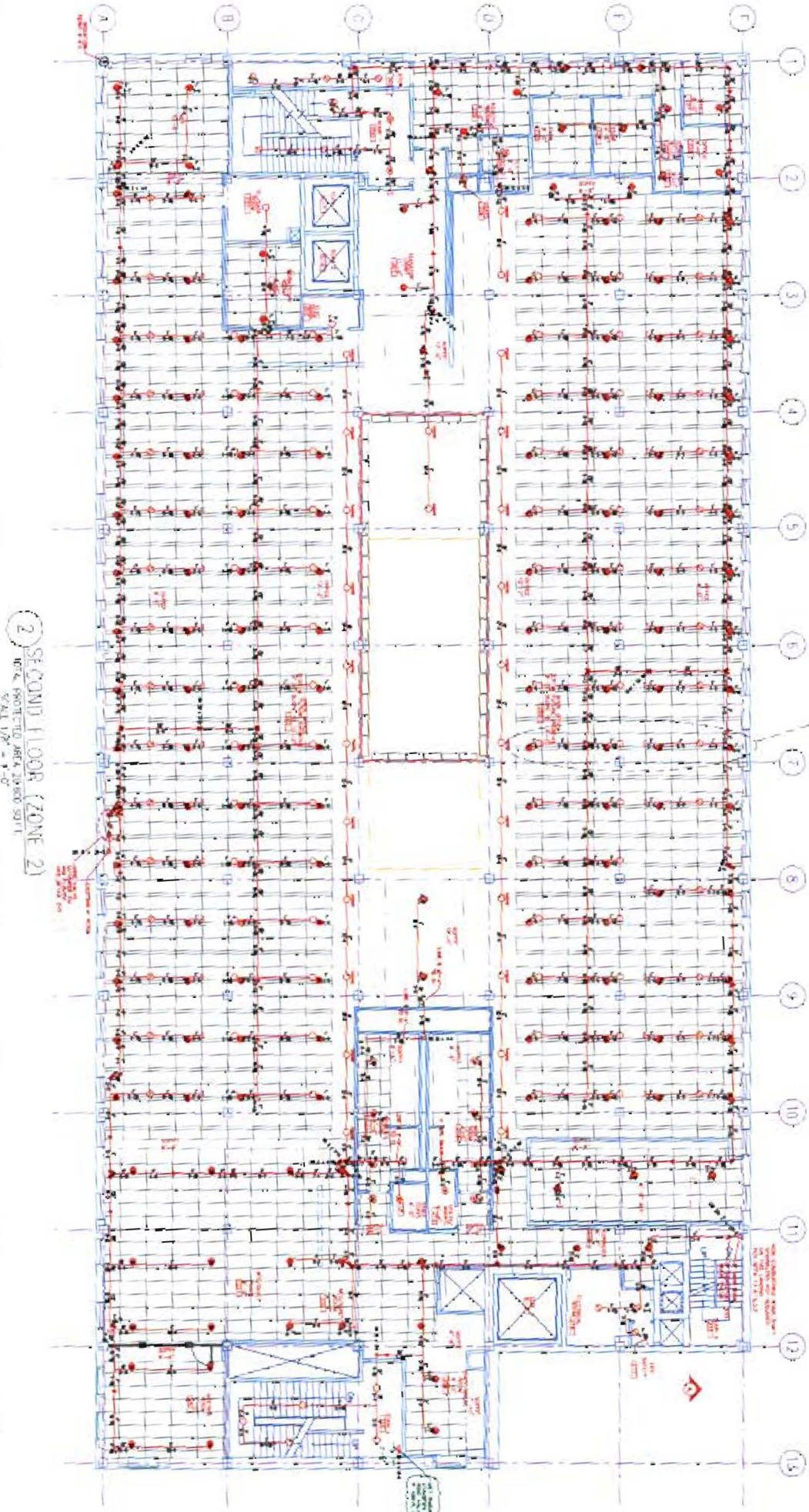
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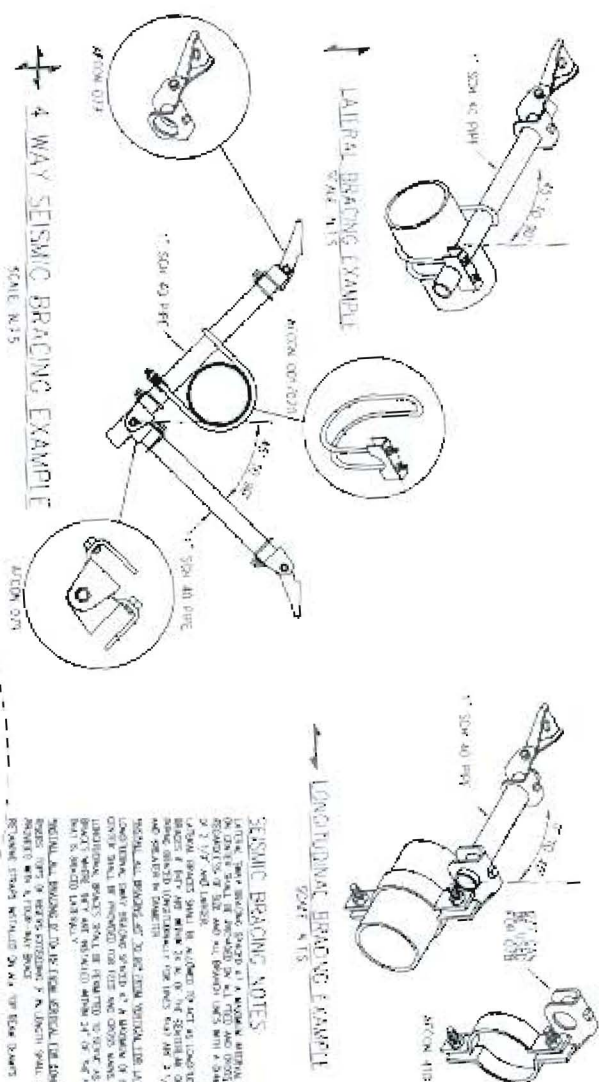


FREE STREET



PROJECT INFORMATION:
 PROJECT NO. 100-100-100
 DATE: AUGUST 12, 2000
 LOCATION: 100 FREE STREET, PORTLAND, ME
 DRAWING NO. EP-03

NOTES:
 1. ALL SPRINKLER SYSTEMS SHALL BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITIONS OF NFPA 13, NFPA 24, AND NFPA 25.
 2. ALL SPRINKLER SYSTEMS SHALL BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITIONS OF NFPA 13, NFPA 24, AND NFPA 25.
 3. ALL SPRINKLER SYSTEMS SHALL BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITIONS OF NFPA 13, NFPA 24, AND NFPA 25.



35 CEILING SECTION
SCALE 1/8" = 1'-0"

4 EXISTING MECH. PENTHOUSE (ZONE 3)
SCALE 1/8" = 1'-0"

PROJECT DESCRIPTION

BUILDING CONCEPT:
THE BUILDING IS A 10-STORY, WITH A SUB-SOQUENT BASEMENT, OFFICE BUILDING. THE BUILDING IS A 10-STORY, WITH A SUB-SOQUENT BASEMENT, OFFICE BUILDING.

BUILDING OCCUPANCY:
OFFICE BUILDING.

SEISMIC DESIGN CATEGORY:
SEISMIC DESIGN CATEGORY.

SEISMIC DESIGN CATEGORY:
SEISMIC DESIGN CATEGORY.

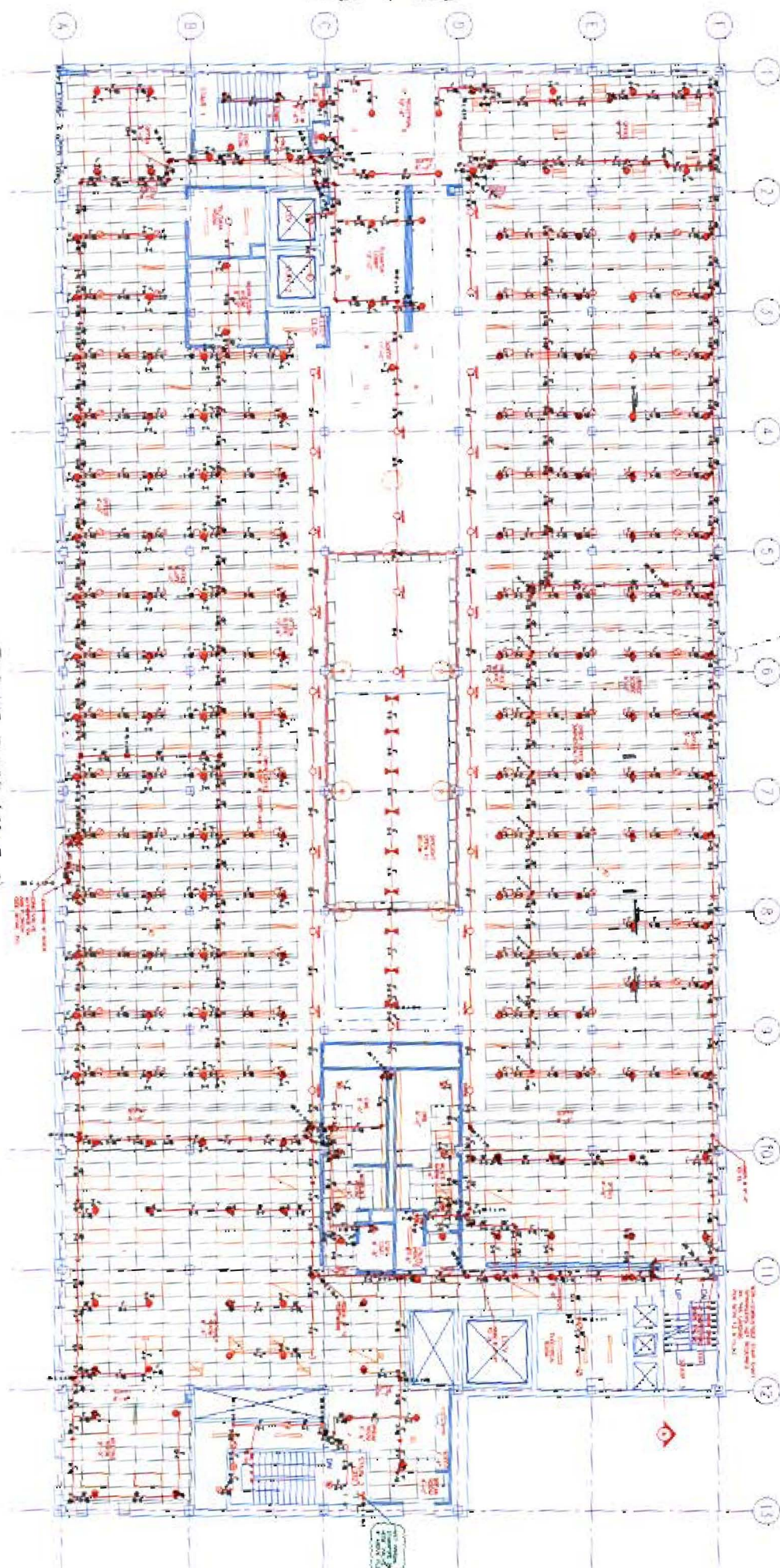
FIRE PROTECTION

GENERAL CONSTRUCTION:
GENERAL CONSTRUCTION.

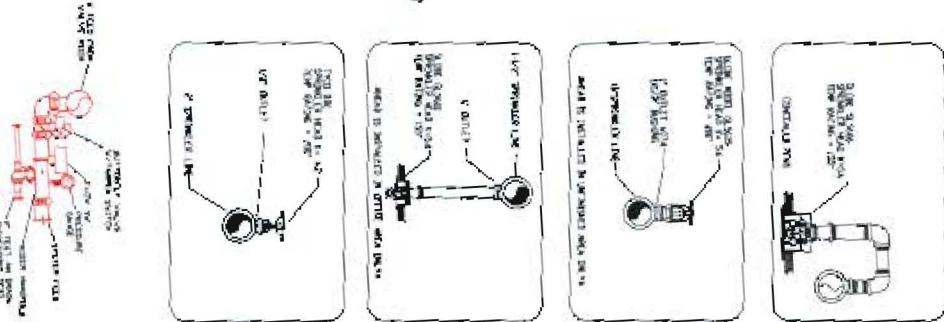
GENERAL CONSTRUCTION:
GENERAL CONSTRUCTION.

FREE STREET

3 THIRD FLOOR (ZONE 3)
SCALE 1/8" = 1'-0"



24 ZONE V.M.V. (ZONE 3)
SCALE 1/8" = 1'-0"



DATE: AUGUST 12, 2010	SCALE: 1/8" = 1'-0"	PROJECT: MAINE HEALTH THIRD FLOOR/PENTHOUSE FIRE PROTECTION PLAN (MHPA 13 2007ed.)	DRAWING NO: 110-02
DESIGNER: [Signature]	CHECKER: [Signature]	APPROVER: [Signature]	DATE: AUGUST 12, 2010
LOCATION: 110 TREE STREET, PORTLAND, ME	CLIENT: MAINE HEALTH	PROJECT: THIRD FLOOR/PENTHOUSE FIRE PROTECTION PLAN (MHPA 13 2007ed.)	SCALE: 1/8" = 1'-0"



State of Maine
Department of Public Safety
Fire Sprinkler System Permit



9228

Maine Health 110 Free Street

Located at:

In the Town of: Portland

Occupancy/Use: Medical Offices

Type of System: NFPA 13

Permission is hereby given to:

High Tech Fire Protection Co., Inc.

PO Box 156

Minot, ME 042580156

Contractor License # 102

according to plans submittal filed with the Licensing and Inspections Unit and are now approved.

This application form/plans are filed under log # **2101235**, and no departure from application form/plans 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 for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. Each permit issued shall be displayed/available at the site of construction.

This permit was issued on **9/16/2010** for a fee paid of **\$1,344.00**

This permit will expire at midnight on Tuesday, March 15, 2011

Anne H. Jordan
Commissioner

Fire Department Connection Location/Type per 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 Licensing and Inspections Unit 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 sprinkler licenses expire June 30th every year.

Job completed, tested and verified on date of _____

RMS for this job: Poulin Edward M.

RMS Signature: _____