

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that HIGH TECH FIRE PROTECTION  
of PO Box 156, Minot, ME 04258

For installation at 148 STATE ST  
Mercy Hospital

Job ID: 2011-08-1923-FAFS

CBL: 045 - - C - 006 - 001 - - - -

has permission to remodel the 1st floor sprinkler system

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues 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

58

Fire Prevention Officer

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](mailto: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.



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

Director of Planning and Urban Development  
Penny St. Louis

Job ID: 2011-08-1923-FAFS  
Remodel 1<sup>st</sup> floor sprinkler system

For installation at:  
148 STATE ST  
Mercy Hospital

CBL: 045 - - C - 006 - 001 - - - -

## **Conditions of Approval:**

### **Fire**

The sprinkler system shall be installed in accordance with NFPA 13.

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: 2011-08-1923-FAFS	Date Applied: 8/4/2011	CBL: 045 - - C - 006 - 001 - - - - -	
Location of Construction: 144 STATE ST	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST PORTLAND, ME - MAINE 04101	Phone:
Business Name: Mercy Hospital	Contractor Name: High Tech Fire Protection	Contractor Address: PO Box 156, Minot, ME 04258	Phone: 998-2551
Lessee/Buyer's Name:	Phone:	Permit Type: <b>FAFS</b>	Zone: <b>R-6</b>
Past Use: <b>Hospital</b>	Proposed Use: <b>Same: Hospital – to install a fire suppression system on 1<sup>st</sup> floor wing 1B</b>	Cost of Work: <b>\$6000.00</b>	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved <i>w/ conditions</i> <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: Type:
		Signature: <i>[Signature]</i> 58	Signature:
Proposed Project Description: fire suppression system		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Gayle		<b>Zoning Approval</b>	

<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>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p><input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM</p> <p>Date:</p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p><b>Historic Preservation</b></p> <p><input type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>
	<b>CERTIFICATION</b>		

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	PHON



# # 0011 08 1923 Fire Suppression System Permit

RECEIVED

AUG - 4 2011

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.

Dept. of Building Inspections  
City of Portland Maine

Installation address: 144 State Street CBL: 045 C 006

Exact location: (within structure) 1st floor wing 1B

Type of occupancy(s) (NFPA & ICC): Light Hazard R-6

Building owner: Mercy Health Care

Managing Supervisor: Ed Poulin License No: 515

Supervisor phone: 207-998-2551 E-mail: cpoulin@fairpoint.net

Installing contractor: High Tech Fire Protection License No: 102

Contractor phone: 207-998-2551 E-mail: H+HP@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: 8710

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](http://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: <u>\$6000</u>
PERMIT FEE: <u>\$80</u>
(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)

Applicant signature: Edward M Poulin Date: 7-28-11

# High Tech Fire Protection

Po Box 156 Minot, Maine 04258  
Tel: 207-998-2551  
Fax: 207-998-4187

# Letter of Transmittal

Date: 6-27-11	Job No.
Attention: Building Inspection Department	
Re: Mercy Hospital @ 144 State Street 1st floor	

To: Building Inspection Department  
389 Congress Street Room 315  
Portland, ME  
04101

We are sending you

- Owners Manuals     Preliminary Plans     Asbuilt Plans     Hydraulic Calculations  
 Product Data     Permit Check

Copies	Date	No.	Description
1	6-27-11		Preliminary Plans for Mercy Hospital 1st floor new main
1	6-27-11		Permit Application
1	6-27-11		Permit Check

These are Transmitted as checked below:

- For Approval     For your use     For your \_\_\_\_\_ corrected copy  
 As requested     For review and comment

Comments: We are running a new sprinkler feed from the stair riser to the existing mains in order to zone the sprinkler system on that floor wing.

*no work to the exterior of the building.*

Signed: Ed Poulin *Ed Poulin*



# CITY OF PORTLAND, MAINE

Department of Building Inspections

## Original Receipt

August 27 2011

Received from High Tech Film Int'l Inc

Location of Work 144 Stone Street

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total: \_\_\_\_\_

Building (IL)  Plumbing (IS) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: 045-0006

Check #: 17-16 Total Collected \$ 70.00

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

Taken by: [Signature]

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