

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that EASTERN FIRE SERVICES
of PO Box 1582, Auburn, Maine 04211

For installation at 148 STATE ST
Mercy Hospital - 1st flr - Pain Center

Job ID: 2011-08-1996-FAFS

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

has permission to refit the 1st flr fire alarm at the Pain Center
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

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

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-08-1996-FAFS

Refit of the 1st flr fire alarm system at the
Pain Center

For installation at:

148 STATE ST
Mercy Hospital

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

Conditions of Approval:

Fire

The fire alarm system shall comply with the City of Portland Standard for Signaling Systems for the Protection of Life and Property. All fire alarm installation and servicing companies shall have a Certificate of Fitness from the Fire Department.

In field installation shall be installed per code as conditions dictate.

All fire alarm records required by NFPA 72 should be stored in an approved cabinet located at the FACP labeled "FIRE ALARM RECORDS".

Installation of a Fire Alarm system requires a Knox Box to be installed per city ordinance.

The fire alarm system shall be certified by a master fire alarm company and have a new fire alarm inspection sticker.

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

Fire Alarm system shall be maintained. If system is to be off line over 4 hours a fire watch shall be in place. Dispatch notification required 874-8576.

2011 08 19 96

EFSFA 46140

R-6

045 C 006



Fire Alarm 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.

Installation address: Mercy Hospital, 144 State St. CBL: _____

Exact location: (within structure) 1st Floor, Pain Center, North Wing

Type of occupancy(s) (NFPA & ICC): Healthcare

Building owner: Catholic Health East

System Designer (point of contact): John Rempton Po Box 1582 170 K. Highway Ave Auburn, Me 04211

Designer phone: 784-1507 E-mail: _____

Installing contractor: Eastern Fire Services Certificate of Fitness No: _____

Contractor phone: 784-1507 E-mail: _____

This is a new application: YES NO New AES Master Box: YES NO
(Include Master Box approval form)

Amendment to an existing permit: YES NO Permit no: _____

The following documents shall be provided with this application:

- Floor plans
- Wiring diagram
- Annunciator details
- Input/ Output Matrix
- Equipment data sheets
- Electrical Permit Pulled (check alarm/com)
- Scope of Work
- 11 1/2 x 17s
- pdf copy (may be e-mailed)
- Designer qualifications
- Battery/ voltage drop calcs

Master box approval only: YES NO
(If yes check *New AES Master Box* above)

COST OF WORK: \$8,600.00

PERMIT FEE: \$110.00
(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)

RECEIVED

AUG 15 2011

Dept. of Building Inspections
City of Portland Maine

The designer shall be the responsible party for this application. Download a new copy of this application at www.portlandmaine.gov/fire for every submittal. Submit all plans in electronic PDF in **addition** to readable 11 1/2 x 17s to the Building Inspections Department, 389 Congress Street, Room 315, Portland, Maine 04101.

Prior to acceptance of any fire alarm 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 the *City of Portland Technical Standard for Signaling Systems for the Protection of Life and Property*, available at www.portlandmaine.gov/fire.

Applicant signature: [Signature] Date: 08/15/11

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-08-1996-FAFS	Date Applied: 8/15/2011	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: Eastern Fire Services – John Kempton	Contractor Address: PO BOX 1582 – 10 Kittyhawk Ave, Auburn, ME 04211	Phone: 784-1507
Lessee/Buyer's Name:	Phone:	Permit Type: FAFS	Zone: R-6
Past Use: Hospital	Proposed Use: Same: Hospital – to install fire alarm	Cost of Work: 59000.00	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> (58)	Signature:
Proposed Project Description: fire alarm		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Gayle		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 informatin may invalidate a building permit and stop all work.

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<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>OK [Signature]</i> <i>8/19/11</i>	<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:	<i>with</i> <input 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>Amy extior work</i> <i>requires A separate review & Approval</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	PHON



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

August 15 2011

Received from Eastern Fire Alarm

Location of Work 144 5th St

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: _____

Building (1L) Plumbing (1S) _____ Electrical (1Z) _____ Site Plan (U2) _____

Other _____

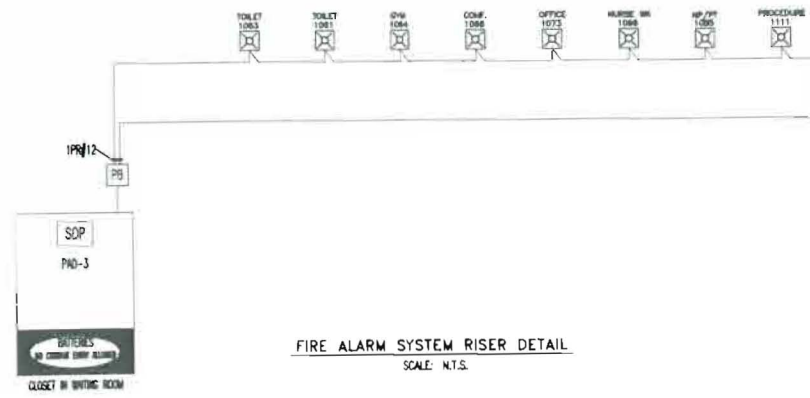
CBL: 045 006

Check #: 18361 **Total Collected \$** 110.00

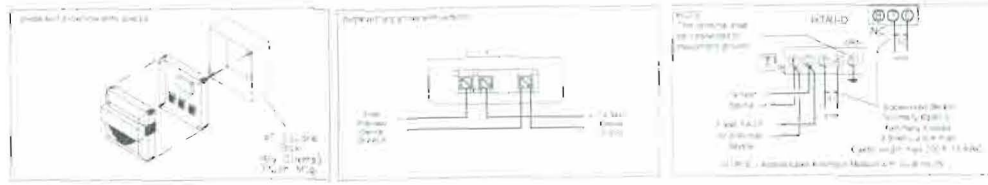
**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

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

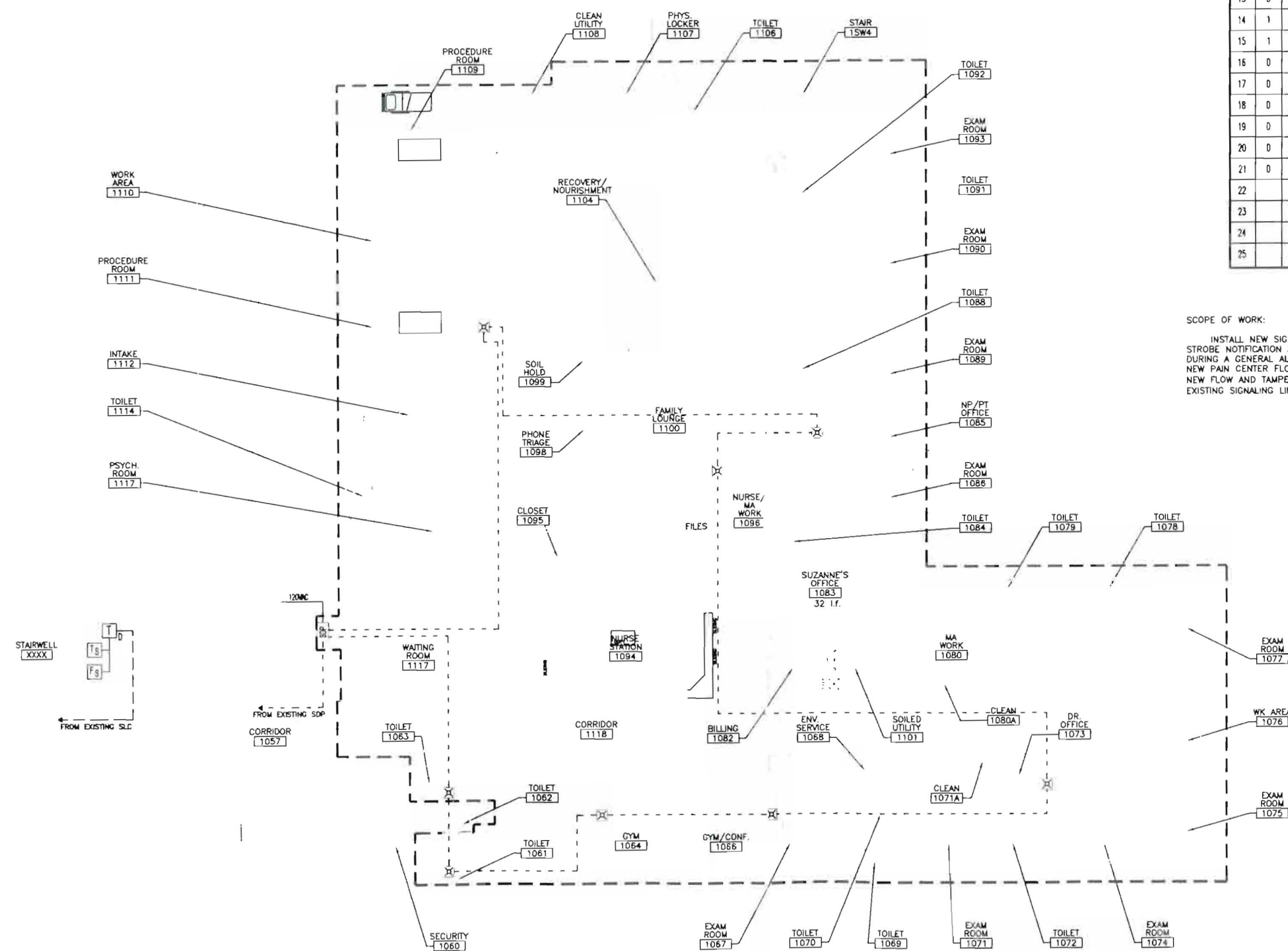


FIRE ALARM SYSTEM RISER DETAIL
SCALE: N.T.S.



DEVICE MOUNTING & WIRING DETAIL
SCALE: N.T.S.

ITEM	QTY	SYM	ITEM	P/N	NOTE
1	0	FACP	FIRE ALARM CONTROL PANEL	FS-250	
2	0	FANN	FIRE ALARM ANNUNCIATOR	FS-102	
3	1	SDP	SIGNAL DRIVER PANEL	PNO-3	
4	0	F	MANUAL PULL STATION	HMS-D	
5	0	P	SMOKE DETECTOR	HSP-11	
6	0	P/D	DUCT SMOKE DETECTOR		
7	0	H	HEAT DETECTOR	HEPT-11	
8	0	T _M	SINGLE INPUT INTERFACE MODULE	HTR-M	
9	1	T _D	DUAL INPUT INTERFACE MODULE	HTR-D	
10	0	T _S	SINGLE INPUT INTERFACE MODULE	HTR-S	
11	0	T _R	SINGLE INPUT INTERFACE MODULE WITH RELAY	HTR-R	
12	0	H/S	HORN/STROBE	ZH-1C-R	
13	8	S	STROBE		
14	1	T _S	TAMPER SWITCH	F.B.D.	
15	1	F _S	FLOW SWITCH	F.B.D.	
16	0	PB	PULL BOX	F.B.D.	
17	0	CA	CLEAN AGENT		
18	0	PA	PRE-ACTION		
19	0	FSD	FAN SHUT DOWN		
20	0	T _S M	TEST SWITCH MODULE		
21	0	R	REMOTE LAMP		
22					
23					
24					
25					



FIRE ALARM SYSTEM LAYOUT - 1ST FLOOR, PAIN CENTER
SCALE: N.T.S.

SCOPE OF WORK:

INSTALL NEW SIGNAL DRIVER PANEL AND NEW STROBE NOTIFICATION APPLIANCES TO ACTIVATE DURING A GENERAL ALARM AND TO ACCOMMODATE NEW PAIN CENTER FLOOR PLAN. ALSO, CONNECT NEW FLOW AND TAMPER SWITCHES (BY OTHERS) TO EXISTING SIGNALING LINE CIRCUIT (SLC).

NO.	REVISIONS

REQUIRED APPROVALS	
CONTRACTOR/ENGINEER	
PORTLAND BLDG INSPECTIONS	
DRAWN BY: DRS	CHECKED BY: BWB
PROJECT:	
MERCY HOSPITAL PAIN CENTER RENOVATIONS 144 STATE STREET PORTLAND, MAINE	
FIRE ALARM CONTRACTOR:	
EASTERN FIRE SERVICES, INC. AUBURN/LEWISTON INDUSTRIAL AIRPARK, AUBURN, MAINE 04210 110 NOTT/HAWK AVENUE, P.O. BOX 1390 Phone: (207) 794-1507 Fax: (207) 792-5396	
CONTRACT WITH: OWNER	
DWG. NO.	JOB NUMBER
FA-1	EFSFA46140
LAYOUT DETAIL & RISER DETAIL	SCALE N.T.S.
	DATE 8/11/11