



Fire Alarm Permit

EFSA 46140

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
Must be

System Designer (point of contact): John Kempton

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

N/A
N/A
N/A

N/A

COST OF WORK: \$8,600.00

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

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

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: _____ Date: _____