

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 120 STATE ST
Mercy Hospital

Job ID: 2011-06-1412-FAFS

CBL: 045 - - C - 007 - 001 - - - -

has permission to renovate the 5th 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

Fire Prevention Officer

58

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)

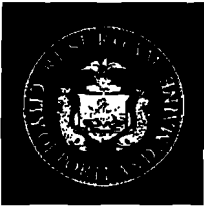
or email: buildinginspections@portlandmaine.gov

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 OCCUOPIED.



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: 2011-06-1412-FAFS

Renovation of the 5th floor sprinkler system

For installation at:

120 STATE ST

CBL: 045 - - C - 007 - 001 - - - -

Conditions of Approval:

Zoning

1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
2. ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.

Fire

The sprinkler system shall be installed in accordance with NFPA 13 and be supervised in accordance with NFPA 72.

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.


Fire department connection type and location shall be approved in writing by fire prevention bureau. 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: 2011-06-1412-FAFS | Date Applied: 6/6/2011 | CBL: 045 - - C - 007 - 001 - - - - - | |
| Location of Construction: 144 STATE ST (5 th floor) | Owner Name: MERCY HOSPITAL | Owner Address: 144 STATE ST PORTLAND, ME 04101 | Phone: |
| Business Name: | Contractor Name: High Tech Fire Protection | Contractor Address: PO Box 156, Minot, ME 04258 | Phone: 207-998-2551 |
| Lessee/Buyer's Name: | Phone: | Permit Type: Fire Suppression System | Zone: R-6 |
| Past Use: Mercy Hospital | Proposed Use: Mercy Hospital – install water-based fire suppression system | Cost of Work: 4000.00 | 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>  | Signature: |
| Proposed Project Description: water based fire suppression system – 5 th floor | | Pedestrian Activities District (P.A.D.) | |

| | | | |
|---|--|---|---|
| Permit Taken By: | Zoning Approval | | |
| <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> | Special Zone or Reviews <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 w/condition</i> <i>6/17/11 ABN</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 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>Any exterior work requires a separate review</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 |

to State
historic
R-6



0452 007
1412
2011 06 ~~1090~~
Water-Based Fire Suppression System Permit

By Mail

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: 144 State Street 5th Floor CBL: _____

Exact location: (within structure) 5th floor South wing

Type of occupancy(s) (NFPA & ICC): NFPA 13 Mercy Hospital

Building owner: Catholic Health East

Managing Supervisor (RMS): Ed Poulin License No: 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: _____

NFPA Standard 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 www.portlandmaine.gov/fire for every submittal. Attach all working documents and complete approved submittals as may be required by the State Fire Marshal's Office on 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.

| |
|---|
| COST OF WORK: <u>\$4000</u> |
| PERMIT FEE: <u>\$60</u> |
| (\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000) |
| RECEIVED |
| JUN - 6 2011 |

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).

Applicant signature: Edward M Poulin Date: 5-27-11

High Tech Fire Protection

Po Box 156 Minot, Maine 04258

Tel: 207-998-2551

Fax: 207-998-4187

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

Letter of Transmittal

| | |
|---|---------|
| Date: 5-27-11 | Job No. |
| Attention: Building Inspection Department | |
| Re: Mercy Hospital @ 144 State Street 5 th floor | |
| | |

We are sending you

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

| Copies | Date | No. | Description |
|--------|---------|-----|---|
| 2 | 5-27-11 | | Preliminary Plans for Mercy Hospital 5 th floor renovation |
| 1 | 5-27-11 | | Permit Application |
| 1 | 5-27-11 | | Permit Check \$60 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

These are Transmitted as checked below:

- For Approval For your use Return _____ 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.

We also have to relocate 3 sprinkler heads on this floor.

Thank you.

Signed: Ed Poulin *Ed Poulin*