

**City of Portland, Maine - Building or Use Permit Application**

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

**PERMIT ISSUED**

Permit No: 02-0706	Issue Date: 7/20/02	CBL: 052 C003001
-----------------------	------------------------	---------------------

<b>Location of Construction:</b> 189 Park Ave	<b>Owner Name:</b> Maine Center For The Blind &	<b>Owner Address:</b> 189 Park Ave	<b>Phone:</b> 74-6273
<b>Business Name:</b>	<b>Contractor Name:</b> Five Star Fire & Electrical Systems	<b>Contractor Address:</b> 246 Old Alfred Road E. Waterboro	<b>Phone:</b> 2072474432
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Fire Alarm System	<b>Zone:</b>

<b>Past Use:</b> Training Center for the Blind	<b>Proposed Use:</b> Training Center for the Blind w/upgraded fire alarm system	<b>Permit Fee:</b> \$72.00	<b>Cost of Work:</b> \$6,735.00	<b>CEO District:</b> 3
<b>Proposed Project Description:</b> Upgrade existing fire alarm system		<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: N/A Typen 1/2 07/01/2002	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

<b>Permit Taken By:</b> jmy	<b>Date Applied For:</b> 06/24/2002	<b>Zoning Approval</b>		
--------------------------------	--	------------------------	--	--

<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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"/> Date: _____	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <input 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 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

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

## PERMIT

Permit Number: 020706

This is to certify that Maine Center For The Blind Five Star Electrical Systems  
has permission to Upgrade existing fire alarm system  
AT 189 Park Ave 052 C003001

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 laid or occupied or closed-in. **HEAR 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. [Signature]

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name

[Signature]  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

02-0706

# All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

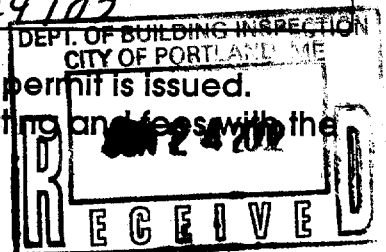
Location/Address of Construction: <u>189 Park Ave</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>057</u> Block# <u>C 003</u> Lot#	Owner: <u>IRIS NETWORK</u>	Telephone: <u>774-6273</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>FIVE STAR FIRE &amp; ELECTRICAL SYSTEM 246 OLD ALFRED ROAD EAST WATERBURY, ME. 04030</u>	Cost Of Work: \$ <u>6,735.00</u> Fee: \$ <u>70.00</u>
Current use: <u>TRAINING CENTER FOR THE BLIND</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: _____		
Project description: <u>UPGRADE OF THE EXISTING FIRE ALARM SYSTEM</u>		
Contractor's name, address & telephone: <u>FIVE STAR FIRE &amp; ELECTRICAL SYSTEMS 246 OLD ALFRED ROAD EAST WATERBURY, ME. 04030</u>		
Who should we contact when the permit is ready: <u>DON TOOTHAKER</u> <i>xx cell</i>		
Mailing address: <u>246 OLD ALFRED ROAD EAST WATERBURY, ME. 04030</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>207-247-4432</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

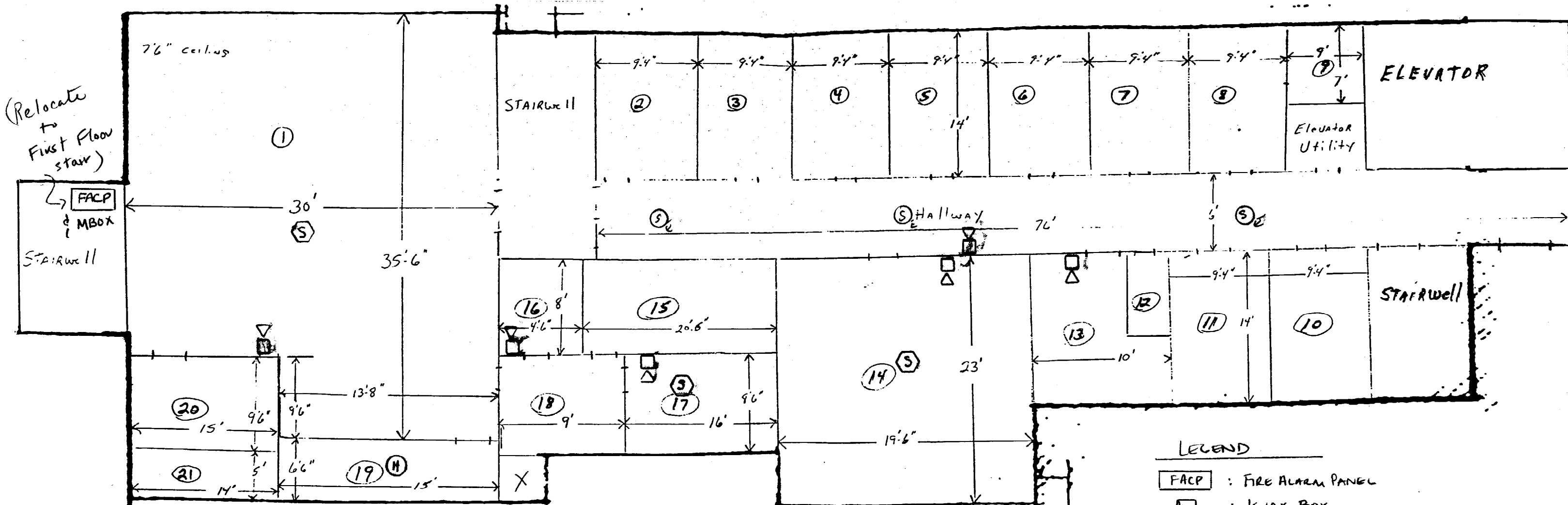
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Donall Toothaker</u>	Date: <u>6/24/02</u>
---	----------------------

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall



- |                         |                               |                             |
|-------------------------|-------------------------------|-----------------------------|
| 1. Recreation Room      |                               | 11. Storage                 |
| 2. Community Services   | Daive Marletta                | 12. Housekeeping Supplies   |
| 3. Residence Program    | Nancy Bennett / Patti Fortier | 13. Rest room               |
| 4. Community Services   | Cammy Moraros                 | 14. Conference Room         |
| 5. Community Services   | Lauren Goldsmith              | 15. Food Storage Room       |
| 6. Community Services   | Molly Morell                  | 16. Rest room               |
| 7. Community Services   | Kathy Mercado                 | 17. Laundry Room            |
| 8. Community Services   | Suzanne Thurlow               | 18. Service Area            |
| 9. Community Services   | Storage                       | 19. Electrical Service Room |
| 10. Facilities Director | Marc Gregoire                 | 20. Boiler Room             |
|                         |                               | 21. Storage                 |

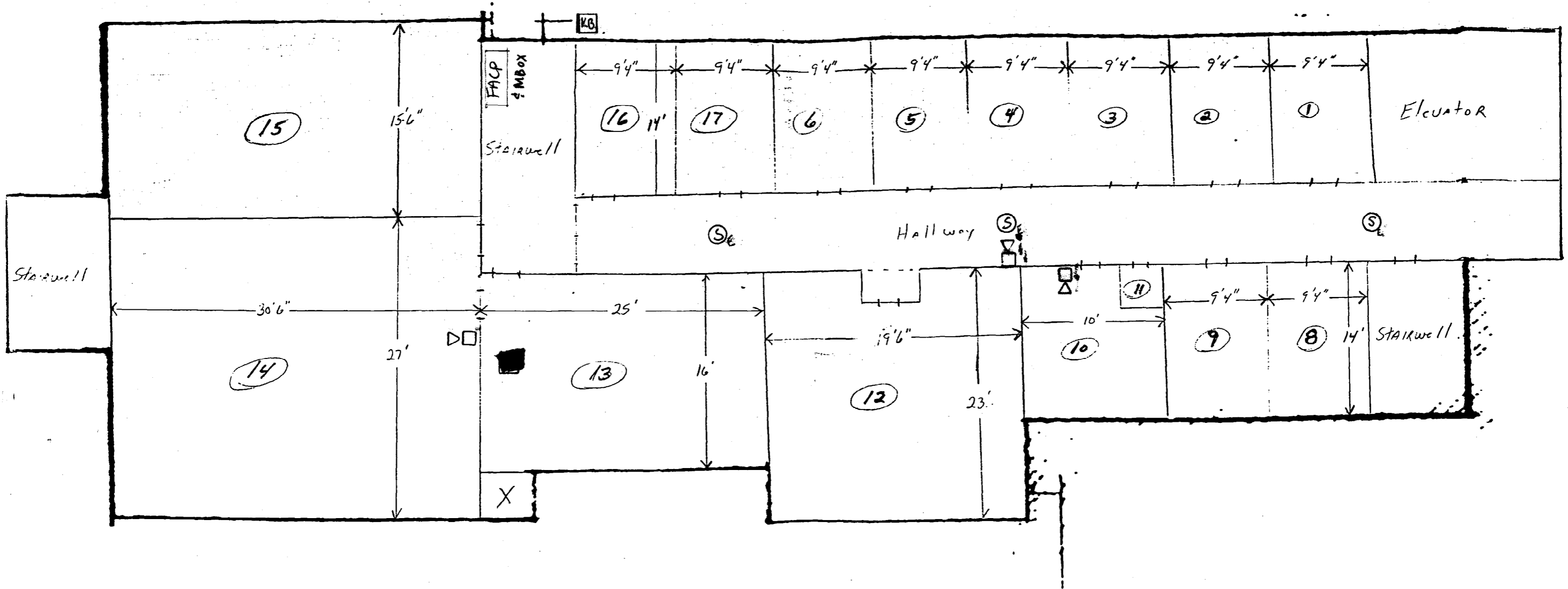


MCBVI  
BARKER BUILDING  
GROUND FLOOR

- LEGEND
- FACP : FIRE ALARM PANEL
  - KB : KNOX BOX
  - : TIE IN KITCHEN HOOD SYSTEM
  - S : SMOKE DETECTORS
  - H : HEAT DETECTOR
  - ◻◁ : HORN/STROBE SIGNAL
  - S<sub>E</sub> : EXISTING SMOKE DETECTORS (TO BE MAINTAINED)

NOT TO SCALE

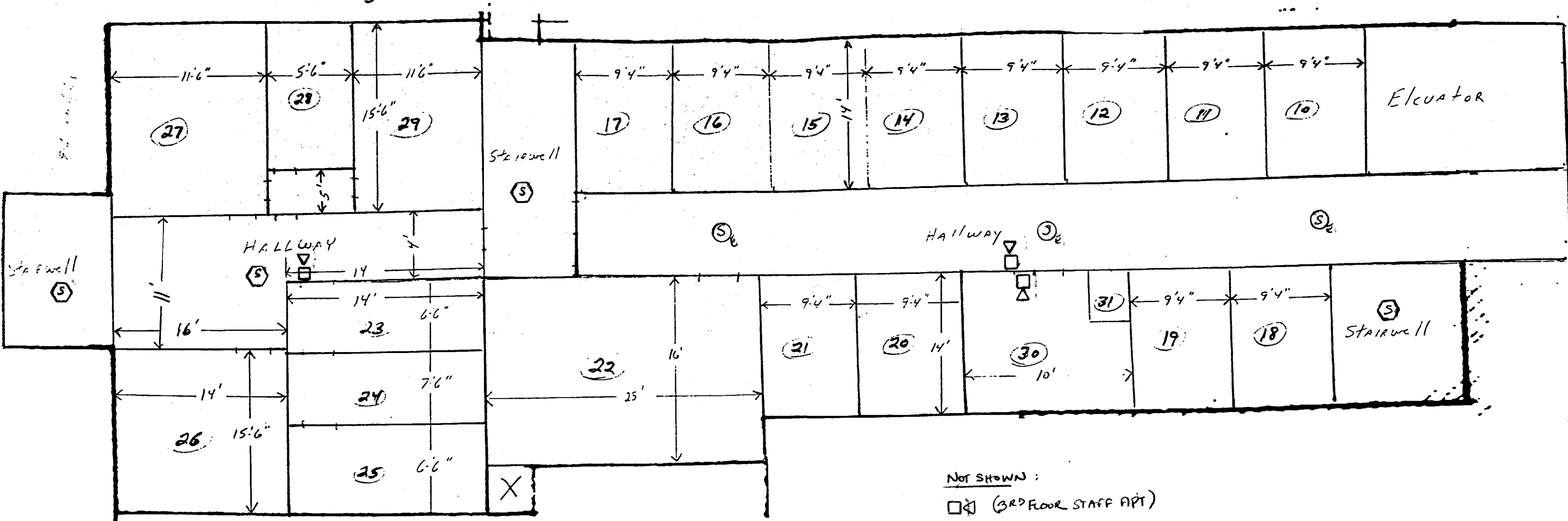
- |                    |   |
|--------------------|---|
| 1. Resident's room | 10 Rest room                                |
| 2. Resident's room | 11. Housekeeping supplies                   |
| 3. Resident's room | 12. Computer Access Program Marybeth Walsh  |
| 4. Resident's room | 13. Kitchen                                 |
| 5. Resident's room | 14. Dining room                             |
| 6. Resident's room | 15. Lounge                                  |
| 7. Resident's room | 16. Health Station                          |
| 8. Resident's room | 17. Residence Program Director Emily Barker |
| 9. Resident's room |   |



MCBVI  
BARKER BUILDING  
FIRST FLOOR

NOT TO SCALE

- |                     |   |
|---------------------|---|
| 10. Resident's room | 21. Resident's room                                 |
| 11. Resident's room | 22. Rehabilitation Program Model Apartment          |
| 12. Resident's room | 23. Rehabilitation Program Vocational Evaluation    |
| 13. Resident's room | 24. Rehabilitation Program Vocational Evaluation    |
| 14. Resident's room | 25. Rehabilitation Program Judy Wolfe               |
| 15. Resident's room | 26. Rehabilitation Program Ruth Mlotek / Mike Adams |
| 16. Resident's room | 27. Rehabilitation Program Karen McKenna            |
| 17. Resident's room | 28. Rest room                                       |
| 18. Resident's room | 29. Rehabilitation Program Kitchen                  |
| 19. Resident's room | 30. Rest room                                       |
| 20. Resident's room | 31. Housekeeping storage                            |



MCBVI  
 BARKER BUILDING  
 SECOND FLOOR

NOT TO SCALE