

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION PERMIT

PERMIT ISSUED
Permit Number: 100401
MAY 18 2010
CITY OF PORTLAND

This is to certify that LANDMARK HEALTHCARE FACILITIES LLC/Sprinkler System
has permission to add fire suppression system

AT 195 FORE RIVER PKWY Suite 470 CBL 075 A005001

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 lathed or otherwise closed-in. 24 HOUR 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. CAPT. R. Gauthier
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 10-0401	Issue Date:	CBL: 075 A005001
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Location of Construction: 195 FORE RIVER PKWY Suite 470	Owner Name: LANDMARK HEALTHCARE FAC	Owner Address: 839 NORTH JEFFERSON	Phone:
Business Name:	Contractor Name: Sprinkler System, Inc	Contractor Address: P.O. Box 1285 Lewiston	Phone 2077820104
Lessee/Buyer's Name	Phone:	Permit Type: Fire Suppression System	Zone: C-26

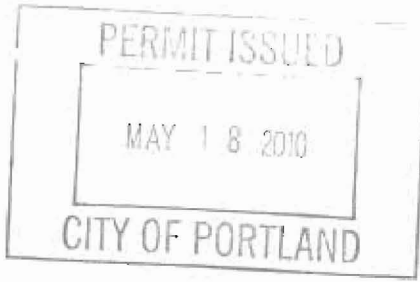
Past Use: Commercial - Fore River Medical Complex Suite 470	Proposed Use: Commercial - Fore River Medical Complex Suite 470 - add fire suppression system	Permit Fee: \$30.00	Cost of Work: \$1,000.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>* See Conditions</i>	INSPECTION: Use Group: <i>②</i> Type: <i>SPRINK</i>	

Proposed Project Description: add fire suppression system	Signature: <i>(KG)</i>	Signature: <i>(Handwritten)</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: ldobson	Date Applied For: 04/22/2010	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Special Zone or Reviews <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: <i>4/22/10 dm</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 checked="" 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: <i>ABM</i>
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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

City of Portland, Maine - Building or Use Permit

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

Permit No: 10-0401	Date Applied For: 04/22/2010	CBL: 075 A005001
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Location of Construction: 195 FORE RIVER PKWY Suite 47	Owner Name: LANDMARK HEALTHCARE FA	Owner Address: 839 NORTH JEFFERSON	Phone:
Business Name:	Contractor Name: Sprinkler System, Inc	Contractor Address: P.O. Box 1285 Lewiston	Phone (207) 782-0104
Lessee/Buyer's Name	Phone:	Permit Type: Fire Suppression System	

Proposed Use: Commercial - Fore River Medical Complex Suite 470 - add fire suppression system	Proposed Project Description: add fire suppression system
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 04/22/2010
Note: **Ok to Issue:** ✓

1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved **Reviewer:** **Approval Date:** **Ok to Issue:**

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 04/28/2010
Note: **Ok to Issue:** ✓

- 1) 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.
- 2) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 3) The sprinkler system shall be installed in accordance with NFPA 13.
- 4) System acceptance and commissioning must be co-ordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.

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 Inspection 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 with construction.**

 X A final inspection is required by the fire department. A sprinkler test report is required to be submitted.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR 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.



Fire Suppression System 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: FORE RIVER MOB
FORE RIVER PARKWAY CBL: 75-A-5 # 091341

Exact location: (within structure) DR. KELLER, SUITE 470, 4TH FLOOR

Type of occupancy(s) (NFPA & ICC): LT. HAZARDOUS OFFICES

Building owner: MERCY HOSPITAL 879-3040

Managing Supervisor: SCOTT E. GALLAND License No: 278

Supervisor phone: 775-1521 E-mail: SCOTT@SIE.MAINE.MH.COM

Installing contractor: SPRINKLING SYSTEMS INC. License No: 093

Contractor phone: 782-0104 E-mail: SAME AS ABOVE

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 will this system is designed to: NFPA 13 Edition: 2007

*Non-NFPA systems are not approved for use within the City of Portland.

Attach all design information and complete approved submittals as may be required by the State Fire Marshal's Office.

Contractor shall verify location and type of all FDCs shall be approved in writing by the Fire Prevention Bureau.

COST OF WORK:	<u>\$1,000</u>
PERMIT FEE:	<u>\$30</u>
(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)	

Download a new copy of this document from www.portlandmaine.gov for every submittal. 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.

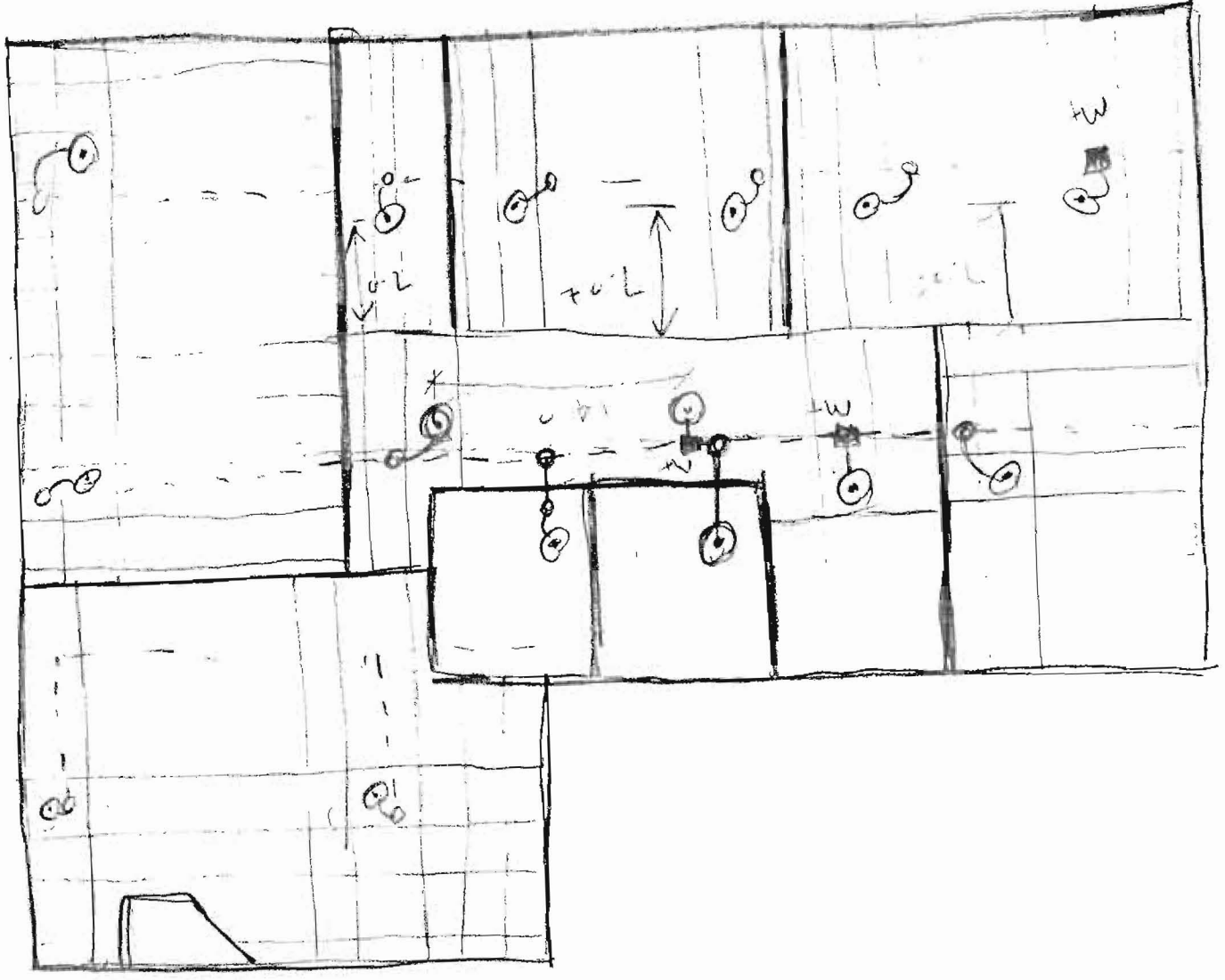
All installation(s) must comply with NFPA and the Fire Department Technical Standard(s).

RECEIVED

Applicant signature: [Signature] Date: 4-15-10 APR 22 2010

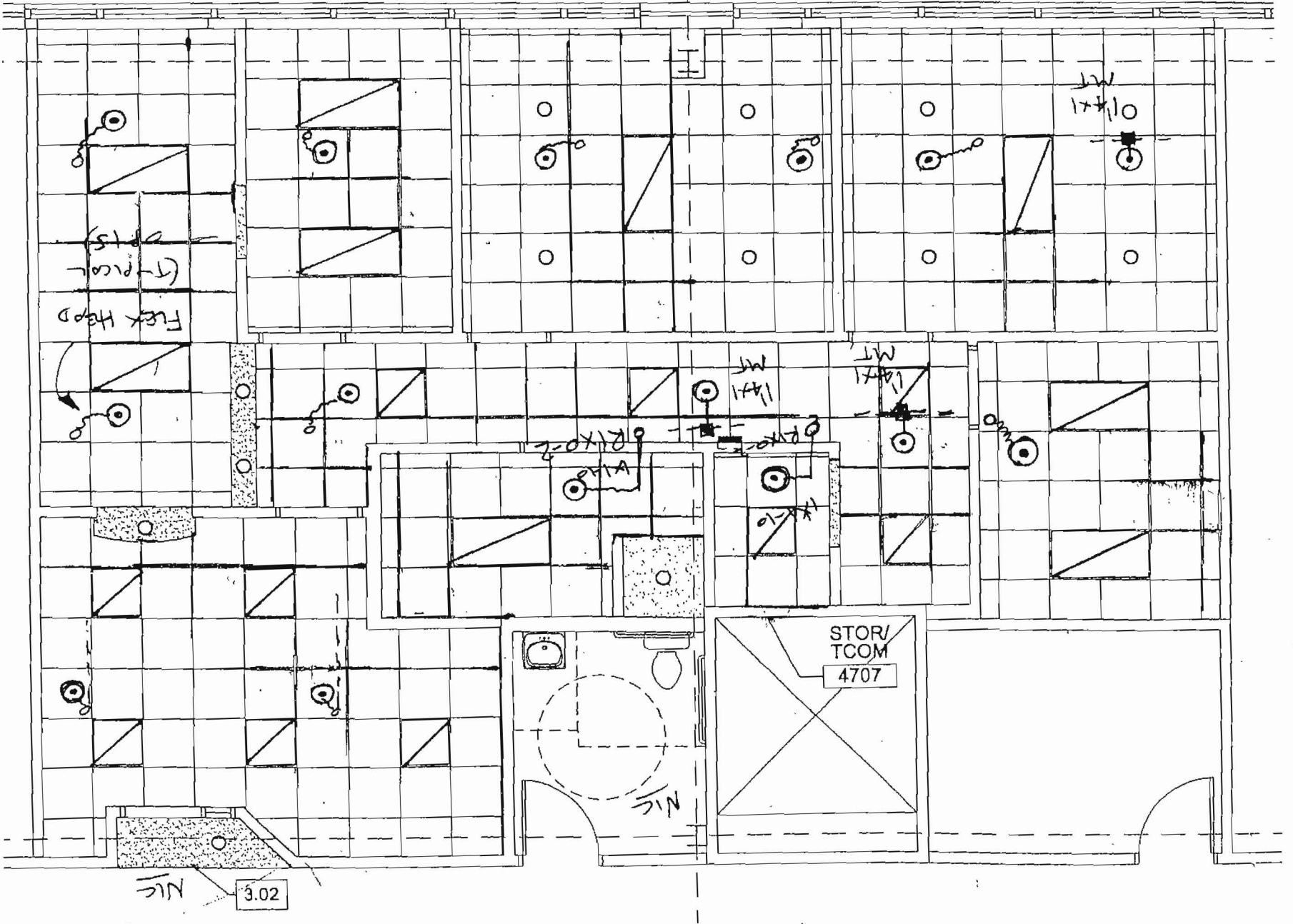
Dept. of Building Inspections
City of Portland Maine

DATE: 1/14/03

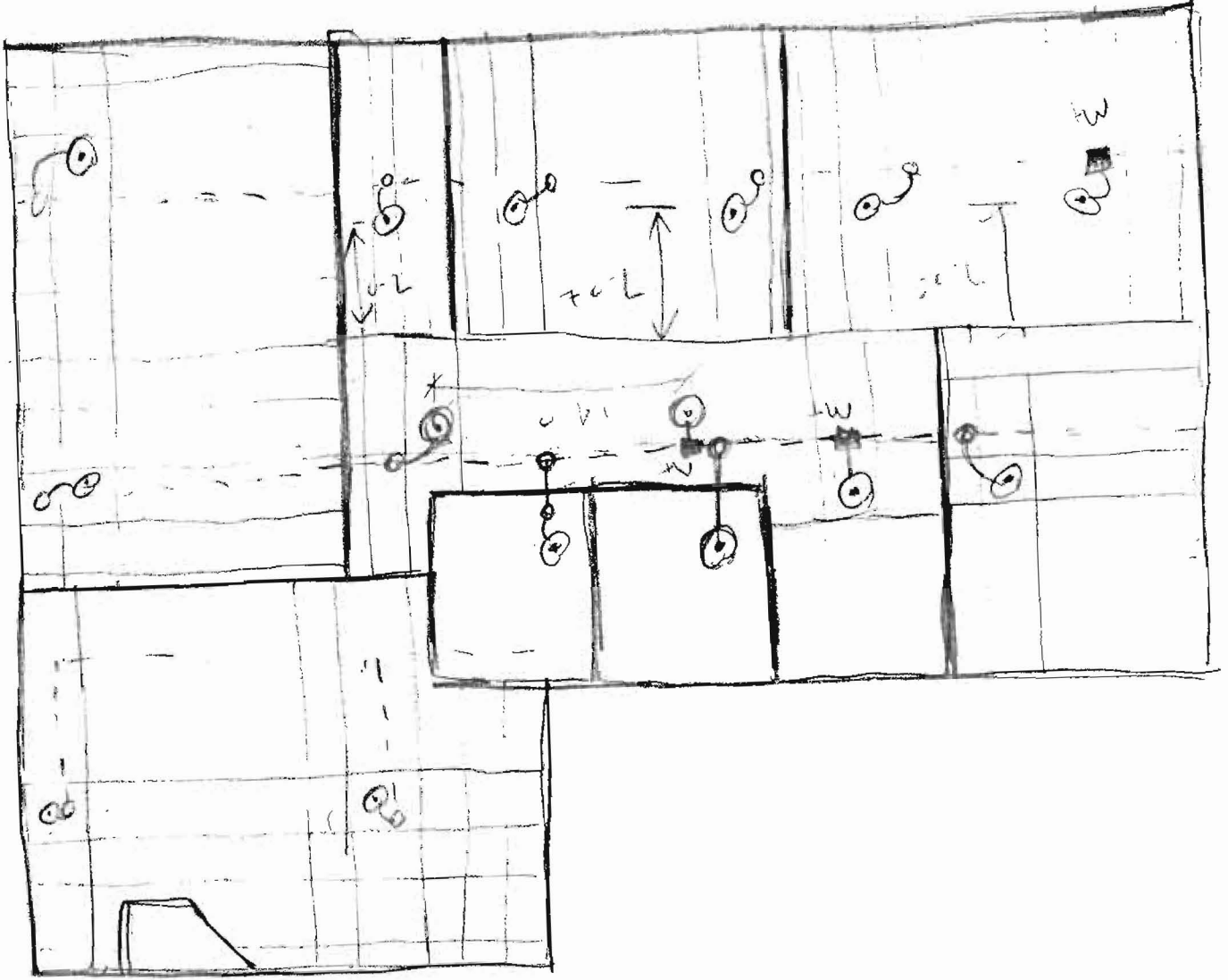


- 15 155' 1/2" x 1/2" OR WHITE PAPER FIRM
- 15 1/2" WHITE F2 PAPER
- 3 - 1/4" W
- 15 F2 PAPER
- 2 - 1/2" x 1/2" BRACKETS
- 10 - 1" DIA
- 5 - 1/2" x 1/2" DIA
- 5 - 1/2" x 1/2" DIA

DE VELLA FONE (LUSH MOB 315110 100020) PONTANO, ME SUITE 470
 15 NEW 155' 1/2" x 1/2" OR WHITE PAPER FIRM W/ F2 OR WH. PAPER



Case 470



- 15 1550 1/2 x 1/2 on WH PAP
- 15 1/2 white F2 plates
- 3 - 14" W
- 15 feet height
- 2 - 1x10's in 140
- 10 - 1.0
- 5 - 1x10 strips
- 2 - 1.0
- 5 - 2x4's on WH PAP
- 5 - 2x4's on WH PAP

DE KELLER FINE AVENUE MOB 315110 10002CD
 SUITE 470 PORTLAND, ME
 15 NEW 155 1/2 x 1/2 on white random FIRM w/ F2 REC WH. PLATES

