

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 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 2077820104
Lessee/Buyer's Name	Phone:	Permit Type: Fire Suppression System	Zone:

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
Proposed Project Description: add fire suppression system		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:	INSPECTION: Use Group: Type: Signature:	
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: Idobson	Date Applied For: 04/22/2010	Zoning Approval		
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<ol style="list-style-type: none"> 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:	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 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:
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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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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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:** Tammy Munson **Approval Date:** 05/17/2010

Note: **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.

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SIGNATURE OF APPLICANT

ADDRESS

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE