

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

BU **PERMIT** ION

Permit Number: 090767

Please Read Application And Notes, If Any, Attached

This is to certify that Forest Avenue Plaza Llc/Sprinkler System
has permission to add sprinkler system in the TD
AT 449 Forest Ave 111 A016002

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.

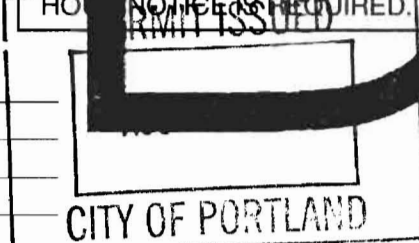
Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lath or other is used-in. 2
HOWEVER NOTICE IS REQUIRED.
PERMIT ISSUED

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. R. Sauter
Health Dept. _____
Appeal Board _____
Other _____
Department Name



Chap S M 7/23/04
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

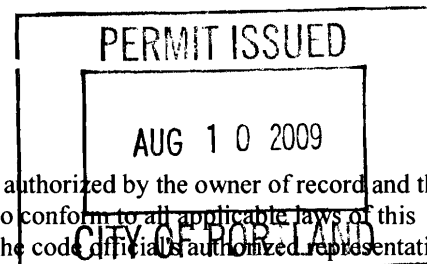
City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-0767	Issue Date: 7/23/09	CBL: 111 A016002
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Location of Construction: 449 Forest Ave	Owner Name: Forest Avenue Plaza Llc	Owner Address: 715 Boylston St	Phone: 207-774-1733
Business Name:	Contractor Name: Sprinkler System, Inc	Contractor Address: P.O. Box 1285 Lewiston	Phone: 2077820104
Lessee/Buyer's Name	Phone:	Permit Type: Sprinkler Systems	Zone:

Past Use: Retail Plaza	Proposed Use: Retail Plaza - add sprinkler system in the TD Banknorth space	Permit Fee: \$40.00	Cost of Work: \$2,000.00	CEO District: 1
Proposed Project Description: add sprinkler system in the TD Banknorth space		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: B Type: 2C IBC-2003 MFA-13	
		Signature: (Signature)	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: tmm	Date Applied For: 07/22/2009	Zoning Approval		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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 O.K. Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 7/23/09 Cl	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 checked="" 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: 7/23/09 Cl



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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

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Permit No: 09-0767	Date Applied For: 07/22/2009	CBL: 111 A016002
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Location of Construction: 449 Forest Ave	Owner Name: Forest Avenue Plaza Llc	Owner Address: 715 Boylston St	Phone: 207-774-1733
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: Sprinkler Systems	

Proposed Use: Retail Plaza - add sprinkler system in the TD Banknorth space	Proposed Project Description: add sprinkler system in the TD Banknorth space
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Dept: Zoning	Status: Open	Reviewer: Chris Hanson	Approval Date:	Ok to Issue: <input type="checkbox"/>
Note:				
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 07/23/2009	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) Sprinklers must meet NFPA 13 and section 903 of the IBC 2003				
Dept: Fire	Status: Approved with Conditions	Reviewer:	Approval Date: 07/23/2009	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
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.				

Comments:
 7/23/2009-csh: Left permit with Keith G to review



PORTLAND FIRE DEPARTMENT Sprinkler Plan Review Request Form

07-0767

CBL#: 111-A-16-002 Date: _____
Fire Marshal's Permit No: 8693

Address of Property where
~~Alarm~~ System will be Installed: 449 Forest Ave. (2K) - COST OF WORK
Property Owner: TD BANK Phone No: 774-1735
Owner's Address: 449 FOREST AVE Fax No: _____
PORTLAND, ME 04101 Email: _____
Contractor Name: SPRINKLER SYSTEMS INC. Phone: 782-2104
Address: PO BOX 1285 Fax No: 783 4865
LEWISTON, ME 04243 Email: SCOTT.SIEMENS@R.L.CORP

JUL 21 2009

Type of System: 13 13D 13R Life Safety
System Design: Wet Dry Pre-Action Deluge

Number and Location of Zones: EXISTING

System Monitoring: (EXISTING) Water Flow Tamper Low Air

All sprinkler plans must be reviewed and approved by the State Fire Marshal prior to submission to the Portland Fire Department.
All sprinkler systems must meet or exceed the requirements of NFPA and the Portland Fire Department Sprinkler Ordinance, Chapter 305.

Sprinkler plans, including all applicable hydraulic calculations, must be submitted 10 days prior to scheduled meeting.

Fire Department Use Only

Applicant: _____ Date: _____
Fire Chief: _____ Date: _____
FD HTE #: _____



State of Maine
Department of Public Safety
Fire Sprinkler System Permit



8693

TD Banknorth Renovation

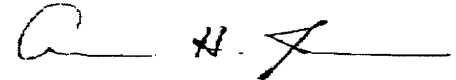
Located at: 449 Forest Ave
 In the Town of: Portland
 Occupancy/Use: Offices
 Type of System: NFPA 13

Permission is hereby given to:

Sprinkler Systems, Inc.
 PO Box 1285
 Lewiston, ME 042431285
 Contractor License # 93

according to plans submittal filed with the Licensing and Inspections Unit and are now approved. This application form/plans are filed under log # 2091249, and no departure from application form/plans shall be made without prior approval in writing. This permit is issued under the provisions of Title 32, Chapter 20, Section 12004-I. Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. Each permit issued shall be displayed/available at the site of construction.

This permit was issued on 7/14/2009 for a fee paid of \$100.00
 This permit will expire at midnight on Sunday, January 10, 2010



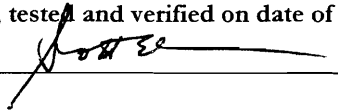
Anne H. Jordan
 Commissioner

Fire Department Connection Location/Type per Local Fire Department

Within 30 days of the completion of a new fire sprinkler system or an addition to an existing fire sprinkler system, a fire sprinkler system contractor shall provide to the Licensing and Inspections Unit a copy of this permit signed and dated by the certified responsible managing supervisor representing that the fire sprinkler system has been installed according to specifications of the approved plan to the best of the supervisor's knowledge, information, and belief. This requirement is part of the sprinkler law, and neglect of this duty is grounds to not renew the contractor's license to do work in the State of Maine. All sprinkler licenses expire June 30th every year.

Job completed, tested and verified on date of _____

RMS for this job: Garland Scott E.

RMS Signature:  _____