

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

Please Read  
Application And  
Notes, if Any,  
Attached

Permit Number: 091228

## BUILDING INSPECTION PERMIT

This is to certify that MMC REALTY CORP / High Tech Fire Protection  
has permission to accommodate and Adjust existing system for new space arrangement

AT 335 BRIGHTON AVE 3rd floor CBL 121 C009011

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. A. Spurgeon  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_

Director - Building & Inspection Services

*James Burke* 11/20/09

### PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

NOV 20 2009

City of Portland

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

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

Permit No: 09-1228	Issue Date:	CBL: 121 C009011
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Location of Construction: 335 BRIGHTON AVE 3rd floor	Owner Name: MMC REALTY CORP	Owner Address: PO BOX 380546	Phone:
Business Name:	Contractor Name: High Tech Fire Protection	Contractor Address: P.O. Box 156 Minot	Phone 2079982551
Lessee/Buyer's Name	Phone:	Permit Type: Fire Suppression System	Zone: R-3

Past Use: Maine Medical Ctr Brighton Campus Connected w/ Permit# 090509 3rd floor educational	Proposed Use: Maine Medical Ctr Brighton Campus - accommodate and Adjust existing system for new space arrangement	Permit Fee: \$350.00	Cost of Work: \$32,000.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>* See Conditions</i>	INSPECTION: Use Group: <i>Accessory to I-2</i> Type: <i>Sprinkler</i> <i>IBC-2003</i>	

Proposed Project Description: accommodate and Adjust existing system for new space arrangement	Signature: <i>(KG)</i>	Signature: <i>AMB 11/20/09</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: 11/02/2009	<b>Zoning Approval</b>
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<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: <i>11/3/09</i>	<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 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: _____
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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.

PERMIT ISSUED

SIGNATURE OF APPLICANT	ADDRESS	DATE <b>NOV 20 2009</b>	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE <b>City of Portland</b>	PHONE

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

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

<b>Permit No:</b> 09-1228	<b>Date Applied For:</b> 11/02/2009	<b>CBL:</b> 121 C009011
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<b>Location of Construction:</b> 335 BRIGHTON AVE 3rd floor	<b>Owner Name:</b> MMC REALTY CORP	<b>Owner Address:</b> PO BOX 380546	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> High Tech Fire Protection	<b>Contractor Address:</b> P.O. Box 156 Minot	<b>Phone:</b> (207) 998-2551
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Fire Suppression System	

<b>Proposed Use:</b> Maine Medical Ctr Brighton Campus - accommodate and Adjust existing system for new space arrangement	<b>Proposed Project Description:</b> accommodate and Adjust existing system for new space arrangement
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 11/03/2009  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 11/20/2009  
**Note:**      **Ok to Issue:**

- 1) Sprinkler systems to be designed and installed per IBC 2003 standards Sec. 903.3.1

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Keith Gautreau      **Approval Date:** 11/02/2009  
**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) Any cutting or welding operations require a separate permit from the Fire dept.
- 4) The sprinkler system shall be installed in accordance with NFPA 13.
- 5) Application requires State Fire Marshal approval.
- 6) System acceptance and commissioning must be co-ordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.

**PERMIT ISSUED**

NOV 20 2009

City of Portland



# 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.

RECEIVED

Installation address: 355 Brighton Ave CBL: \_\_\_\_\_ OCT **30** 2009

Exact location: (within structure) 3rd Floor

Type of occupancy(s) (NFPA & ICC): Educational **Dept. of Building Inspections  
City of Portland Maine**

Building owner: Maine Medical Center

Managing Supervisor: Ed Paulin License No: 515

Supervisor phone: 207-998-2551 Ext 205 E-mail: epaulin@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: 8812

NFPA Standard will this system is designed to: 13 Edition: 2007 ed.

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

Download a new copy of this document from Inspection Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov) for every submittal. Attach all design information and complete approved submittals as may be required by the State Fire Marshal's Office on 11X17 copies or 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.

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).

COST OF WORK: \$ 32,200  
PERMIT FEE: \$ 340  
(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)

Applicant signature: Tim Foster Date: 9-15-09