

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

<b>Permit No:</b> 09-1228	<b>Issue Date:</b>	<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> 2079982551
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Fire Suppression System	<b>Zone:</b>

<b>Past Use:</b> Maine Medical Ctr Brighton Campus Connected w/ Permit# 090509 3rd floor educational	<b>Proposed Use:</b> Maine Medical Ctr Brighton Campus - accommodate and Adjust existing system for new space arrangement	<b>Permit Fee:</b> \$350.00	<b>Cost of Work:</b> \$32,000.00	<b>CEO District:</b> 3
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>INSPECTION:</b> Use Group: Type
<b>Proposed Project Description:</b> accommodate and Adjust existing system for new space arrangement		Signature:		Signature:
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature:		Date:		

<b>Permit Taken By:</b> Ldobson	<b>Date Applied For:</b> 11/02/2009	<b>Zoning Approval</b>		
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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..	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland  <input type="checkbox"/> Wetland  <input type="checkbox"/> Flood Zon  <input type="checkbox"/> Subdivision  <input type="checkbox"/> Site Plan  Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>  Date:	<b>Zoning Appeal</b> <input type="checkbox"/> Variance  <input type="checkbox"/> Miscellaneous  <input type="checkbox"/> Conditional Us  <input type="checkbox"/> Interpretatio  <input type="checkbox"/> Approved  <input type="checkbox"/> Denied  Date:	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landma  <input type="checkbox"/> Does Not Require Revie  <input type="checkbox"/> Requires Review  <input type="checkbox"/> Approved  <input type="checkbox"/> Approved w/Condition  <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.

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SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

<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> 2079982551
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Fire Suppression System	<b>Zone:</b>

<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 11/03/2009
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 11/20/2009
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
1) Sprinkler systems to be designed and installed per IBC 2003 standards Sec. 903.3.1			
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Capt Keith Gautreau	<b>Approval Date:</b> 11/02/2009
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
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.			

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