



# PORTLAND MAINE

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Jeff Levine, AICP, Director  
Director of Planning and Urban Development

Tammy Munson  
Director, Inspections Division

## **Electronic Signature and Fee Payment Confirmation**

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a **legal signature** per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are **paid in full** to the Inspections Office, City of Portland Maine by method noted below:

- Within 24-48 hours, once my complete permit application and corresponding paperwork has been electronically delivered, I intend to **call the Inspections Office** at 207-874-8703 and speak to an administrative representative and provide a credit/debit card over the phone.
- Within 24-48 hours, once my permit application and corresponding paperwork has been electronically delivered, I intend to **hand deliver** a payment method to the Inspections Office, Room 315, Portland City Hall.
- I intend to deliver a payment method through the U.S. Postal Service mail once my permit paperwork has been electronically delivered.

Applicant Signature:

*Melissa Peterson*

Date:

*3/6/14*

I have provided digital copies and sent them on:

Date:

*3/6/14*

NOTE: All electronic paperwork must be delivered to [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov) or by physical means ie; a thumb drive or CD to the office.

Room 315 - 389 Congress Street- Portland, Maine 04101 (207) 874-8703 - Fax: 874-8716 - TTY: 874-8936



# Fire Alarm Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

## Complete and submit the following

- Design complies with City Code Ch. 10 and Fire Department Regulations Ch 5: \_\_\_\_\_
- Life Safety Code Occupancy Classification: Healthcare
- A formal code analysis may be required depending on the complexity of the property: \_\_\_\_\_
- Is the top occupiable floor of the building greater than 75 ft. above the lowest level of fire department access (high-rise)? No
- Is this new work or a renovation to an existing system? new
- Name of company providing programming and certification of system Norris Inc.  
(see <http://www.portlandmaine.gov/fireprevention/firealarmcompanies.asp> for approved companies):
- Vectored pdf plans and documents included
- Accurate scalable floor plan(s) \_\_\_\_\_
- Reflected ceiling or electrical plans are not acceptable. The plans shall be represent only the fire alarm system
- Each plan shall have a graphic scale
- Each plan shall have a 3 in. x 3 in. space reserved in the top right hand corner for city approval stamp
- Each plan shall have FA and a sheet number and a descriptive tile on it
- Each sheet shall be saved as a separate file and named the sheet number and title (ex. *FA-01 First Floor, FA-04 Wiring Diagram, etc.*)
- In order to review revisions to previously submitted plans, each revision shall have the same file name as the previous version
- Each document shall be a separate file with a descriptive file name
- An example of one document and file is a four page data sheet for one smoke detector

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- Designer qualifications (copy of NICET IV certificate or stamped plans and documents)
- Scope of work
- Wiring diagram(s)
- Annunciator details
- Operations matrix

- Battery and voltage calculations
- Equipment data sheets
- A city electrical permit has been pulled

**Master Box Approval (complete all items for approval)**

- Is this check list applicable?
- Will a master box be installed? Yes
- AES approved installing contractor? Norris Inc.
- Documentation of AES approval: \_\_\_\_\_
- Property Owner? Maine Medical Center
- Property Owner Billing Address? 335 Brighton Ave. Portland, ME.
- Property common name: MMC Brighton Campus
- E-911 Address for protected premises: \_\_\_\_\_
- Life Safety Code Occupancy Classification: Healthcare
- Emergency contact name: Engineering on Call (mme)
- Emergency contact phone: (207) 662 - 8006 (ask for Engineering On Call)
- Additional emergency contact phone: (207) 662-8006 (Richard Spicer)
- Number of stories protected? 5
- Number of square feet of structure protected? 209,335
- Is the building protected by a supervised, automatic sprinkler system? Yes

\* See Applicant Submittal Requirements for Electronic Plan Review.

Separate permits are required for internal and external plumbing, & electrical installations. For questions on Fire Department requirements call the Fire Prevention Officer at (207) 874-8405. Please submit all of the information outlined in this application checklist. If the application is incomplete, the application may be refused.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

**This is not a Permit; you may not commence any work until the Permit is issued.**



# Fire Alarm Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

<b>Address/Location of Construction:</b> 335 Brighton Ave.		
<b>Total Square Footage of Proposed Structure:</b>		209,335
<b>Tax Assessor's Chart, Block &amp; Lot</b> Chart#      Block#      Lot#	<b>Applicant Name:</b> Melissa Peters Address: 2257 West Broadway City, State & Zip: South Portland, ME. 04106	Telephone: 883-3473 x1104 Email: melissap@norrisinc.com
<b>Lessee/Owner Name:</b> Maine Medical Center (if different than applicant) Address: 335 Brighton Ave. City, State & Zip: Portland, ME 04101 Telephone & E-mail: (207) 662-8006	<b>Contractor Name:</b> Welch Elec. Phil Welch (if different from Applicant) Address: 5 Arden Way City, State & Zip: Falmouth, ME 04105 Telephone & E-mail: 329-8592	<b>Cost Of Work:</b> \$ 225,000 Fees: first \$1000 = \$30 fee + \$10 for every other \$1000 of Cost of work <b>Total Fees :</b> \$ 2270.00
<b>Current use</b> (i.e. single family) <u>Healthcare</u>		
<b>If vacant, what was the previous use?</b> _____		
<b>Proposed Specific use:</b> <u>HealthCare</u>		
Is property part of a subdivision? <u>No</u> If yes, please name _____		
<b>Project description:</b> Install new addressable fire alarm system with voice evacuation.		
<b>Who should we contact when the permit is ready:</b> Melissa Peters		
<b>Address:</b> 2257 West Broadway		
<b>City, State &amp; Zip:</b> South Portland, ME. 04106		
<b>E-mail Address:</b> melissap@norrisinc.com		
<b>Telephone:</b> 883-3473 x 1104		

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

**Signature:** Melissa Peters      **Date:** 3/6/14

This is not a permit; you may not commence ANY work until the permit is issued.