

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

Please Read  
Application And  
Notes, If Any,  
Attached

BU...TION

**PERMIT**

Permit Number: 090637

This is to certify that WESTBROOK SEMINARY & SENIOR CENTER FOR WOMEN  
has permission to UNE - Pharmacy Building connected w/ permit # 080... & 0902... install Type 13 Wet system sprinkler system  
AT 714 STEVENS AVE CE... 145 A003001

provided that the person or persons, firm or corporation accounting 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... ed-in. 24...  
**PERMITS REQUIRED.**

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

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. R. [Signature]

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name

CITY OF PORTLAND

[Signature] 6/23/09  
Director - Building & Inspection Services

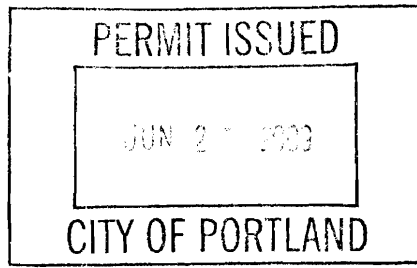
**PENALTY FOR REMOVING THIS CARD**

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

Permit No: 09-0637	Issue Date:	CBL: 145 A003001
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<b>Location of Construction:</b> 714 STEVENS AVE	<b>Owner Name:</b> WESTBROOK SEMINARY & JU	<b>Owner Address:</b> 716 STEVENS AVE	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Eastern Fire Protection Co., Inc.	<b>Contractor Address:</b> 170 Kittyhawk Ave., PO Box Auburn	<b>Phone:</b> 2077841507
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Sprinkler Systems	<b>Zone:</b> R-5
<b>Past Use:</b> UNE - Pharmacy Building connected w/ permit# 080088 & 090243	<b>Proposed Use:</b> UNE - Pharmacy Building connected w/ permit# 080088 & 090243 - install Type 13 Wet system sprinkler system	<b>Permit Fee:</b> \$95.00	<b>Cost of Work:</b> \$7,500.00
<b>Proposed Project Description:</b> UNE - Pharmacy Building connected w/ permit# 080088 & 090243 - install Type 13 Wet system sprinkler system		<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>* see Conditions</i>	<b>INSPECTION:</b> Use Group: <i>B/A3</i> <i>FIRE SPRINKLER</i>
		<b>Signature:</b> <i>KG</i>	<b>Signature:</b> <i>AMB 6/23/09</i>
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>			
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		<b>Signature:</b>	<b>Date:</b>

<b>Permit Taken By:</b> Ldobson	<b>Date Applied For:</b> 06/17/2009	<b>Zoning Approval</b>		
<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"/> <i>Ok w/ condition</i> Date: <i>6/18/09</i> <i>AMB</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 <i>Ok w/ condition</i> Date: <i>6/18/09</i> <i>AMB</i>	<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: <i>AMB</i>



**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

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

<b>Permit No:</b> 09-0637	<b>Date Applied For:</b> 06/17/2009	<b>CBL:</b> 145 A003001
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<b>Location of Construction:</b> 714 STEVENS AVE	<b>Owner Name:</b> WESTBROOK SEMINARY & JUN	<b>Owner Address:</b> 716 STEVENS AVE	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Eastern Fire Protection Co., Inc.	<b>Contractor Address:</b> 170 Kittyhawk Ave., PO Box Auburn	<b>Phone:</b> (207) 784-1507
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Sprinkler Systems	

<b>Proposed Use:</b> UNE - Pharmacy Building connected w/ permit# 080088 & 090243 - install Type 13 Wet system sprinkler system	<b>Proposed Project Description:</b> UNE - Pharmacy Building connected w/ permit# 080088 & 090243 - install Type 13 Wet system sprinkler system
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 06/19/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b>	<b>Approval Date:</b>
<b>Note:</b>			<b>Ok to Issue:</b> <input type="checkbox"/>
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Capt Keith Gautreau	<b>Approval Date:</b> 06/19/2009
<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) The sprinkler system shall be installed in accordance with NFPA 13.			



**PORTLAND FIRE DEPARTMENT  
Sprinkler Plan Review Request Form**

CBL#: \_\_\_\_\_ Date: 5/12/09  
 Fire Marshal's Permit No: 8327

Address of Property where Alarm System will be Installed: 716 STEVENS AVE  
 Property Owner: UNIVERSITY OF NEW ENGLAND Phone No: \_\_\_\_\_  
 Owner's Address: STEVENS AVE Fax No: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Name: EASTERN FIRE PROTECTION Phone: 784-1507  
 Address: 170 KITTY HAWK AVE Fax No: 782-0566  
AUBURN, ME. 04210 Email: beauchrc@teameastern.com

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

Number and Location of Zones: ONE ZONE

RELOCATING SPRINKLERS ON LOWER LEVEL TO ACCOMODATE NEW CEILING LAYOUT

System Monitoring:  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 #: \_\_\_\_\_



**EASTERN FIRE PROTECTION**

P.O. Box 1390  
Kittyhawk Ave.  
Auburn, ME 04210

PH # (207) 784-1507  
FAX # (207) 782-0566

**LETTER OF TRANSMITTAL**

DATE	6/16/09	JOB NO.	Au-4245
ATTENTION	LANNIE DOBSON		
RE:	UNE PHARMACY 716 STEVENS AVE PORTLAND, ME.		

TO INSPECTIONS DIVISION

**WE ARE SENDING YOU**  Attached  Under separate cover via \_\_\_\_\_ the following items:

- Shop drawings
- Descriptive data
- Hydraulic calculations
- Copy of letter
- Literature

QUANTITY	DRAWING NO.	DATE	DESCRIPTION	STATUS
1	1 OF 3	5/12/09	LOWER LEVEL SPRINKLER PLAN	C
1	-	-	MAINE STATE FIRE MARSHAL	
1			SPK. PLAN REVIEW REQUEST FORM	
1			CHECK FOR PERMIT \$95.00	

- Status code
- A. Approved
  - B. Approved as noted
  - C. Submitted for approval
  - D. Corrected & resubmitted
  - E. For your files
  - F. Refer to remarks

Please return 1 <sup>PERMIT</sup> copies each indicating your approval and/or comments.

**REMARKS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COPY TO** \_\_\_\_\_ **SIGNED** Bob Beaudoin

If enclosures are not as noted, kindly notify us at once



**State of Maine**  
**Department of Public Safety**  
**Fire Sprinkler System Permit**



# **8621**

**UNE PHARMACY LOWER LEVEL**

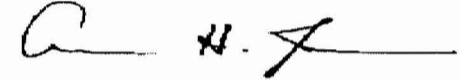
Located at: 716 Stevens Ave.  
 In the Town of: Portland  
 Occupancy/Use: Classrooms  
 Type of System: NFPA 13

Permission is hereby given to:

**Eastern Fire Protection**  
 PO Box 1390  
 Auburn, ME 04211390  
 Contractor License # **101**

according to plans submittal filed with the Licensing and Inspections Unit and are now approved. This application form/plans are filed under log # **2091180**, 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 **5/12/2009** for a fee paid of **\$100.00**  
 This permit will expire at midnight on *Sunday, November 08, 2009*



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: Flynt William A.

RMS Signature: \_\_\_\_\_