

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT



This is to certify that

SEASIDE HEALTHCARE LLC /Regional Electric LLC

Located at

850 BAXTER BLVD

PERMIT ID: 2013-00370

ISSUE DATE: 04/29/2013

CBL: 166 A010001

has permission to **install master box fire alarm system for new addition.**

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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
THERE IS A PENALTY FOR REMOVING THIS CARD**

PERMIT ID: 2013-00370

Located at: 850 BAXTER BLVD

CBL: 166 A010001

BUILDING PERMIT INSPECTION PROCEDURES
Please call 874-8703 (ONLY)
or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

REQUIRED INSPECTIONS:

Final - Fire

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, Maine - Building or Use Permit

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

Permit No: 2013-00370	Date Applied For: 02/25/2013	CBL: 166 A010001
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Location of Construction: 850 BAXTER BLVD	Owner Name: SEASIDE HEALTHCARE LLC	Owner Address: 850 BAXTER BLVD	Phone:
Business Name: Seaside Health Care	Contractor Name: Regional Electric LLC	Contractor Address: 186 Summer Street Auburn	Phone (207) 795-7800
Lessee/Buyer's Name	Phone:	Permit Type: Fire Alarm System	

Proposed Use: Same: Long Term & Extended Care Facilities	Proposed Project Description: install master box fire alarm system for new addition.
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 02/25/2013
Note: **Ok to Issue:**

Dept: Fire **Status:** Approved w/Conditions **Reviewer:** Ben Wallace Jr **Approval Date:** 04/29/2013
Note: Permit approved based upon 3rd party review by FPE Mark Cummings. Letter on file. **Ok to Issue:**

- 1) Visible signals are required per NFPA 101:9.6.3.5 in accordance with NFPA 72:18.5.4.4. Audible and visible notification signals are not required in exit stair enclosures by NFPA 101:9.6.3.5.5 and NFPA 101:9.6.3.6.4.
- 2) The fire alarm technician shall be present for the fire inspection. System acceptance and commissioning must be coordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.
- 3) Through-penetrations and membrane penetrations in fire walls, fire barrier walls, and fire resistance rated horizontal assemblies shall be protected by firestop systems or devices in conformance with NFPA 101:8.3.5 (ASTM E 814 or ANSI/UL 1479). Providing firestop labels at each firestop system or device and an onsite manual containing the detail for each firestop system or device used for the project will streamline final inspection approvals.
- 4) All smoke detectors shall be photoelectric.
- 5) The installation shall comply with the following:
City of Portland Chapter 10, Fire Prevention and Protection;
NFPA 1, Fire Code (2009 edition), as amended by City Code;
NFPA 101, Life Safety Code (2009 edition), as amended by City Code;
City of Portland Fire Department Rules and Regulations;
NFPA 72, National Fire Alarm and Signaling Code (2010 edition), as amended by Fire Department Rules and Regulations; and
NFPA 70, National Electrical Code (2011 edition) as amended by the State of Maine
- 6) The fire alarm system shall have a new fire alarm inspection sticker.
- 7) In field installation shall be installed per code as conditions dictate.
- 8) Fire protection systems shall be maintained. If system is to be off line over 4 hours a fire watch shall be in place. Dispatch notification required 874-8576.
- 9) System CO detectors shall shall not trip the master box but shall be called into the Fire Department upon activation via supervising oe central station.
- 10 All fire alarm records required by NFPA 72 should be stored in an approved cabinet located at the FACP labeled "FIRE ALARM RECORDS".
- 11 Records cabinet, FACP, annunciator(s), and pull stations shall be keyed alike.
- 12 Supervising Station monitoring for addressable fire alarm systems shall be by point.
- 13 A 4100 series Knox Box is required.

Location of Construction: 850 BAXTER BLVD	Owner Name: SEASIDE HEALTHCARE LLC	Owner Address: 850 BAXTER BLVD	Phone:
Business Name: Seaside Health Care	Contractor Name: Regional Electric LLC	Contractor Address: 186 Summer Street Auburn	Phone (207) 795-7800
Lessee/Buyer's Name	Phone:	Permit Type: Fire Alarm System	

14 A master box connection and drill switch is required. AES Zones shall be:

1. Water flow
2. City Disconnect: Water flow
3. Pull stations and detectors
4. City Disconnect: Pull stations and detectors
5. Not assigned
6. Not assigned
7. Not assigned
8. AES tamper switc

15 System acceptance and commissioning must be coordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.

16 Notice: The first scheduled final inspection fee is at no charge. Additional inspections shall be billed at \$75 for each inspector.

17 Manual Pull Stations are required per NFPA 101:30.3.4.2.1 at all exit doorways and within 200 feet of travel.

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 2013-00370	Issue Date:	CBL: 166 A010001
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Location of Construction: 850 BAXTER BLVD	Owner Name: SEASIDE HEALTHCARE LLC	Owner Address: 850 BAXTER BLVD PORTLAND, ME 04103	Phone:
Business Name: Seaside Health Care	Contractor Name: Regional Electric LLC	Contractor Address: 186 Summer Street Auburn ME 04210	Phone (207) 795-7800
Lessee/Buyer's Name	Phone:	Permit Type: Fire Alarm System	Zone: R5
Past Use: Long Term & Extended Care Facilities	Proposed Use: Same: Long Term & Extended Care Facilities	Permit Fee: \$520.00	Cost of Work: \$50,000.00
		FIRE DEPT: 4/29/13	INSPECTION: Use Group: Type:
Proposed Project Description: Install Fire Alarm in new addition		Signature: <i>B. J. Wald</i> (583)	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: bjs	Date Applied For: 02/25/2013	Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>		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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>OK - 2/25/13</i>	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 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>9</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