

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that
EASTERN FIRE SERVICES
PO BOX 1390
AUBURN, ME 04211

For installation at
1600 CONGRESS ST

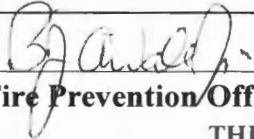
Job ID: 2012-03-3532-FAFS

CBL: 220- B-010-001

has permission to renovate sprinkler for Maine Nephrology
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

 (58)

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (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.**

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.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2012-03-3532-FAFS
renovate sprinkler for Maine Nephrology

For installation at:
1600 CONGRESS ST

CBL: 220- B-010-001

Conditions of Approval:

Fire

The sprinkler system shall be installed in accordance with NFPA 13. A signed compliance letter will be required.

A separate sprinkler permit is required from the State Fire Marshal's Office.

Sprinkler supervision shall be provided in accordance with NFPA 101, *Life Safety Code*, and NFPA 72, *National Fire Alarm and Signaling Code*.

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.

The Fire Department will require Knox locking caps on all Fire Department Connections on the exterior of the building.

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

City ordinance requires a Knox Box for all structures with a sprinkler or fire alarm system.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-03-3532-FAFS	Date Applied: 3/19/2012	CBL: 220- B-010-001	
Location of Construction: 1600 CONGRESS ST	Owner Name: 164 REALTY INC.	Owner Address: 100 SILVER ST PORTLAND, ME 04101	Phone:
Business Name:	Contractor Name: EASTERN FIRE SERVICES	Contractor Address: PO BOX 1390 AUBURN MAINE 04211	Phone: (207) -773-3625
Lessee/Buyer's Name:	Phone:	Permit Type: FIRE ALARM	Zone: R-P
Past Use: Professional Offices and Dialysis Services	Proposed Use: Same: Professional Offices and Dialysis Services – To install fire suppression system	Cost of Work: \$12,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: Type:
		Signature: <i>[Signature]</i> (58)	Signature:
Proposed Project Description: water based fire suppression system		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Lannie		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 informatin may invalidate a building permit and stop all work.</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p><input type="checkbox"/> Maj <input type="checkbox"/> Min <input checked="" type="checkbox"/> MM</p> <p>Date: <i>ok</i> 3/19/12</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>
	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 appication 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



Water-Based 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.

R-A

Installation address: 1600 CONGRESS ST. CBL: 220 B010

Exact location: (within structure) SOUTH-EAST SIDE (FACING RIVER)

Type of occupancy(s) (NFPA & ICC): OFFICE SPACE / LIGHT HAZARD

Building owner: MAINE NEPHROLOGY ASSOCIATION

Managing Supervisor (RMS): W. FLYNT License No: 368

Supervisor phone: (207) 784-1507 E-mail: FLYNTW@TEAMEASTERN.COM

Installing contractor: EASTERN FIRE PROTECTION License No: 101

Contractor phone: (207) 773-3625 E-mail: rbarrett@wright-ryan.COM

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: _____

NFPA Standard this system is designed to: 13 Edition: 2010

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

Download a new copy of this document from www.portlandmaine.gov/fire for every submittal. Attach all working documents and complete approved submittals as may be required by the State Fire Marshal's Office on 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.

<p>COST OF WORK: <u>\$12,000.00</u></p> <p>PERMIT FEE: <u>\$150.00</u></p> <p>(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)</p> <p>RECEIVED</p> <p>MAR 19 2012</p> <p>Dept. of Building Inspections City of Portland Maine</p>
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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).

Applicant signature: [Signature] Date: 3-12-12



EASTERN FIRE PROTECTION

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

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

LETTER OF TRANSMITTAL

DATE	3-13-12	JOB NO.	AU-4843-11
ATTENTION	PLAN REVIEW		
RE:	ME. NEPHROLOGY ASSOC. 1600 CONGRESS ST. PORTLAND, ME. 04101		

TO BUILDING INSPECTIONS DEPT.
389 CONGRESS ST., RM 315
PORTLAND, ME. 04101

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	10F1	3/13/12	SPRK STOP DWG	C, E

Status code

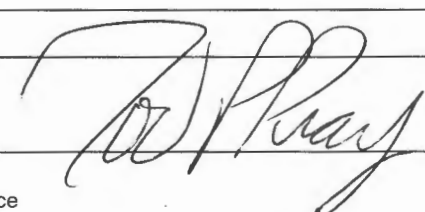
- A. Approved
- B. Approved as noted
- C. Submitted for approval
- D. Corrected & resubmitted
- E. For your files
- F. Refer to remarks

Please return _____ copies each indicating your approval and/or comments.

REMARKS PLEASE CONTACT US IF YOU HAVE ANY
FURTHER QUESTIONS OR CONCERNS.

THANK YOU.

COPY TO _____

SIGNED 



PORTLAND MAINE

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Receipts Details:

Tender Information: Check , BusinessName: Eastern Protection Co. Inc, Check Number: 107041

Tender Amount: 150.00

Receipt Header:

Cashier Id: gguertin

Receipt Date: 3/19/2012

Receipt Number: 41888

Receipt Details:

Referance ID:	5680	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	140.00	Charge Amount:	140.00
Job ID: Job ID: 2012-03-3532-FAFS - water based fire suppression system			
Additional Comments:			

Referance ID:	351	Fee Type:	MISC-Over Payment
Receipt Number:	0	Payment Date:	
Transaction Amount:	10.00	Charge Amount:	10.00
Job ID: Miscellaneous charges			