

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 090993

Please Read Application And Notes, If Any, Attached

This is to certify that PENOBSCOT BAY MEDICAL ASSOCIATES/Norris, Inc.

has permission to install a Fire Alarm for Martins Point Health

AT 331 VERANDA ST EBL 434 C001001

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 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 lathed or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.

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

PERMIT ISSUED

OTHER REQUIRED APPROVALS

Fire Dept. [Signature] 202

Health Dept. [Signature] MAR 25 2010

Appeal Board

Other

CITY OF PORTLAND

Department Name

[Signature] 3/9/10
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: 09-0993	Issue Date:	CBL: 434 C001001
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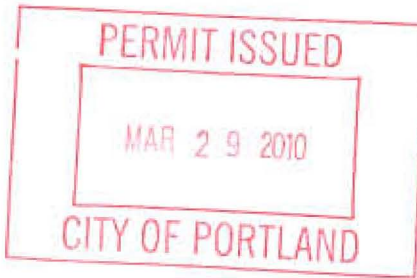
Location of Construction: 331 VERANDA ST	Owner Name: PENOBSCOT BAY MEDICAL AS	Owner Address: PO BOX 9746	Phone:
Business Name:	Contractor Name: Norris, Inc.	Contractor Address: 2257 W Broadway, PO Box 2551 Sout	Phone 2078833473
Lessee/Buyer's Name	Phone:	Permit Type: Fire Alarm System	Zoning R-1

Past Use: Commercial / Medical Office - connected w/ permit# 090308	Proposed Use: Commercial / Medical Office - install a Fire Alarm for Martins Point Health	Permit Fee: \$220.00	Cost of Work: \$19,600.00	CEO District: 4
Proposed Project Description: install a Fire Alarm for Martins Point Health		FIRE DEPT.: w/ conditions 3/8/10 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group B/S-2 Type 2B Fire Alarm IBC-2003 Signature: <i>[Signature]</i> 3/9/10	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Signature:	Date:	

Permit Taken By: Ldobson	Date Applied For: 09/10/2009	Zoning Approval		
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<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>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>9/25/10</i></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 District 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:</p>
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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.

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

Permit No: 09-0993	Date Applied For: 09/10/2009	CBL: 434 C001001
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Location of Construction: 331 VERANDA ST	Owner Name: PENOBSCOT BAY MEDICAL AS	Owner Address: PO BOX 9746	Phone:
Business Name:	Contractor Name: Norris, Inc.	Contractor Address: 2257 W Broadway, PO Box 2551 Sout	Phone (207) 883-3473
Lessee/Buyer's Name	Phone:	Permit Type: Fire Alarm System	

Proposed Use: Commercial / Medical Office - install a Fire Alarm for Martins Point Health	Proposed Project Description: install a Fire Alarm for Martins Point Health
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 09/25/2009
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 03/08/2010
Note: **Ok to Issue:**
 1) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
 2) Fire Alarm systems shall be installed per Sec. 907 of the IBC 2003

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Ben Wallace Jr. **Approval Date:** 03/08/2010
Note: **Ok to Issue:**
 1) The sprinkler system shall have supervisory and water flow devices by zone (floor).
 2) Smoke detectors are required in defined egress areas such as stairs, corridors, elevator lobbies and vestibules and spaced as per NFPA 72-2010 edition.
 3) Elevator recall shall not be initiated by pull stations or smoke detectors other than elevator lobby, shaft and machine room smoke detectors.
 4) Duct detectors are supervisory devices - NOT alarm devices.
 5) Fire Alarm system 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.
 6) Fire alarm system requires a wireless master box connection per city ordinance.
 Masterbox design and installation shall be as approved be City Electrical Division.
 7) Installation of a Fire Alarm system requires a Knox Box to be installed per city crdinance
 8) In addition to master box requirements, Central Station monitoring is required and shall be by point.
 9) As-built documents shall be submitted in pdf to the Building Inspections Office upon completion of job.
 10) System acceptance and commissioning must be co-ordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.
 11) All fire alarm records required by NFPA 72 should be stored in an approved cabinet located at the FACP labeled "FIRE ALARM RECORDS". Records cabinate, FACP, annunciator(s), and pull stations shall be keyed alike.
 12) The fire alarm system shall comply with the City of Portland Standard for Signaling Systems for the Protection of Life and Property. All fire alarm installation and servicing companies shall have a Certificate of Fitness from the Fire Department.



Fire Alarm 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

Installation address: 331 Veranda Street CBL Martins Point Health

Exact location: (within structure) Entire Building

Type of occupancy(s) (NFPA & ICC): Health Care

Building owner: Martin Point

System Designer: SMRT zach Davis (Norris) zachd@norrisinc.com

Designer phone: 772-3846 E-mail: NA

Installing contractor: Seabee Electric License No: 17768

Contractor phone: 883-5448 E-mail: NA

This is a new application. YES NO

This is an amendment to an existing permit. YES NO Permit no: _____

The following documents have been provided with this application:

Floor plans: YES NO

Wiring diagram: YES NO

Annunciator details: YES NO

Bid specifications: YES NO

Equipment data sheets: YES NO

Battery & voltage drop calculations: YES NO

Input/output Matrix Sequence of operations: YES NO

Designer/ personnel qualifications: YES NO

COST OF WORK:	<u>\$19,600.00</u>
PERMIT FEE:	<u>220</u>
<small>(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)</small>	

Please submit all of the information outlined on the checklist to the Building Inspections Department, 389 Congress Street, Room 315, Portland, Maine 04101.

Prior to acceptance of any fire alarm 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 70, NFPA 72, and Fire Department Technical Standard(s)

Applicant signature: Henry Dubhan Date: 9/10/09

From: Benjamin Wallace
 To: zachd@norrising.com
 Date: 9/14/2009 3:48:36 PM
 Subject: Fwd: Martin's Point Office Building

Forgot one: smoke detectors are required in corridors and egress areas per City Ordinance. The ROR heat detectors required by ordinance can be omitted with sprinkler protection in those non-egress areas. This doesn't apply to elevator detectors of course.
 Thanks you,

Benjamin A. Wallace Jr.
 Fire Prevention Officer
 Portland Fire Department
 380 Congress Street
 Portland, Maine 04101
 (207)756-8096
 wallaceb@portlandmaine.gov

>>> Benjamin Wallace 9/14/2009 3:34:10 PM >>>

Good afternoon,
 I'm in the process of reviewing the fire alarm permit for Martin's Point and need 3 things:
 All documents need to be submitted on no larger than 11x17 and/or on PDF;
 Input/ Output Matrix;
 Evidence of designer qualifications.
 The input matrix I'm looking for should resemble what is found in Figure A-10.6.0.0(0) in NEPA...



CITY OF PORTLAND, MAINE
 Department of Building Inspections

Original Receipt

Received from Seabee Electric 9.10.2009

Location of Work 331 Veranda St.

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ 220 Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 220

Building (IU) _____ Plumbing (15) _____ Electrical (12) _____ Site Plan (U2) _____

Other Fire Alarm

CBL: 434-C-1

Check #: 9468 Total Collected \$ 220

**No work is to be started until permit issued.
 Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
 YELLOW - Office Copy
 PINK - Permit Copy

SEABEE ELECTRIC, INC.
 84 Pleasant Hill Road
 SCARBOROUGH, MAINE 04074

LETTER OF TRANSMITTAL

(207) 883-5448

TO CITY OF PORTLAND

DATE	3/2/10	JOB NO.
ATTENTION	BEN WALLACE	
RE:	MARTIN'S POINT OFFICE BUILDING	

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

COPIES	DATE	NO.	DESCRIPTION
1	12/17/09		MATRIX
1	2/16/10		PLANS EY 101, 102+103 SHOWING ADDITIONAL SPECK DET'S

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FOR BIDS DUE _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS PLEASE CALL WITH ANY QUESTIONS

COPY TO _____

SIGNED: GEORGE BLANCHARD

SUPPLEMENTAL INSTRUCTION

AIA DOCUMENT G710

<input checked="" type="checkbox"/>	Owner: Ann Tucker, MPHC	Email: ann.tucker@martinspoint.org
<input checked="" type="checkbox"/>	Owner's Rep: Paul Ureneck, Boulos Property Management	Email: pureneck@boulos.com
<input checked="" type="checkbox"/>	Architect: Scott L. Benson, SMRT	Email: sbenson@smrtinc.com
<input type="checkbox"/>	Consultant: Dwight Anderson, Deluca-Hoffman Assocs.	Email: danderson@delucahoffman.com
<input checked="" type="checkbox"/>	Contractor: Garret Bertolini, Pizzagalli Construction Co.	Email: gbertolini@pizzagalli.com
<input checked="" type="checkbox"/>	Other: J.L.H. MLE, LW, File 08139/44.1	

PROJECT:
Martin's Point Health Care
Medical Office Building

SUPPLEMENTAL
INSTRUCTION NO: 040

OWNER: Ann Tucker
Martin's Point Health Care
331 Veranda Street
Portland, ME 04104

DATE OF ISSUANCE: 12/17/09

TO: Garret Bertolini
Pizzagalli Construction Co.
131 Presumpscot Street
Portland, ME 04103

ARCHITECT: SMRT, Inc.
144 Fore Street, PO Box 618
Portland, ME 04104-0618

CONTRACT FOR:
Construction

A/E PROJECT NO: 08139

CONTRACT DATED:

REFERENCES CONTRACTOR'S RFI NO. NA
(if applicable)

The work shall be carried out in accordance with the following information which is issued as a clarification or interpretation of the contract documents. This is not a direction to proceed with work which modifies the Contract Sum or Contract Time. Proceeding with the Work in accordance with this supplemental instruction indicates your acknowledgement that there is no change in Contract Sum or Contract Time.

Description:

Fire Alarm System Sequence of Operation, a copy of which is attached as SK-1

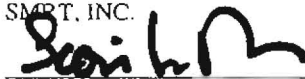
Reason:

Contractor request to accompany permit application.

Attachments:

SK-1

ISSUED BY:
SMRT, INC.


Architect/Engineer

12.17.09
Date