

**City of Portland, Maine - Building or Use Permit**

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

Permit No: 10-1234	Date Applied For: 10/05/2010	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: Johnson & Jordan	Contractor Address: 18 Mussey Road Scarborough	Phone (207) 883-8345
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	

Proposed Use: Commercial / Medical Office - Install Mechanical Equipment & Roof Top units	Proposed Project Description: Install Mechanical Equipment & Roof Top units
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 10/05/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) This permit is being issued with the condition that the noise requirement of section 14-151(b) will be met.			
2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 10/13/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) The installation must comply with the State of Maine Gas Regulations and the IMC 2003.			
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Keith Gautreau	Approval Date: 10/06/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Install shall comply with all manufacture's specifications.			
2) Install shall comply with NFPA 54. A compliance letter is required			

Please  
Issue, Mail  
Scan &  
give to  
tx Nick A.

Call  
SMRT  
for  
PDF'S

D

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Permit No: 10-1234	Issue Date:	CBL: 434 C001001
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Business Name:	Contractor Name: Johnson & Jordan	Contractor Address: 18 Mussey Road Scarborough	Phone: 2078838345
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: RP

Past Use: Commercial / Medical Office	Proposed Use: Commercial / Medical Office - Install Mechanical Equipment & Roof Top units	Permit Fee: \$7,410.00	Cost of Work: \$739,000.00	CEO District: 4
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Proposed Project Description: Install Mechanical Equipment & Roof Top units	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>*See Conditions</i>	INSPECTION: Use Group: <b>B</b> Type: <b>HVAC</b> <b>IMC-2003</b> Signature: <b>AMB 10/13/10</b>
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Permit Taken By: Idobson	Date Applied For: 10/05/2010	<b>Zoning Approval</b>
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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><i>OK w/conditions</i> Date: <i>10/5/10</i> <i>APM</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><i>APM</i> Date:</p>
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**PERMIT ISSUED**

OCT 13 2010

City of Portland

**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

Department of Building Inspections

## Original Receipt

10-5-2010

Received from

Johnson & Jarden

Location of Work

331-Veranda

Cost of Construction \$ \_\_\_\_\_

Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total:

\$7410

Building (11) \_\_\_\_\_

Plumbing (15) \_\_\_\_\_

Electrical (12) \_\_\_\_\_

Site Plan (12) \_\_\_\_\_

Other

HVAC - All

CBL:

Y34-C-1

Check #:

19270

Total Collected \$

\$7410

**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



FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT PERMIT ISSUED HEATING OR POWER EQUIPMENT

OCT 13 2010

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL 434-E-1 Use of Building MEDICAL OFFICE Date 10-4-10

Name and address of owner of appliance Martin's Point

Installer's name and address JOHNSON AND JORDAN INC  
18 MUSSEY ROAD SCARBOROUGH 04074 Telephone 207-883-8345

**Location of appliance:**

- Basement
- Attic
- Floor
- Roof

**Type of Fuel:**

- Gas
- Oil
- Solid

Appliance Name: (2) - CLEAR BRASS BOILERS @ 1,000,000 Btu  
(2) - DRI STEAM HUMIDIFIERS @ 300,000  
(2) - PVI WATER HEATERS @ 300,000  
2,300,000 TOTAL

U.L. Approved  Yes  No

Will appliance be installed in accordance with the manufacture's installation instructions?  Yes  No

IF NO Explain:

**The Type of License of Installer:**

- Master Plumber # 02460
- Solid Fuel # \_\_\_\_\_
- Oil # \_\_\_\_\_
- Gas # PHT1241
- Other \_\_\_\_\_

**Type of Chimney:**

- Masonry Lined
- Metal

RECEIVED

OCT - 5 2010

Factory Built U. Dept. of Building Inspections  
City of Portland Maine

- Direct Vent

Type DBL Wall SS UL# 1738

Pro Tech Pro Seal

**Type of Fuel Tank**

- Oil
- Gas NATURAL GAS

Size of Tank N/A

Number of Tanks N/A

Distance from Tank to Center of Flame N/A feet.

Cost of Work: \$ 739,000.00

Permit Fee: \$ \_\_\_\_\_

**Approved**

**Approved with Conditions**

Fire: \_\_\_\_\_

Ele.: \_\_\_\_\_

Bldg.: \_\_\_\_\_

See attached letter or requirement

Inspector's Signature

Date Approved

Signature of Installer

Charlaine Jordan



Pizzagalli Construction  
331 Veranda Street  
Portland ME 04103

**TRANSMITTAL**  
No. 0492

**PROJECT:** Martin's Point Medical Office Building  
**TO:** Portland, Maine, City of  
P.O. Box 544  
Portland ME 04112-0544

**DATE:** 10/05/2010  
**RE:** Martin's Point Certificate of Occupancy

**ATTN:** Nicholas Adams

**JOB:** 12800

WE ARE SENDING:	SUBMITTED FOR:	ACTION TAKEN:
<input type="checkbox"/> Shop Drawings	<input type="checkbox"/> Approval	<input type="checkbox"/> Approved as Submitted
<input type="checkbox"/> Letter	<input type="checkbox"/> Your Use	<input type="checkbox"/> Approved as Noted
<input type="checkbox"/> Prints	<input type="checkbox"/> As Requested	<input type="checkbox"/> Returned After Loan
<input type="checkbox"/> Change Order	<input type="checkbox"/> Review and Comment	<input type="checkbox"/> Resubmit
<input type="checkbox"/> Plans		<input type="checkbox"/> Submit
<input type="checkbox"/> Samples	<b>SENT VIA:</b>	<input type="checkbox"/> Returned
<input type="checkbox"/> Specifications	<input checked="" type="checkbox"/> Attached <input type="checkbox"/> Separate Cover	<input type="checkbox"/> Returned for Corrections
<input type="checkbox"/> Other:		<input type="checkbox"/> Due Date:
		<input type="checkbox"/> Other:

Line	Item	Package	Code	Qty	Date	Description	Status
1				1	10/05/2010	New Health Center Plumbing Permit	
2				1	10/05/2010	Domestic Water Lab Analysis Report	
3				1	10/05/2010	New Health Center Electrical Permit	
4				1	10/05/2010	New Health Center Fire Alarm Permit	
5				1	10/05/2010	New Health Center HVAC Permit- Including Drawings SG001, SF103, and a letter from SMRT stating that the roof structure is designed to support equipment loads	

**REMARKS:**

**CC:** Pizzagalli Construction, Jared Ballard  
Pizzagalli Construction, Tim Street

**Signed:** \_\_\_\_\_  
Nick Duncan

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

Town or Plantation	Portland, Maine
Street Subdivision Lot #	331 VERANDA STREET
MARTINS POINT HEALTH CARE	
Last:	First:
Applicant Name:	Johnson, Jordan
Mailing Address of Owner/Applicant (If Different)	12 MUSSEY RD Scarborough, ME. 04074

PORTLAND PERMIT # 11004 APPLICANTS COPY

Date Permit issued: 7/29/09 FEE \$3610.00  Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 36101

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

### Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

*[Signature]* 7/29/09  
Signature of Owner/Applicant Date

### Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>MEDICAL OFFICE Building</u>	<b>Plumbing To Be Installed By:</b> 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>0,2,4,60</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<b>OR</b> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	10	Hosebibb / Silcock	—	Bathtub (and Shower)
	20	Floor Drain	2	Shower (Separate)
	—	Urinal	68	Sink
	—	Drinking Fountain	30	Wash Basin <u>Laundry</u>
	9	Indirect Waste	23	Water Closet (Toilet)
	—	Water Treatment Softener, Filter, etc.	—	Clothes Washer
	1	Grease / Oil Separator	—	Dish Washer
	11	Roof Drain	—	Garbage Disposal
	—	Bidet	—	Laundry Tub
	3	Other: <u>MOP RECEPTOR</u>	2	Water Heater
	54	Fixtures (Subtotal) Column 2	125	

TRANSFER FEE  
\$6.00

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

1090.00

Total Fixtures

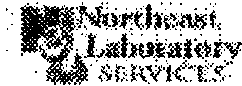
1,090.00  
N/A  
N/A  
1,090.00

Permit Fee

From: adams

10/04/2010 09:04

#136 P.001/002



P.O. Box 768  
Waterville, Maine 04903-0768

227 China Road  
Winslow, Maine 04901

Administrative Offices  
Phone: 207-873-7711  
Fax: 207-873-7022

Customer Service  
Phone: 800-244-8378  
Fax: 207-873-7022

## ANALYSIS REPORT

Attention: JOHNSON & JORDAN  
18 MUSSEY RD  
SCARBOROUGH ME 04074

Lab ID Number: PJ09801  
P.O. Number: PJ09801 Martins Point  
Date Collected: 09/30/2010 01:45 PM  
Date Received: 10/01/2010 09:00 AM  
Date Reported: 10/04/2010

Well Owner: PWD Martins Point MOB  
Well Location: 331 Varanda St Portland ME  
Well Type:  
Sample Type: Potability

Parameter	Result	Unit	Detection Limit	Method	Preparation Date/Time	Analysis Date/Time	Analyst
E. coli - Colilert MPN Enumeration	<1	MPN/100mL	1	SM9223B	10/01/10 9:50	10/02/10 10:00	SAH
Nitrite-Nitrogen, Total	<0.20	mg/L	0.2	BPA 300.0	10/01/10 12:03	10/01/10 12:03	MJC
Nitrate-Nitrogen, Total	<2.0	mg/L	2.0	BPA 300.0	10/01/10 12:03	10/01/10 12:03	MJC
Total Coliform Colilert MPN Enumeration	<1	MPN/100mL	1	SM9223B	10/01/10 9:50	10/02/10 10:00	SAH

### Comments:

This water is satisfactory for drinking for the above tests only.

Results are reported on a wet weight basis.

*This report shall not be reproduced, except in full, without written permission from Northeast Laboratory Services.*

Results meet the requirements of the NELAC standards unless otherwise noted above

If you have any questions regarding your results please call 1-800-244-8378 ext 301.

Reviewed By:

Review Date:

10/04/2010

James F. Galasya Ph.D., Chemistry Lab Manager

Analytical results and reports are generated by NEL at the request of and for the exclusive use of the person or entity (client) named on this report. Results, reports or copies of same will not be released by NEL to any third party without the prior express written consent from the client named in this report. This report applies only to those samples taken at the time, place and location referenced by the client. This report makes no express or implied warranty or guarantee as to the sampling methodology used by the individual performing the sampling. The client is solely responsible for the use and interpretation of these results and NEL makes no express or implied warranties as to such use or interpretation. NEL is not able to make and does not make a determination as to the environmental soundness, safety or health of a property from only the samples sent to their laboratory for analysis. Unless otherwise specified by the Client, NEL reserves the right to dispose of all samples after the testing of such samples is sufficiently completed or after a thirty-day period, whichever period is greater. NEL liability extends only to the cost of the testing.

Winslow Lab is accredited by the State of Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention (ME00009) and by the National Environmental Laboratory Accreditation Program (NELAP) through the State of Florida Department of Health, Bureau of Laboratories (E87820).

# ELECTRICAL PERMIT

## City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:  
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date \_\_\_\_\_  
Permit # 20094315  
CBL# 434-C1

LOCATION: 331 Veranda St. METER MAKE & # \_\_\_\_\_  
CMP ACCOUNT # \_\_\_\_\_ OWNER Martin's Point  
TENANT Martin's Point Medical PHONE # \_\_\_\_\_  
office Building

						TOTAL EACH FEE		
OUTLETS	1129	Receptacles	200	Switches		Smoke Detector	20	265.80
FIXTURES		Incandescent	1071	Fluorescent		Strips	20	214.20
SERVICES		Overhead		Underground		TTL AMPS <800	15.00	
		Overhead	1	Underground		>800	25.00	
Temporary Service	1	Overhead		Underground		TTL AMPS 200 Amp	25.00	25.00
							25.00	
METERS	1	(number of)					1.00	1.00
MOTORS	15	(number of)					2.00	30.00
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior		Exterior	5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00	
		Insta-Hot		Water heaters		Fans	2.00	
		Dryers		Disposals		Dishwasher	2.00	
		Compactors		Spa		Washing Machine	2.00	
		Others (denote)					2.00	
MISC. (number of)		Air Cond/win				Pools	10.00	
		Air Cond/cent						
	17	HVAC		EMS		Thermostat	5.00	85.00
		Signs					10.00	
		Alarms/res					5.00	
	1	Alarms/com					15.00	15.00
	6	Heavy Duty (CRKT)					2.00	12.00
		Circus/Camv					25.00	
		Alterations					5.00	
		Fire Repairs					15.00	
	7	E Lights					1.00	7.00
	1	E Generators					20.00	20.00
PANELS		Service	12	Remote		Main	4.00	48.00
TRANSFORMER		0-25 Kva					5.00	
	4	25-200 Kva					8.00	32.00
		Over 200 Kva					10.00	
						TOTAL AMOUNT DUE		
						MINIMUM FEE/COMMERCIAL 55.00	MINIMUM FEE 45.00	751.00

CONTRACTORS NAME Seabee Electric MASTER LIC. # 17768  
ADDRESS 84 Pleasant Hill Rd. Scarborough LIMITED LIC. # \_\_\_\_\_  
TELEPHONE 883-5448

SIGNATURE OF CONTRACTOR \_\_\_\_\_

White Copy - Office • Yellow Copy - Applicant



**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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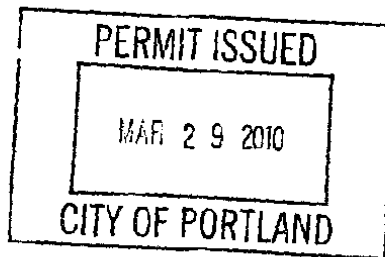
Location of Construction: 331 VERANDA ST	Owner Name: PENOBSCOT BAY MEDICAL AS	Owner Address: PO BOX 9746	Phone:
Business Name:	Contractor Name: Norris, Inc.	Contractor Address: 2257 W Broadway, PO Box 2551 Sout	Phone: 2078833473
Lessee/Buyer's Name	Phone:	Permit Type: Fire Alarm System	Zoning R-1

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 3/18/10 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group B/S-2 Type 2B Fire Alarm IBC-2003 Signature: JMB 3/19/10	

Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
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: Ldobson	Date Applied For: 09/10/2009	<b>Zoning Approval</b>	
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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> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MMT <input type="checkbox"/></p> <p>Date: <i>9/25/09</i></p>	<p>Zoning Appeal</p> <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 <p>Date:</p>	<p>Historic Preservation</p> <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 <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 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

Form # P 04

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

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING PERMITS SECTION

## PERMIT

Permit Number: 090993

This is to certify that PENOBSCOT BAY MEDICAL ASSOCIATES, Inc.  
has permission to install a Fire Alarm for Martins Point Health  
AT 331 VERANDA ST C# 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 finished-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]* *[Stamp]*

Health Dept. *[Stamp]*

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**

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 by City Electrical Division.  
 7) Installation of a Fire Alarm system requires a Knox Box to be installed per city ordinance  
 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 cabinet, 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.



October 5, 2010

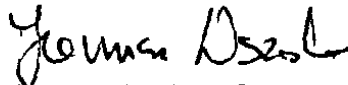
Jared Ballard  
331 Veranda Street  
Portland, ME 04103

Re: Martin's Point Health Care Medical Office Building

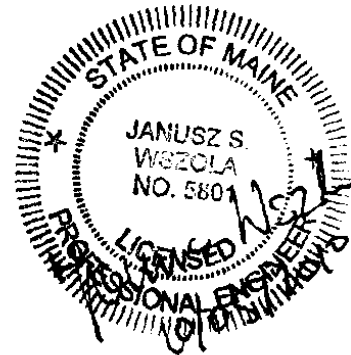
Dear Jared:

SMRT certifies that the roof structure of the Martin's Point Health Care Main Office Building has been designed in compliance with the structural requirements of IBC 2003, and will resist the loads of mechanical units as described in the Mechanical Unit Schedule on the Roof Level Framing Plan SF103 of the Construction Drawings.

Sincerely,  
SMRT

  
Janusz Wszola, PE

144 Fore Street  
P.O. Box 618  
Portland, ME 04104  
p 207.772.3846 f 207.772.1070 email: sbenson@smrtinc.com



cc: File 08139/21