



<b>CITY OF PORTLAND HOUSING SAFETY OFFICE</b> www.portlandmaine.gov/housingsafety housingsafety@portlandmaine.gov	<b>RENTAL HOUSING REGISTRATION FORM</b>
Portland City Hall, Room 26 389 Congress Street Portland Maine 04101 (P) 207-756-8131 (F) 207-756-8150	Revised 11-30-2015 <span style="float: right;">Page 1 of 3</span>

Chapter 6, Article VI of the City of Portland Code of Ordinances requires owners and managers to register rental units with the City of Portland Housing Safety Office. A rental unit is any portion of any residential structure that is rented or available to rent for any length of time to an individual(s) who is not the owner(s). Registration is due annually by January 1 of each year beginning January 1, 2016 and within thirty (30) days of purchasing a property used for rental. The registration fee is \$35 per individually rented room and/or dwelling unit. Failure to register may result in a fine.

Complete the **Rental Housing Registration Form** and **Owner's Pre-Inspection Checklist** for each rental property (multiple rental units at the same property with the same owner can share the same form) and return to the City of Portland Housing Safety Office by email to [housingsafety@portlandmaine.gov](mailto:housingsafety@portlandmaine.gov) as a digital PDF along with any scanned attachments. Paper and scanned forms will be accepted by fax, mail, and in person; however, digital PDF forms are preferred. After the registration information and fee discount documentation has been verified, an invoice for payment will be sent by email to the party certifying registration entered below.

SECTION 1: PROPERTY INFORMATION			
Street Number 135	Street Name Sheridan Street (Unit 307)	Tax Account Number 50766	CBL- Chart, Block, Lot Number (e.g. 001A__A001) Map 13, Block K, Lot 2

SECTION 2: OWNER INFORMATION		
Owner(s) First Name 135 SHERIDAN ST UNIT 307	Owner(s) Last Name	Primary Telephone Number (207) 632-6194
Mailing Address 92 Exchange St., Portland, ME 04101		Email Address peter@ptlawoffice.com
Owner is a/an: <input type="radio"/> Individual(s) <input type="radio"/> Partnership <input type="radio"/> Corporation <input checked="" type="radio"/> LLC <input type="radio"/> Other, please explain:		

SECTION 3: AUTHORIZED AGENT (if different than owner)		
<i>All properties must have an authorized agent for purposes of service. If property owner is a partnership, corporation, LLC or any other form of business entity, the authorized agent must be an individual who resides in the State of Maine.</i>		
Registered Agent First Name Peter	Registered Agent Last Name Thompson	Telephone Number (207) 632-6194
Mailing Address 92 Exchange St., Portland, ME 04101		Email Address peter@ptlawoffice.com

SECTION 4: PROPERTY MANAGER (if different than owner)	
Property Manager Name Dirigo Management Company	Telephone Number (207) 871-1080
Mailing Address One City Center, 4th Fl., Portland, ME 04101	Email Address gail@dirigomgmt.com

SECTION 5: EMERGENCY CONTACT	
Emergency Contact Name Peter Thompson	Telephone Number (207) 632-6194

SECTION 6: RENTAL UNIT REGISTRATION	
If known, list unit numbers and/or room numbers of the rental units being registered (e.g. apartment number 1,2,3, 4-11) 307	Number of rental units registering <b>1</b>

**To the best of my knowledge, I certify that the information being registered is true and correct.**

Name (print only) Peter Thompson	Telephone Number (207) 632-6194
Relationship to Property Owner of LLC	Date 12/17/15
	Email Address peter@ptlawoffice.com



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<b>SECTION 7: FEE DISCOUNTS</b> <i>(The total discount may not exceed \$20.00 per rental unit)</i>			
Discount Requested	Attach Required Verification Documents	Discount	Number of rental units for which a discount is being requested
Fully Sprinklered Building	Testing Report OR Maintenance Report OR Maintenance Contract	\$10.00/unit	1
Centrally Monitored Fire Alarm	Fire Department Logs OR Alarm Contract	\$7.50/unit	1
Housing Quality Standard (HQS) Inspection	HQS Inspection Report From Preceding Year	\$5.00/unit	
Uniform Physical Condition Standard (UPCS) Inspection	UPCS Inspection Report From Preceding Year	\$10.00/unit	
No Smoking Lease	Copy of Signed Lease	\$2.50/unit	

**DID YOU COMPLETE:** Rental Housing Registration Form  
 Owner's Pre-Inspection Checklist  
 Attach all fee discount verification documents if requesting discount

**EMAIL ELECTRONIC FORMS AND ATTACHMENTS TO:** [housingsafety@portlandmaine.gov](mailto:housingsafety@portlandmaine.gov)

**PAYMENT INFORMATION:** Following verification of registration information and fee discount documentation you will receive an email sent to the email address of the party certifying registration (found at the bottom of the first page).

- Pay the invoiced amount to complete your rental housing registration:
- in person by cash, check, or credit card;
  - by mail by check; or
  - online by credit card or check.

**FOR MORE INFORMATION:** See [www.portlandmaine.gov/housingsafety](http://www.portlandmaine.gov/housingsafety)

**PAYING BY CHECK:** Make checks payable to: City of Portland, Housing Safety  
**PLEASE NOTE INVOICE NUMBER, TAX ACCOUNT NUMBER, OR CBL ON CHECK**

<b>FOR OFFICIAL USE ONLY</b>	
	Total Number of Rental Units Registering
	Registration Fees (\$35 x Number of Rental Units)
	Total Fee Discounts (not to exceed \$20.00 per rental unit)
	<b>TOTAL FEES DUE</b>

  

CBL- Chart, Block, Lot Number	
Account Number	



<b>CITY OF PORTLAND HOUSING SAFETY OFFICE</b> www.portlandmaine.gov/housingsafety housingsafety@portlandmaine.gov	<b>OWNER'S PRE-INSPECTION CHECKLIST</b>
Portland City Hall, Room 26 389 Congress Street Portland Maine 04101 (P) 207-756-8131 (F) 207-756-8150	Revised 11-30-2015 <span style="float: right;">Page 3 of 3</span>

This pre-inspection checklist will help prepare you for your initial basic life safety rental housing safety inspection.

Complete this checklist and return it with your Rental Housing Registration Form.

BUILDING INFORMATION			
Tax Account Number	CBL- Chart, Block, Lot Number (e.g. ###X _X#####)	Street Number	Street
50766	Map 13, Block K, Lot 2	135	Sheridan Street (Unit 307)

LIFE SAFETY CHECKLIST		YES	NO	NA	Comments
1.1	Is there a working smoke alarm (detector):				
	a. On each level of the building and dwelling unit and in the vicinity of each bedroom, including the basement?	✓			
	b. In each bedroom?	✓			
1.2	Is there a working carbon monoxide (CO) alarm (detector) on each level of the building and dwelling unit including the basement?	✓			
1.3	Does each dwelling unit have two separate ways out?	✓			
1.4	Are all ways out of the building:				
	a. Free of obstructions?	✓			
	b. Automatically or permanently lighted?	✓			
	c. Have doors that are fire-rated, self-closing, easily opened, and able to be used?	✓			
	d. Discharge at the ground level?	✓			
1.5	Do all exit stairways have handrails that are securely mounted?	✓			
1.6	If there is only one way out of a dwelling unit, does each bedroom have a window that can be easily opened and is large enough for emergency rescue or escape?			✓	

NA – not applicable

CODE REFERENCE (NFPA 101, City Code of Ordinances Chapter 6 and 10)	
Question	Code Explanation
1.1	There must be a working smoke alarm (detector) on each level of the building and dwelling unit including the basement and in the immediate vicinity of each bedroom or room used for sleeping as well as in each bedroom.
1.2	There must be a working carbon monoxide (CO) alarm (detector) on each level of the building and dwelling unit.
1.3	Each dwelling unit must have access to at least 2 separate ways out of the building that are not located close together unless the unit has an exit door opening to the outside at ground level, an enclosed stair used only by that unit opening to the outside at ground level, or access to an outside stair that serves no more than 2 units.
1.4	The way out of the building cannot be used for storage or trash containers. The way out of a building must be permanently lighted or by lighted by automatic means. Doors leading from a dwelling unit to a stairwell must be self-closing and fire rated. Locks or door hardware must be easy to use when leaving the building. Exits must lead to the ground level, not the basement.
1.5	All stairs must have handrails that are easy to grasp and that are securely mounted at a height between 34" and 38" measured from the leading edge of all treads, vertically to the handrail.
1.6	Each bedroom must have a window that can be opened without using tools or special knowledge. The opening of the window must be at least 20" wide and 24" high and provide an opening of 5.7 square feet. The bottom of the opening must be less than 44" above the floor.

# Report of Inspection/Test

Annual Sprinkler

September 28, 2015

**Property**

135 Sheridan St.

135 Sheridan St.  
Portland, ME 04101

Eastern Fire Services, Inc.  
170 Kitty Hawk Avenue  
Auburn, ME 04211-1582  
Phone 207.795.6314  
Fax 207.782.0566  
efs@teameastern.com  
www.efp-efs.com  
Contractor License# 259  
Conducted by: Jim Laliberte



Inspection Ref: 1-03885-Q

Print Date: 10/13/2015

**Signatures**

Inspector - Printed Jim Laliberte	Inspector - Signature	Date Completed 9/28/15	I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
Owner's Representative - Print Gail Adkins	Owner's Representative - Signature	Date Completed	Except as noted, the building is occupied with the same occupancy classification and hazard of contents as last inspection. Also, the system has remained in service without modification and been free of actuation of devices or alarms.
Witness - Printed None	Witness - Signature	Date Completed	I certify that I witnessed the inspection and test of the life safety system and all valves have been left in the open position.
Fire Inspector - Printed None	Fire Inspector - Signature	Date Completed	I certify that I witnessed the inspection and test of the life safety system at the above premises
System Off	06:15	Monitoring Company	Monitoring Company Operator
System On	06:45		Fire Department
			Alarm Panel/Code EST NA

**Equipment Summary**

Description	Site		Inspected		Unable to Inspect		Serviced Repaired		Failed	
	Qty	%	Qty	%	Qty	%	Qty	%	Qty	%
<b>Sprinkler Anti-Freeze System</b>										
	1	100.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
<b>Sprinkler Flow Test</b>										
Main drain	1	100.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%

**Water Based System Inspection**

Yes	Gauges on wet pipe system in good condition and showing normal water supply pressure?	NA	Is the water motor gong operating properly (if present)
Yes	Alarm devices free from physical damage?	Yes	Hydraulic nameplate, if provided, securely attached to riser and legible?
Yes	Valve supervisory switches indicate movement?		

**Fire Department Connection**

Yes	Visible and accessible?	NA	Couplings and swivels not damaged and rotate smoothly?
Yes	Plugs or caps in place and undamaged?	Yes	Gaskets in place and in good condition?
Yes	Identification sign(s) in place?	Yes	Check valve is not leaking?
Yes	Automatic drain valve in place and operating properly?	NA	Interior free of obstructions (if caps are not in place) ?
NA	Valve clapper operational over its full range (if caps are not in place) ?		

**Report of Inspection/Test**

Annual Sprinkler

September 28, 2015

Property: 135 Sheridan St.



Inspection Ref: 1-03885-Q

**Anti Freez System Test**

-15 Freezing temp of antifreeze Yes Freezing temp correct?

**Flow Test**

System	Connection Flowed	Outlet Size	Pressure (psi)			Time To Restore	Results comparable to prior test
			Static	Resid	Static		
At Riser	Main drain	2	58	46	58	1	Yes



**FIRE PROTECTION SYSTEM TESTING  
RENEWAL CONTRACT 2015**

**Contact Information:**

Date: 7/21/14 Pages: 2  
 System Location Name: **135 Sheridan Street**  
 Contact Person / Organization: **Gail Atkins, Dirigo Management Company**  
 Phone, Cell / Fax – E-mail: 871-1080 / 871-7189 – [gail@dirigomgmt.com](mailto:gail@dirigomgmt.com)  
 System Address: Portland, Maine 04101

**A. FIRE ALARM:**

**Scope:** Annual Testing of Fire Alarm System per NFPA 72, State & Local Codes

**Testing Frequency:** Monthly  Quarterly  Semi-Annual  Annual

**Annual Cost:** **\$790.00\***

\*Includes the testing and inspection of (1) FACP – EST Quickstart, (1) Ann, (1) NAC, (22) Smoke Detectors, (1) Duct Smoke Detectors, (1) Heat Detectors, (10) Pull Stations, and (76) Audio/Visual devices.  
Includes elevator smoke test done during fire alarm test visit and coordinated with Allan at Pine State Elevator.  
See Services Provided Sheet below.  
Also, a test report will be sent to you upon completion of test per NFPA 72.

**B. SPRINKLER:**

**Scope:** Testing of (1) Dry & (1) Wet Fire Sprinkler System w/Backflow Preventer & Anti-freeze Loop per NFPA 25

**Testing Frequency:** Monthly  Quarterly  Semi-Annual  Annual

**Annual Cost:** **\$365.00\***

\*Price includes...  
Quarterly – main drain test at both risers, waterflow alarm test at both risers, fire department connection check, air compressor start/run on dry system, low air signal check on dry system, fire pump start/run, and system information tag hung on both system risers.  
Annually – backflow test on fire service manifold device and riser trip test of the dry pipe valve.  
See Services Provided sheets below.

Continued...

Authorized Use:	Acct# 233-F, 3885-Q	Customer#: 743
FA Test Mo: FEB	Spk Test Mo: APR, JUL, OCT, JAN	Monit Mo:
FA Tech: BC	Spk Tech: JL	Ext Co: AAA
		Monit Co:

**C. DOMESTIC BACKFLOW DEVICE:**

**Scope:** Testing of (1) Watts Model 009 RPZ Backflow Preventer per NFPA 25

**Testing Frequency:** Monthly  Quarterly  Semi-Annual  Annual

**Annual Cost:** \$35.00\*

\*Special quantity discounted rate.

NOTE:

Please send (fax or e-mail) us the notice form from the Water District that you have received. Eastern Fire Services (EFSI) technicians are certified by the New England Water Works Association and, having received the approval of the local Water District, will perform inspection and testing of the devices listed above at the frequencies indicated above, as a service to the System Owner. It is the System Owner's responsibility to appoint a responsible employee and/or representative to maintain their domestic water systems in accordance with the requirements of the local Water District. EFSI will submit the results of the test directly to the Water District and send a copy of the results to the System Owner.

**D. FIRE SUPPRESSION:**

**Scope:** Fire Extinguisher Testing per NFPA 10

**Testing Frequency:** Monthly  Quarterly  Semi-Annual  Annual

**Annual Cost:** \$45.00\*

\*(5) Extinguishers. Includes....

Annually - inspection tag, tag seal, and pin seal. Any required repairs, recharging, new brackets, extinguisher replacement or needed hydro testing, etc. are not included in the above cost.

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**TOTAL ANNUAL CONTRACT COST:** \$1,235.00\*

**BILLING OPTIONS\*:** One Bill  Quarterly Payments  Separate Bills

\*Please choose one.

-One Bill for all services due after 1<sup>st</sup> service is complete.

-Quarterly Payments: Invoices issued each quarter for 25% of the "TOTAL ANNUAL CONTRACT COST."

-Separate Bills: Invoices issued after each service is complete for the "Annual Cost" of each service.

Additional services rendered will be billed separately at our *SERVICE RATES* below.

**Signatures:** please sign and fax back to Dan St.Pierre at 782-0566 or e-mail [stpierredr@efp-efs.com](mailto:stpierredr@efp-efs.com)

**System Owner or Representative**

Signed: Daniel R. St.Pierre

Signed: Gail Atkins

Printed: Daniel R. St.Pierre

Printed: GAIL ATKINS

Title: Fire & Security Product Sales

Title: PROPERTY MANAGER