MONUMENT SQ FINARD MURRAY W TR ONE MONUMENT SQUARE SUITE	City of Portland, Maine	- Building or Use	Permit Applicati	on P	ermit No:	Issue Date:	CBL:]
MONUMENT SQ FINARD MURRAY W TR Contractor Name: Contractor Nam	389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	716	10-0685		032 K01	2001
Basiness Name: Contractor Name: Contractor Nam	Location of Construction:	Owner Name:		Own	er Address:		Phone:	
Ranor Inc PO Box 88 Jay 20764555109 Permit Type: HVAC Permit Type:	1 MONUMENT SQ	FINARD MU	RRAY W TR	ON	E MONUMEN	T SQUARE SU	JITE	
Passet Buyer's Name Phone: Proposed Use: Commercial - install a (2) indoor Air Hadling Units (1) Heat Exchanger (2) Circulator Pumps in basement Proposed Froject Description: Install a (2) indoor Air Hadling Units (1) Heat Exchanger (2) Circulator Pumps in basement Proposed Froject Description: Install a (2) indoor Air Hadling Units (1) Heat Exchanger (2) Circulator Pumps in basement P	Business Name:	Contractor Name	<u></u>	Cont	ractor Address:		Phone	
Page Like: Commercial Crownercial - install a (2) indoor Air Hadding Units (1) Heat Exchanger (2) Circulator Pumps in basement Signature: PEDESTRIAN NCTUPATIES IDSTRICT (PA.D.)		Ranor Inc		PO	Box 88 Jay		207645510	39
Permit Fee: Commercial Commercial install a (2) indoor Air Hadding Units (1) Heat Exchanger (2) Circulator Pumps in basement Proposed Project Description: Install a (2) indoor Air Hadding Units (1) Heat Exchanger (2) Circulator Pumps in basement Pumps in basement Proposed Project Description: Install a (2) indoor Air Hadding Units (1) Heat Exchanger (2) Circulator Pumps in basement Pumps in basement Date: Proposed Project Description: Signature: Denied	Lessee/Buyer's Name	Phone:		Perm	it Type:	 -		Zone:
Commercial Commercial - install a (2) indoor Air Hadding Units (1) Heat Exchanger (2) Circulator Pumps in basement Exchanger (2) Circulator Pumps in basement See Conduction Signature Signature Signature Signature PEDESTRIAN NUMBER STREET (P.A.D.)				HV	'AC			6-5
Commercial Commercial - install a (2) indoor Air Hadding Units (1) Heat Exchanger (2) Circulator Pumps in basement Exchanger (2) Circulator Pumps in basement See Conduction Signature Signature Signature Signature PEDESTRIAN NUMBER STREET (P.A.D.)	Past Use:	Proposed Use:		Perm	nit Fee:	Cost of Work:	CEO District:	
Air Hadling Units (1) Heat Exchanger (2) Circulator Pumps in basement See	Commercial	,	install a (2) indoor		\$2,080.00	\$205,300.00) 1	<u> </u>
Denied D				FIRE	2 TARROCC	Dici		<u>'</u> -
Proposed Project Description: install a (2) Indoor Air Hadding Units (1) Heat Exchanger (2) Circulator Pumps in basement Signature: Signature: Signature: Signature: PEPESTRIAN CLUMPTIES DISTRICT (P.A.D.)		· · · ·	Circulator Pumps in			[I fee	Group:	Type:
Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Date: Signature: Date: Signature: Date: Signature: Date: Signature: Signature: Signature: Signature: Date: Signature: Signature: Signature: Signature: Signature: Date: Date: Date: Date: Signature: Signature: Signature: Date: Date: Date: Date: Signature: Signature: Signature: Signature: Date: Date: Signature: Date: Date: Date: Date: Date: Signature: Signature: Signature: Signature: Date:		basement			_	l l	ANA	_
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Permit Taken By: Date Applied For: Date: Date:	Proposed Project Description:					1 -	1	
Action: Approved Approved wConditions Benied	· · · ·	Units (1) Heat Exchar	nger (2) Circulator	Signa	ature: (C	Sign	nature:	─
Signature: Date	Pumps in basement			PEDI	ESTRIAN ACTIV	THES DISTRIC	r (P.A.D.)	~~~~
Permit Taken By:				Actio	on: Approve	d Approved	w/Conditions	Denied
Interpretation Denied De				Signa	ature:		Date:	
Conditional Use Conditiona	Permit Taken By:	Date Applied For:			Zoning	Annroval		
Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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 Site Plan	ldobson	06/14/2010			Zoumg .	approvar		
Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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. Site Plan	This permit application do	es not preclude the	Special Zone or Re	views	Zoning	g Appeal	Historic Prese	rvation
septic or electrical work. 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 Site Plan	Applicant(s) from meeting	•	Shoreland		☐ Variance		☐ Not in District or	
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 Subdivision		clude plumbing,	☐ Wetland		Miscellan	eous	Does Not Require Rev	
CERTIFICATION 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 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 urisdiction. 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.	3. Building permits are void		Flood Zone		Condition	al Use	Requires Revie	ew
CERTIFICATION 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 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 urisdiction. 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.	•	alidate a building	Subdivision		[Interpreta	tion	Approved	{
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SIGNATURE OF APPLICANT ADDRESS DATE PHONE	A							
SIGNATURE OF APPLICANT ADDRESS DATE PHONE	AND LATER DE LES COMPANIONS					P. 4.7777	The year	
	SIGNATURE OF APPLICANT		ADDRI	200		DATE	PHON	(C

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE

DATE

76/02/2010 13:49 2078748716 Report 109/432

FILL IN AND SIGN WITH INK

PAGE 04/84



Name and address of owner of appliance Finas of Page One Monumental Squase Suite 200 Installer's name and address Range Tac Po	Box 5036 North Jan
ME OYAGE	Telephone 407 645-5109 EX 211
Location of appliance:	Type of Chimney:
Basement D Floor	Masonry Lined
🛘 Attic 🗘 Roof	Factory built
Type of Fuel Steam Supplied From Existing Boscer, Gas Oil Solid	☐ Metal Factory Built U.L. Listing #
Appliance Name: McQuey Air Handling Units U.I. Approved Or Yes No	Direct Vent Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes No	Type of Fuel Tank O Oil Gas
IF NO Explain:	Size of Tank
The Type of License of Installer: Mester Plumber # 10425	Number of Tanks
Solid Fuel #	Distance from Tank to Center of Flame feet.
D Oil #	
C3 Gas #	Cost of Work: \$ 205,300
□ Other	Permit Fee: 8 2080
Approved	Approved with Conditions
Fire:	 See attached letter or requirement
Ele.:	
Bldg.:	Inspector's Signature Date Approved
Signature of Installer	· · · · · · · · · · · · · · · · · · ·

City of Portland, M	aine - Building or Use Permi	t	Permit No:	Date Applied For:	CBL:
389 Congress Street, 0	4101 Tel: (207) 874-8703, Fax: ((207) 874-871	6 10-0685	06/14/2010	032 K012001
Location of Construction:	Owner Name:		Owner Address:	<u></u>	Phone:
1 MONUMENT SQ	FINARD MURRAY	W TR	ONE MONUMEN	T SQUARE SUITE	
Business Name:	Contractor Name:		Contractor Address:		Phone
	Ranor Inc		PO Box 88 Jay		(207) 645-5109
Lessee/Buyer's Name	Phone:		Permit Type:		
			HVAC		
Proposed Use:		Propos	ed Project Description:		<u> </u>
Commercial - install a (2 Exchanger (2) Circulato	r) indoor Air Handling Units (!) Hear Pumps in basement		l a (2) indoor Air Ha llator Pumps in baser	- ,	t Exchanger (2)
will perform sound t	Status: Approved with Condition these units are to be installed within esting to determine compliance. If these to make the units come into com	the existing bu he noise levels		ny future noise comp	Ok to Issue:
	requires a separate review and appro	•	e Preservation. This p	property is located w	ithin an Historic
3) This permit is being work.	approved on the basis of plans subm	itted. Any dev	iations shall require a	separate approval b	efore starting that
Dept: Building	Status: Approved	Reviewe	r:	Approval Da	ite:
Note:	2			11	Ok to Issue:
Dept: Fire	Status: Approved with Condition	ns Reviewe	r: Capt Keith Gautr	eau Approval Da	
	with all manufacture's enegifications				CR (J 1990C.
1) instan snan compry	with all manufacture's specifications	•			

City of Portland, Maine - Bu	ilding or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel:	•	874-8716	10-0685	06/14/2010	032 K012001
Location of Construction:	Owner Name:		Owner Address:	'- -	Phone:
I MONUMENT SO	FINARD MURRAY W TR	- 1		T SQUARE SUITE	
Business Name:	Contractor Name:		ontractor Address:		Phone
	Ranor Inc		PO Box 88 Jay		(207) 645-5109
Lessee/Buyer's Name	Phone:		ermit Type:		
	<u> </u>		HVAC		
Proposed Use:		Proposed	Project Description:		
Commercial - install a (2) indoor Ai	ir Handling Units (1) Heat	install	a (2) indoor Air Ha	undling Units (1) Hea	it Exchanger (2)
Exchanger (2) Circulator Pumps in		Circula	tor Pumps in baser	ment	
		1			
Dept: Zoning Status:	Approved with Conditions	Reviewer:	Marge Schmucka	l Approval Da	nte: 06/15/2010
Note:	*1		S	**	Ok to Issue:
1) It is understood that these units	are to be installed within the ex	isting huild	ling. If there are a	av future noise comp	
will perform sound testing to de					
measures shall be taken to make	the units come into complianc	e.	Ü	•	
2) ANY exterior work requires a s District.	eparate review and approval thi	ru Historic	Preservation. This	property is located w	rithin an Historic
This permit is being approved o work.	on the basis of plans submitted.	Any devia	tions shall require a	a separate approval b	efore starting that
Dept: Building Status:	Approved	Reviewer:		Approval Da	ate:
Note:	Approvod	140 110 1101		. xpp. o. a. D.	Ok to Issue:
Inote;					OR to Issue.
Dept: Fire Status:	Approved with Conditions	Reviewer:	Capt Keith Gautr	eau Approval Da	
Note:					Ok to Issue: ✓
1) Install shall comply with all ma	nufacture's specifications.				



Original Receipt

	6.14 20 10
Received from	Banor Inc/Pauline
Location of Work	Banor Inc/Pauline / Monument Sq
Cost of Construction	\$Building Fee:
Permit Fee	\$ Site Fee:
	Certificate of Occupancy Fee:
	mbing (I5) Electrical (I2) Site Plan (U2)
Other <u>40</u> CBL: 030-K01	IAC Related to fermunt 09/432
CBL: 0 1 1 1 Check #:	MC Total Collected s 2080

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

Taken by:

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

Crystal Wilde

From:

Brian Demahar

Sent:

Thursday, June 03, 2010 10:33 AM

To: Subject: Crystal Wilde One Monument

Crystal,

Ranor Inc. performed a HVAC renovation to a small portion of the existing One Monument Square building. This included adding the following:

- 1. (2) Indoor Air Handling Units
- 2. (1) Heat Exchanger
- 3. (2) Circulator Pumps

We connected to the existing steam supply and were not involved with any solid fuels, propane, or natural gas. The heat exchanger was connected to the existing steam supply. The heat exchanger supplies hot water to the AHU heating coils. Existing chilled water is utilized to supply cool water to the cooling coils in the AHU's. We did not perform work on any existing steam boilers or chillers.

Please let me know if there are any additional questions or concerns.

Thank you.



Brian Demshar Construction Manager

Ranor Mechanical P.O. Box 5036 962 Main St. North Jay, ME 04262 Office Ph. 207 | 645 | 5109 x210 Cell Ph. 207 | 491 | 1777

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

		
Location/Address of Construction:	MONUMENT SQUARE	
Total Square Footage of Proposed Structure/A	Area Square Footage of Lot	4
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buyer	r* Telephone:
Chart# Block# Lot#	Name WRIGHT-RYAN CONSTRUCTIO	a)
32 K /2	• • •	201-650-0001
	Address 10 DAN FRATH ST.	cana thu
	City, State & Zip Pourum , Mt 041	6 (
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of
	Name CONGNESS FEDERAL TRUST	Work: \$ \$3,00.00
	Address ONE MONUMENT SOUTH	C of O Fee: \$
	Suite 200	_ di
	City, State & Zip	Total Fee: \$ 850 /00
	<u> </u>	
	CANT	
If vacant, what was the previous use?	ALC CAME	
Proposed Specific use: Forces TENA Is property part of a subdivision?	If yet place name	
Project description: Provide Mew	Machael Car Rome Eng (2)	HELL ALE ANDERSON
TO INCLUDE (2) \$ 500 meran 9	no teneral in Children with an	F CTTAL ELANT
Contractor's name: WELGHT - ELANCO	HV4c Penmut TO BEING	LARD CLATER DATE SWA ATTACHED DWGS.
Address: LO DANFEATH ST.	•	
		elephone: Z17-773-3627
City, State & Zip Pontituo, Me		<u> </u>
Who should we contact when the permit is reac		lephone: 207-650-8097
Mailing address:	2. •	
Please submit all of the information	outlined on the applicable Checklis automatic denial of your permit.	st. Failure to
do so whi result in the	automate London of your perman	
In order to be sure the City fully understands the f	full scope of the project, the Planning and De	evelopment Department
may request additional information prior to the iss		
this form and other applications visit the Inspection Division office, room 315 City Hall or call 874-8703.		
I hereby certify that I am the Owner of record of the n	amed property, or that the owner of record autho	rizes the exoposed work and
that I have been authorized by the owner to make this		
laws of this jurisdiction. In addition, if a permit for wor	k described in this application is issued. I certify t	hat the Code Official's
authorized representative shall have the authority to ent provisions of the codes applicable to this permit.	er all areas covered by this permit at any reason	epto of Building The pections
provisions of the codes applicable to this permit		City of Portland Maine
Signature	Date: 12.2.1	
Signature:	- ()/4(0)	
/ This is not a permit; you may i	not commence ANY work until the permi	t is issue

From: crystal 08/03/2010 10:13 #941 P.001/003

Fax

To: All

From: Crystal Wilde

Construction Ranor, Inc.

Phone: (207) 645-5109

FAX Number: (207) 645-5108 E-mail: crystal@ranormech.com

Re: One Monument Square

Attn: Suzanne Hunt

We have filled out the application for permit to the best of our ability. See the attached explanation of what we did for work. Let me know if you need more info. Please let me know what we owe for the Permit fee and I will get a check sent.

Thank you, Crystal A. Wilde, Administrative Assistant Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

У

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BU ZION

Permit Number: 091432

fing this permit shall comply with all

res, and of the application on file in

ces of the City of Portrained equiating

This is to certify that	FINARD MURRAY W TR /W	t Ryan	tion	. Inc	PE	RMILISSUE	D
has permission to	Key Bank - New Mechanical ro	in vaca	rea of	y bank			
. 1 MONUMENTS	so.			CF	032 K012001	JAN 27 2010	

and of the

buildings and stru

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provided that the person or persons, fil of the provisions of the Statutes of Ma the construction, maintenance and use this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Noti tion of spectio nust be givei nd writte ermissid rocured befo his buil g or <u>pa</u> or oth lath éd-in. 24 NOTICE IS REQUIRED. HOL

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

OTHER	REQUIRED APPRIOVALS
Fire Dept	J. H. Southest
Health Dept	
Appeal Board	
Other	Department Name

PENALTY FOR REMOVING THIS CARD

1) HVAC Permit
2) Sprinke Letter your alar report you
3) Sprinker Permit?

City of Portland, Maine -	Building or Use	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 T	Tel: (207) 874-8703	3, Fax: (207) 874-8	3716	09-1432		_	032 K0	12001
Location of Construction:	Owner Name:		Ow	ner Address:			Phone:	
I MONUMENT SQ	FINARD MU	RRAY W TR	01	NE MONUMEN	T SQUARE	ESUITE		
Business Name:	Contractor Name	<u>-</u>	Con	tractor Address:			Phone	
	Wright Ryan (Construction, Inc	10	Danforth Street	Portland		20777336	25
Lessee/Buyer's Name	Phone:		Per	mit Type:			<u> </u>	Zope:
			A	Iterations - Com	mercial			15-5
Past Use:	Proposed Use:		Per	rmit Fee:	Cost of Work	: CE	O District:	
Commercial Vacant Space / Key Commercial Vacant Space / Ke				\$850.00	\$83,000	0.00	l	1
Bank Bank - New Mechani			FIF	RE DEPT:	Approved	INSPECTI	ON:	2/2
	vacant area of	Key bank		_	Denied	Use Group:	B	Type:
							V	14.00
					j	IBC	B 2003/ SMB1/	DMCmo
Proposed Project Description:				(II)	, l	1	Dunil	alia
Key Bank - New Mechanical room in vacant area of Key bank				nature:	<u></u>	Signature:	JUB 1	-1110
		PEI	DESTRIAN ACTIV	TTIES DISTI	RICT (P.A.	B(.)	,	
			Act	tion: Approve	d 🗌 Аррг	oved w/Con	ditions [Denied
			Sig	gnature:		Da	te:	
· · · · · · · · · · · · · · · · · · ·	ate Applied For:			Zoning .	Approval	1		
Ldobson	12/21/2009							
1. This permit application does	s not preclude the	Special Zone or R	eviews	Zoning	Appeal	1	Historic Pres	rvation
Applicant(s) from meeting a Federal Rules.	applicable State and	Shoreland		☐ Variance			Not in District or Landmar	
2. Building permits do not include septic or electrical work.	lude plumbing,	Wetland		Miscellaneous			Does Not Require Review	
3. Building permits are void if within six (6) months of the		☐ Flood Zone		Conditional Use			Requires Rev	iew
False information may inval permit and stop all work		Subdivision		Interpreta	tion		Approved	
		Site Plan		Approved	l		Approved w/0	Conditions
DERMIT	ISSUED	Mai Minar	мм —	Denied			Denied	1
L L I IIVII I		Maj Minor	MM	_b _ Lenica			NW &	1 truio
	2 2010	du no com	11-	2) P		7.	1	<u>.</u>
JAN	2 7 2010	Date:	240	(/ Date:		Date	100 10 C	Lanna
		· ·	1	1		NSU	PARTE	Rev
City	of Portland					· 4人.	ppor	<i>يال</i>
						·	` '	
		CERTIFICA	TION					
I hereby certify that I am the own I have been authorized by the ow jurisdiction. In addition, if a perticular that is a content as the permit.	ner to make this appl mit for work describe	ication as his authored in the application	ized ago is issue	ent and I agree to d, I certify that th	o conform to he code offi	o all appli cial's auth	cable laws a	of this esentative
SIGNATURE OF APPLICANT		ADDI	RESS	· 	DATE		PHO	NE



Original Receipt

	12.13 2009
Received from	- i, + /: 11
Location of Work	More of Sq.
Cost of Construction \$	Building Fee:
Permit Fee \$	Site Fee:
Се	rtificate of Occupancy Fee:
	Total: 83
	Electrical (I2) Site Plan (U2)
Other	
CBL: 22 1:12	
Check #:C	Total Collected s

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

Taken by:

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

City of Portland, Ma	ine - Building or Use Perm	ıit	Permit No:	Date Applied For:	CBL:
389 Congress Street, 04	101 Tel: (207) 874-8703, Fax:	: (207) 874-8716	09-1432	12/21/2009	032 K012001
Location of Construction:	Owner Name:		Owner Address:		Phone:
1 MONUMENT SQ	FINARD MURRAY	WTR	ONE MONUMEN	T SQUARE SUITE	
Business Name:	Contractor Name:		Contractor Address:		Phone
	Wright Ryan Constru	uction, Inc	10 Danforth Street	Portland	(207) 773-3625
Lessee/Buyer's Name	Phone:	1	Permit Type:		·
			Alterations - Com	mercial	
Proposed Use:		Propose	l Project Description:		<u></u>
Commercial Vacant Space vacant area of Key bank	e / Key Bank - New Mechanical ro	oom in Key B	ank - New Mechani	cal room in vacant ar	ea of Key bank
Dept: Zoning	Status: Approved with Condition	ons Reviewer:	Marge Schmucka	l Approval Da	te: 12/22/2009
Note:				•	Ok to Issue: 🛭 🗹
1) The maximum noise s	tandards shall be met with any new	w HVAC installation	ons.		
ANY exterior work re District.	equires a separate review and appr	oval thru Historic	Preservation. This p	property is located with	thin an Historic
This permit is being a work.	pproved on the basis of plans subt	nitted. Any deviat	ions shall require a	separate approval be	fore starting that
Dept: Building	Status: Approved with Condition	ons Reviewer:	Jeanine Bourke	Approval Da	te: 01/27/2010
Note:				=	Ok to Issue: 🗹
	h rated assemblies must be protect 2003 Section 712.	ted by an approved	firestop system in		
Permit approved base noted on plans.	d on the plans submitted and revie	wed w/owner/cont	ractor, with additio	nal information as ag	reed on and as
	equired for any electrical, plumbin for approval as a part of this proce		larm or HVAC or e	exhaust systems. Sepa	rate plans may
 Application approval and approrval prior to 	based upon information provided work.	by applicant. Any	deviation from app	roved plans requires s	separate review
Dept: Fire	Status: Approved	Reviewer:	Capt Keith Gautr	• •	te: 01/06/2010

PERMIT ISSUED

1/27/2010-jmb: Spoke with Craig H. Of W/R construction as there are no wall type plans for the enclosure of the mechanical room. He verified steel studs, 5/8 type x and B rated doors. All steel bolted.

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

	,	
Location/Address of Construction:	NONUMENT SQUARE	_
Total Square Footage of Proposed Structure/A	Square Footage of Lot	4
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buyer	* Telephone:
Chart# Block# Lot#	Name Welster-Pran Construction	N 207-150-6089
D K /2	Address W DANFART ST.	cang the
	City, State & Zip Pontuno, Mt 041	
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of
Losee, Der (1. 1.pparaois)	Name CONGNESS FEDER TRUST	Work: \$ \$3,000.00
	Address ONE MODUMENT SQUARE South 200	C of O Fee: \$
	City Seato & Zin	ا س
	City, State & Zip	Total Fee: \$ 850 /00
	CANT	·
If vacant, what was the previous use?	LEY BANK	
Proposed Specific use:	ANT SCACE	
Is property part of a subdivision?	If yes, please name	12
Project description: PRIVIDE MEW TO INCLUDE (2) \$356 WETCH 9	mechanicae most feat (2)	The merchants.
Contractor's name: WELGHT - EYANCA Address: LE DANFENTY ST	Mount to Being	SUR LUTHUR DUMS
City, State & Zip Pontuno, M	E 04101 T	elephone: 217-773-3627
Who should we contact when the permit is rea	dy: CRAIGE HILL TO	elephone: 207-651-8089
Mailing address:		
Please submit all of the information do so will result in the	outlined on the applicable Checkli e automatic denial of your permit.	st. Failure to
n order to be sure the City fully understands the nay request additional information prior to the is his form and other applications visit the Inspection office, room 315 City Hall or call 874-8703.	suance of a permit. For further information of	or roydownlosd copies of
hereby certify that I am the Owner of record of the report in the I have been authorized by the owner to make this aws of this jurisdiction. In addition, if a permit for we outhorized representative shall have the authority to entrovisions of the codes applicable to this permit.	application as his/her authorized agent. I agree took described in this application is issued. I certify	to conform to all applicable that the Code Official's
Signature:	Date: 12/21/07	
This is not a permit; you may	not commence ANY work until the perm	nit is issue

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-co	onstruction Meeting will take place up	on receipt of your building permit.
<u>X</u>	_ Framing/Rough Plumbing/Electrica	d: Prior to Any Insulating or drywalling
<u> X</u>	Final inspection required at comple	tion of work.
		uin projects. Your inspector can advise you if All projects DO require a final inspection.
•	f the inspections do not occur, the prop RDLESS OF THE NOTICE OR CIRC	· · · · · · · · · · · · · · · · · · ·
	ICATE OF OCCUPANICES MUST B PACE MAY BE OCCUPIED.	E ISSUED AND PAID FOR, BEFORE
Signatur	re of Applicant/Designee	Date (/27//0
Signatur	re of Inspections Official	Date /

PERMIT ISSUED

JAN 2 7 2010

City of Portland

CBL: 032 K012001 Building Permit #: 09-1432



EASTERN FIRE PROTECTION

FIRE SPRINKLER CONTRACTORS AND DESIGNERS

E-MAIL MEMO

DATE: 04/14/10

TO: Wright & Ryan Attn, Craig Hill

FROM: Robert Taylor

SUBJECT: One Monument Square – Mechanical Rm. Fire Sprinkler Installation Certification

Craig,

This email is to inform you that the sprinkler system installation for the "New Mechanical room" on the 1st floor at One Monument Square, in Portland Maine, was done in accordance with NFPA #13, state, and local codes.

This area of the building is protected with an existing wet sprinkler system.

Please do not hesitate to call with any questions you may have.

Sincerely,

Robert A. Taylor

Cc: Keith Gautreau, Portland Fire Department

TOTAL PAGES: 1

207-784-1507 Fax: 207.782.0566 P.O. Box 1390 Auburn, Maine 04211-1390

TOTAL PAGES: 1

131 Lafayete Road PO Box 770 North Hampton, NH (1986; 503-864-8885 (Pax) 804-258-7264 (Toll Free) 917-845-2192 (cell Phote)

R.B.ALLEN CO., INC

Fax

Tos		Promi	
Pauc	207-774-1492	Pages;	5
Ret		Date	March 30, 2010
Atter	RICK	ÇC	
(i) Urga	hert .		
□ Fori	Raview		
🗆 Ples	se Comment		
□ Floa	no Repty		
	lo not receive all pages or have proble s possible (800) 255-7264.	uns rece	lving this transmission, please call as
Comm	pents:		
			
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			•

PAGE 1 OF 4

INSPECTION AND TESTING FORM

JOB NUMBER		DATE:	londay, March 29, 2010
		TIME:	1900
SERVICE ORGANIZATION	N .	PROPERTY NAME	(USER)
	<u>LLEN CO., INC.</u>	NAME:	1 monument Square
	yette Rd N Hampton, NH	ADDRESS:	Portland, ME
REPRESENTATIVE:	Tony Diffence	OWNER CONTAC	
LICENSE NO:		TELEPHONE;	
TELEPHONE:	1 603 964 8140		
MONITORING ENTITY		APPROVING AGE	NCY
CONTACT:		CONTACT:	Portung Fire dept
TELEPHONE:		TELEPHONE:	
MONITORING ACCOUNT	REF. NO:	- 	
TYPE TRANSMISSION		SERVICE	
McCulloh		Weekly	
Multiplex		- Monthly	
x - Digital		- Quarterly	
- Reverse Polarity		- Semiannua	lly
- RF		- Annually	•
- Other (Specify)		Other (Spec	cify)
PANEL MANUFACTURER:	GW / FCI	MODEL NO.:	E3
CIRCUIT STYLES:	<u> </u>		
NO. OF CIRCUITS:	2		
SOFTWARE REV.:	3.7		
LAST DATE SYSTEM HAD	ANY SERVICE PERFORMED		3/16/2010
	FTWARE OR CONFIGURATION		3/16/2010
ÅL	ARM-INITIATING DEVICES A	ND CIRCUIT INFORMA	
QTY OF	CIRCUIT STYLE		
0		MANUAL FI	RE ALARM BOXES
0		ION DETEC	
0		PHOTO DE	
4	6	DUCT DET	• • • • • • • • •
0		HEAT DET	
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0		_	ORY SWITCHES
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OTY OF	CIRCUIT STYLE		
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RE CIRCUITS MONITORE	D FOR INTEGRITY?	<u> </u>	ès

SUPERVISORY SIGNAL INITIATING DEVICE AND CIRCUIT INFORMATION O CIRCUIT STYLE BUILDING TEMPERATURE SITE WATER LEVEL O SITE WATER LEVEL O SITE WATER LEVEL FIRE PUMP POWER FIRE PUMP POWER FIRE PUMP POWER FIRE PUMP AUTO POSITION FIRE PUMP AUTO POSITION FIRE PUMP OR CONTROLLER TROUBLE GENERATOR IN AUTO POSITION GENERATOR OR CONTROLLER TROUBLE O GENERATOR ROCCONTROLLER TROUBLE O GENERATOR ROCCONTROLLER TROUBLE O GENERATOR ENGINE RUNNING OTHER: SIGNALING LINE CIRCUITS QUARRITY and style of signaling line circuits connected to system (See NFPA 72, Table 6.8 1): Outstill System (See NFPA 72, Table 6.8 1): Obsconnection: Type Oct Bystem (See NFPA 72, Table 6.8 1): Obsconnection (See NFPA 72, Table 6.8 1): Obsconnection (See NFPA 72, Table 6.8 1): Outstill System (See NFPA 73, Amps Calculated capacity to operate system, in nours: Engine-driven generator dedicated to fire alarm system: Location of fuel storage: TYPE BATTERY Dry Cell Other (Specify) C. Emergency or standby system used as backup to primary power supply, instead of using a secondary power supply: Emergency system described in NFPA 70, Article 700 Cell System Cell System described in NFPA 70, Article 700 Cell System Cell System described in NFPA 70, Article 700 Cell System Cell System Cell System Cell					PAGE 2 OF 4
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AHJ NOTIFIED OF ANY			-	414 Andi A	
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		· · + ·			

PAGE 3 OF 4

SYSTEM TESTS AND INSPECTIONS

TYPE CONTR	OL UNIT		VISUAL X	-	TIONAL	COMMEN	rs	
INTERFACE EQUIPMENT LAMPS/LEDS FUSES PRIMARY POWER SUPPLY		x x						
		×	-					
		×						
								
	E SIGNALS		X					
	NECT SWIT AULT MONI		<u>x</u>					
GRIAD	MOLI MONI	ORING	<u>_x</u> _	<u> </u>	<u> </u>	*		
			SECONI	DARY P	OWER			
TYPE	V CONDITIO		VISUAL	FUNC	NONAL	COMMENT	'S	
LOADV	Y CONDITIO	314	<u> </u>			·		
	RGE TEST				_	 -		
CHARGE	•			_	_			
	GRAVITY			-	- .			
TRANSIENT SUI		ŝ				-		
REMOTE ANNU	NCIATORS	•						
NOTIFICATION	APPLIANCE	8		_	_			
AUDIBLE	•				_			
VISUAL					-			
SPEAKE					_			
VOICE C	LARITY				_			
	INITIAL	ING AND	SUPERVISORY	DEVIC	E TESTS AND	INSPECTIONS		
	DEVICE	VISUAL	FUNCTIONA	L	FACTORY	MEAS.		
LOC, & S/N	TYPE	CHECK	TEST		SETTING	SETTING	PASS	FAIL
			-					<u></u>
								
COMMENTS:					·			
								
EMERGENCY CO	MMUNICAT	10N EQUIP	MENT					
		\	/ SUAL	FU	NCTIONAL	COMMENTS		
PHONE SET							n/a	
PHONE JACKS					,		n/a	
OFF-HOOK INDIC	ATOR	_					n/a	
AMPLIFIER(S)	3 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	_					n/a	
TONE GENERATE	UR(S)						n/a	
SYSTEM PERFOR	MANCE	_					n/a	
OTO I EM PERFOR	バストイノムへに							

					PAGE	4 OF 4
			DEVICE	•	SIMULATED	
	VISL	JAL	OPERAT	ON	OPERATION	
INTERFACE EQUIPMENT						
(SPECIFY)				-		
(SPECIFY)		_		_		
(SPECIFY)		_		_		
SPECIAL HAZARD SYSTEMS				_		
(SPECIFY)		_		_		
(SPECIFY)		_		•		
(SPECIFY)		-		_		
SPECIAL PROCEDURES:		-		-	—	
COMMENTS:						
						
ON/OFF PREMISES MONITORING:	YES	NO	TIME	COM	MENTS	
ALARM SIGNAL	×	Į	1600		via Guard	
ALARM RESTORAL	X		1600	-	via Guard	
TROUBLE SIGNAL	×	 	1600		via Guard	
TROUBLE SIGNAL RESTORAL	X		1600	*	via Guard	
SUPERVISORY SIGNAL						
SUPERVISORY RESTORAL						
NOTIFICATION THAT TESTING			-			
IS COMPLETE:	YES	NO		WHO		TIME
BUILDING MANAGEMENT	x			Via Guard		1600
MONITORING ENTITY	×			Via Guard		1600
BUILDING OCCUPANTS		x				-
OTHER (SPECIFY)						
THE FOLLOWING DID NOT OPERATE C	ORRECTL	.Y:				
Duct heads to be swapped			le for device !	nteroperab	lity purposes.	
SYSTEM RESTORED TO NORMAL OPER	RATION:		DATE	3/29/10	TIME	1800
			· · · · · · · · · · · · · · · · · · ·			
THIS TESTING WAS PERFORMED IN AC	CORDAN	CE WI	TH APPLICAE	LE NFPA S	TANDARDS,	
NAME OF INSPECTOR:			Tony DIF	fanco		
DATE:	Mo		March 29, 201	0		
SIGNATURE:		A	bethan De Joanne			
Reprinted with permission from NFPA 72, I	Vational Fil	na Alan	m Code. Corv	riaht 2002.	National Fire Pro	-
tection Association, Quincy, MA 02269. Ti	his reprinte	d mate	erial is not the	complete an	d official position	
of the NFPA on the referenced subject white	ch is repre	sented	only by the st	andard in It's	entirety.	
Distributed by: Automatic Fire Alarm Assoc	istion	P.O. B	ox 951807	Lake Marv	FL 32795-1807	•
Phone (407) 322-6288			322-7488	-	www.afaa.org	

4-13-10 Hecom con in barrens

HALL The CAUL needed /reinspect

4 23 - SM4 clos

5-25-10 Called Re regulath HUDE ROUMET

5-26 - culled office + LM for Garg Hill re HUAC Bronce Morinement.

Sna

5poke u/ Gas he will rall 6-01-10 & Brion DeMSHAT J Region. Reduestes Revinit be pilled they week.