

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 10-0685	Issue Date:	CBL: 032 K012001
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Location of Construction: 1 MONUMENT SQ	Owner Name: FINARD MURRAY W TR	Owner Address: ONE MONUMENT SQUARE SUITE	Phone:
Business Name:	Contractor Name: Ranor Inc	Contractor Address: PO Box 88 Jay	Phone: 2076455109
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: B-3

Past Use: Commercial	Proposed Use: Commercial - install a (2) indoor Air Hadling Units (1) Heat Exchanger (2) Circulator Pumps in basement	Permit Fee: \$2,080.00	Cost of Work: \$205,300.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied *See Condition	INSPECTION: Use Group: HVAC Type: EMC 2005	

Proposed Project Description: install a (2) indoor Air Hadling Units (1) Heat Exchanger (2) Circulator Pumps in basement	Signature: (KG)	Signature:
	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: Idobson	Date Applied For: 06/14/2010	Zoning Approval
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1. This permit application does not preclude the 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 6/15/10	Zoning Appeal <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 Date:	Historic Preservation <input 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 Date: Requires A Separate Review & Approval
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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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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06/02/2010 13:49 2078748716

PAGE 04/04

Related to Permit # 091432



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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 032-K012 Use of Building Retail Date 6-2-10
 Name and address of owner of appliance Finard Properties, LLC
One Monument Square Suite 200 Portland ME 04101
 Installer's name and address Renos Inc P.O. Box 5236 North Jay
ME 04262 Telephone 207 645-5109 ex 219 Chrysal

Location of appliance:

- ☒ Basement ☐ Floor
☐ Attic ☐ Roof

Type of Fuel: STEAM SUPPLIED FROM EXISTING BOILER

- ☐ Gas ☐ Oil ☐ Solid

Appliance Name: McQuay Air Handling UnitsU.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 # 10425
☐ Solid Fuel # _____
☐ Oil # _____
☐ Gas # _____
☐ Other _____

Type of Chimney:

- ☐ Masonry Lined
 Factory built _____

- ☐ Metal
 Factory Built U.L. Listing # _____

- ☐ Direct Vent
 Type _____ U.L. # _____

Type of Fuel Tank

- ☐ Oil
☐ Gas

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 205,300Permit Fee: \$ 2080Approved

Fire: _____

Ele.: _____

Bldg.: _____

Approved with Conditions

- ☐ See attached letter or requirement

Inspector's Signature _____

Date Approved _____

Signature of Installer _____

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

City of Portland, Maine - Building or Use Permit

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

Permit No:	Date Applied For:	CBL:
10-0685	06/14/2010	032 K012001

Location of Construction: 1 MONUMENT SQ	Owner Name: FINARD MURRAY W TR	Owner Address: ONE MONUMENT SQUARE SUITE	Phone:
Business Name:	Contractor Name: Ranor Inc	Contractor Address: PO Box 88 Jay	Phone (207) 645-5109
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	

Proposed Use: Commercial - install a (2) indoor Air Handling Units (1) Heat Exchanger (2) Circulator Pumps in basement	Proposed Project Description: install a (2) indoor Air Handling Units (1) Heat Exchanger (2) Circulator Pumps in basement
---	--

Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 06/15/2010
Note:	Ok to Issue: ✓		
1) It is understood that these units are to be installed within the existing building. If there are any future noise complaints, the City will perform sound testing to determine compliance. If the noise levels are higher than what the Ordinance permits, mitigating measures shall be taken to make the units come into compliance.			
2) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.			
3) 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	Reviewer:	Approval Date:
Note:	Ok to Issue:		
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Keith Gautreau	Approval Date: 06/16/2010
Note:	Ok to Issue: ✓		
1) Install shall comply with all manufacture's specifications.			

City of Portland, Maine - Building or Use Permit

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

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---	--

Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 06/15/2010
Note: Ok to Issue: ☒

- 1) It is understood that these units are to be installed within the existing building. If there are any future noise complaints, the City will perform sound testing to determine compliance. If the noise levels are higher than what the Ordinance permits, mitigating measures shall be taken to make the units come into compliance.
- 2) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 3) 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 Reviewer: Approval Date:
Note: Ok to Issue: ☐

Dept: Fire Status: Approved with Conditions Reviewer: Capt Keith Gautreau Approval Date: 06/16/2010
Note: Ok to Issue: ☒

- 1) Install shall comply with all manufacture's specifications.



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

Received from 6-14 2010
Ranco Inc / Penline
Location of Work 1 Monument Sq

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 2080⁰⁰ / 10

Building (IL) _____ Plumbing (IS) _____ Electrical (I2) _____ Site Plan (U2) _____

Other HVAC related to permit # 091432

CBL: 030-K012

Check #: CCMC Total Collected \$ 2080

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

Taken by: Sp

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy

Crystal Wilde

From: Brian Demshar
Sent: Thursday, June 03, 2010 10:33 AM
To: Crystal Wilde
Subject: 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: <u>ONE MONUMENT SQUARE</u>			
Total Square Footage of Proposed Structure/Area <u>4000</u>		Square Footage of Lot <u>N/A</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>32</u> Block# <u>K</u> Lot# <u>12</u>	Applicant *must be owner, Lessee or Buyer* Name <u>WRIGHT-RYAN CONSTRUCTION</u> Address <u>10 DANFORTH ST.</u> City, State & Zip <u>PORTLAND, ME 04101</u>		Telephone: <u>207-650-8009</u> <u>CRAIG HILL</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>CONGRESS FEDERAL TRUST</u> Address <u>ONE MONUMENT SQUARE SUITE 200</u> City, State & Zip <u>PORTLAND, ME 04101</u>	Cost Of Work: \$ <u>\$83,000.00</u> C of O Fee: \$ <u>850.00</u> Total Fee: \$ <u>850.00</u>	
Current legal use (i.e. single family) <u>VACANT</u> If vacant, what was the previous use? <u>KEY BANK</u> Proposed Specific use: <u>FUTURE TENANT SPACE</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>PROVIDE NEW MECHANICAL ROOM FOR (2) NEW AIR HANDLERS. TO INCLUDE (2) 8'x8' METAL STUD WALLS 10' 5/8" GUSSETED SIDE, STEEL FRAME SUPPORT FOR AHU'S, (2) NEW DOORS...</u> <u>HAVE PERMIT TO BE INCLUDED @ LATER DATE</u>			
Contractor's name: <u>WRIGHT-RYAN CONSTRUCTION</u>		USING ATTACHED DWGS.	
Address: <u>10 DANFORTH ST.</u>			
City, State & Zip <u>PORTLAND, ME 04101</u>		Telephone: <u>212-713-3627</u>	
Who should we contact when the permit is ready: <u>CRAIG HILL</u>		Telephone: <u>207-650-8009</u>	
Mailing address: <u>same as above.</u>			

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Dep't of Building Inspections
City of Portland Maine

Signature: 

Date: 12/21/07

This is not a permit; you may not commence ANY work until the permit is issued

RECEIVED
DEC 21 2007

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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 091432

PERMIT ISSUEDThis is to certify that FINARD MURRAY W TR / Wm Ryan Construction, Inchas permission to Key Bank - New Mechanical room in vacant area of Key bankAT 1 MONUMENT SQ

CE 032 K012001

JAN 27 2010

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 enclosed-in. 24 HOURS NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. R. Soutter

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Debbie Pank 1/27/10
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

SCANNED

① HVAC Permit

② Sprinkler Letter yes
alar upon yes

③ Sprinkler Permit?


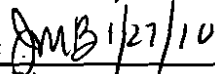
City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-1432	Issue Date:	CBL: 032 K012001
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Location of Construction: 1 MONUMENT SQ	Owner Name: FINARD MURRAY W TR	Owner Address: ONE MONUMENT SQUARE SUITE	Phone:
Business Name:	Contractor Name: Wright Ryan Construction, Inc	Contractor Address: 10 Danforth Street Portland	Phone: 2077733625
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-3

Past Use: Commercial Vacant Space / Key Bank	Proposed Use: Commercial Vacant Space / Key Bank - New Mechanical room in vacant area of Key bank	Permit Fee: \$850.00	Cost of Work: \$83,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 2B IBL 2003/IMC2003	

Proposed Project Description: Key Bank - New Mechanical room in vacant area of Key bank	Signature: 	Signature: 
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: Date:		

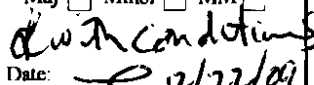
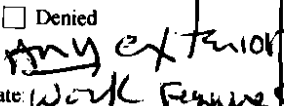
Permit Taken By: Ldobson	Date Applied For: 12/21/2009	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

PERMIT ISSUED

JAN 27 2010

City of Portland

Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:  12/22/09	Zoning Appeal <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 Date:	Historic Preservation <input 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 Date:  Work requires
--	---	---

Any exterior work requires a separate review & approval

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

12.13 2009

Received from

Craig Hill

Location of Work

1 Main St

Cost of Construction

\$ _____

Building Fee: _____

Permit Fee

\$ _____

Site Fee: _____

Certificate of Occupancy Fee: _____

Total:

850

Building (U)

Plumbing (15) _____

Electrical (12) _____

Site Plan (U2) _____

Other _____

CBL:

29 1-12

Check #:

CC

Total Collected \$

850

**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

City of Portland, Maine - Building or Use Permit

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

Permit No:	Date Applied For:	CBL:
09-1432	12/21/2009	032 K012001

Location of Construction: 1 MONUMENT SQ	Owner Name: FINARD MURRAY W TR	Owner Address: ONE MONUMENT SQUARE SUITE	Phone:
Business Name:	Contractor Name: Wright Ryan Construction, Inc	Contractor Address: 10 Danforth Street Portland	Phone (207) 773-3625
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial Vacant Space / Key Bank - New Mechanical room in vacant area of Key bank	Proposed Project Description: Key Bank - New Mechanical room in vacant area of Key bank
--	--

Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 12/22/2009

Note: Ok to Issue: ☒

- 1) The maximum noise standards shall be met with any new HVAC installations.
- 2) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 3) 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: 01/27/2010

Note: Ok to Issue: ☒

- 1) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 2) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 3) 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.
- 4) 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 Reviewer: Capt Keith Gautreau Approval Date: 01/06/2010

Note: Ok to Issue: ☒**PERMIT ISSUED****Comments:**

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.

City of Portland



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: <u>ONE MONUMENT SQUARE</u>			
Total Square Footage of Proposed Structure/Area <u>4000</u>		Square Footage of Lot <u>N/A</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>32</u> Block# <u>K</u> Lot# <u>12</u>		Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>WRIGHT-RYAN CONSTRUCTION</u> Address <u>10 DANFORTH ST.</u> City, State & Zip <u>PORTLAND, ME 04101</u>	
Telephone: <u>207-650-8089</u> <u>CRAIG HILL</u>			
Lessee/DBA (If Applicable)		Owner (if different from Applicant) Name <u>CONGRESS FEDERAL TRUST</u> Address <u>ONE MONUMENT SQUARE SUITE 200</u> City, State & Zip <u>PORTLAND, ME 04101</u>	
		Cost Of Work: \$ <u>\$83,000.00</u> C of O Fee: \$ <u>850</u> Total Fee: \$ <u>850.00</u>	
Current legal use (i.e. single family) <u>VACANT</u> If vacant, what was the previous use? <u>KEY BANK</u> Proposed Specific use: <u>FUTURE TENANT SPACE</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>PROVIDE NEW MECHANICAL ROOM FOR (2) NEW AIR HANDLERS. TO INCLUDE (2) 36" METAL STUD WALLS W/ 5/8" GUSSET SIDE, STEEL FRAME SUPPORT FOR AHU'S, (2) NEW DOORS...</u> <u>HAVE PERMIT TO BE INCLUDED @ LATER DATE</u>			
Contractor's name: <u>WRIGHT-RYAN CONSTRUCTION</u> <u>USING ATTACHED DWGS.</u> Address: <u>10 DANFORTH ST.</u> City, State & Zip <u>PORTLAND, ME 04101</u> Telephone: <u>207-773-3628</u> Who should we contact when the permit is ready: <u>CRAIG HILL</u> Telephone: <u>207-650-8089</u> Mailing address: <u>SAME AS ABOVE.</u>			

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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RECEIVED
DEC 21 2007

Department of Building Inspections
City of Portland Maine

Signature: [Signature]

Date: 12/21/07

This is not a permit; you may not commence ANY work until the permit is issued

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-construction Meeting will take place upon receipt of your building permit.

 X **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Signature of Inspections Official

Date

Date

PERMIT ISSUED

JAN 27 2010

City of Portland



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

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

131 Lafayette Road
P.O. Box 770
North Hampton, NH 03862
603-884-8885 (Fax)
800-258-7264 (Toll Free)
917-843-2192 (cell Phone)

R.B.ALLEN CO., INC

Fax

To:	From:
Fax: 207-774-1492	Pages: 5
Re:	Date: March 30, 2010
Attn: RICK	CC:

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

If you do not receive all pages or have problems receiving this transmission, please call as soon as possible (800) 258-7264.

Comments: _____

INSPECTION AND TESTING FORM

JOB NUMBER _____

DATE: Monday, March 29, 2010TIME: 1900

SERVICE ORGANIZATION

NAME: R.B. ALLEN CO., INC.ADDRESS: 131 Lafayette Rd N Hampton, NHREPRESENTATIVE: Tony Ditrano

LICENSE NO: _____

TELEPHONE: 1 803 964 8140

MONITORING ENTITY

CONTACT: _____

TELEPHONE: _____

MONITORING ACCOUNT REF. NO: _____

TYPE TRANSMISSION

- ☐ - McCulloh
☐ - Multiplex
☒ - Digital
☐ - Reverse Polarity
☐ - RF
☐ - Other (Specify) _____

PROPERTY NAME (USER)

NAME: 1 monument SquareADDRESS: Portland, ME

OWNER CONTACT: _____

TELEPHONE: _____

APPROVING AGENCY

CONTACT: Portland Fire dept

TELEPHONE: _____

SERVICE

- ☐ - Weekly
☐ - Monthly
☐ - Quarterly
☐ - Semiannually
☐ - Annually
☐ - Other (Specify) _____

PANEL MANUFACTURER: GW / FCICIRCUIT STYLES: 6NO. OF CIRCUITS: 2SOFTWARE REV.: 3.7LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: 3/16/2010LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: 3/16/2010

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF

CIRCUIT STYLE

0
0
0
4
0
0
0
0

6

MANUAL FIRE ALARM BOXES
 ION DETECTORS
 PHOTO DETECTORS
 DUCT DETECTORS
 HEAT DETECTORS
 WATERFLOW SWITCHES
 SUPERVISORY SWITCHES
 Ansul system

Alarm Verification feature is disabled ☒ enabled

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF

CIRCUIT STYLE

0
0
0

0

BELLS
 HORNS
 CHIMES
 STROBES
 SPEAKERS
 OTHER (SPECIFY) _____

NO. OF ALARM INDICATING CIRCUITS: 8ARE CIRCUITS MONITORED FOR INTEGRITY? yes

SUPERVISORY SIGNAL INITIATING DEVICE AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
<u>0</u>	<u> </u>	BUILDING TEMPERATURE
<u>0</u>	<u> </u>	SITE WATER TEMPERATURE
<u>0</u>	<u> </u>	SITE WATER LEVEL
<u>0</u>	<u> </u>	FIRE PUMP POWER
<u>0</u>	<u> </u>	FIRE PUM RUNNING
<u>0</u>	<u> </u>	FIRE PUMP AUTO POSITION
<u>0</u>	<u> </u>	FIRE PUMP OR CONTROLLER TROUBLE
<u>0</u>	<u> </u>	GENERATOR IN AUTO POSITION
<u>0</u>	<u> </u>	GENERATOR OR CONTROLLER TROUBLE
<u>0</u>	<u> </u>	SWITCH TRANSFER
<u>0</u>	<u> </u>	GENERATOR ENGINE RUNNING
<u> </u>	<u> </u>	OTHER: <u> </u>

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (See NFPA 72, Table 6.6.1):

Quantity 1 Style(s) 8

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120 VAC, Amps 8A
 Overcurrent Protection: Type CKT BR, Amps
 Location (of Primary Supply Panelboard):
 Disconnecting Means Location: ckt breaker
- b. Secondary (Standby): SLA Storage Battery: Amp-Hr. Rating 35
 Calculated capacity to operate system, in hours:
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage:

TYPE BATTERY

- Dry Cell
 Nickel-Cadmium
 X Sealed Lead-Acid
 Lead-Acid
 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
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:
 MONITORING ENTITY
 BUILDING OCCUPANTS
 BUILDING MANAGEMENT
 OTHER (SPECIFY)
 AHJ NOTIFIED OF ANY
 IMPAIRMENT TO

YES	NO	WHO	TIME
<u> X </u>	<u> </u>	<u>Via Guard</u>	<u>800</u>
<u> X </u>	<u> </u>	<u>Via Guard</u>	<u>800</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	x	x	
INTERFACE EQUIPMENT	x	x	
LAMPS/LEDS	x	x	
FUSES	x	x	
PRIMARY POWER SUPPLY	x	x	
TROUBLE SIGNALS	x	x	
DISCONNECT SWITCHES	x	x	
GRND FAULT MONITORING	x	x	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	x		
LOAD VOLTAGE			
DISCHARGE TEST			
CHARGER TEST			
SPECIFIC GRAVITY			
TRANSIENT SUPPRESSORS			
REMOTE ANNUNCIATORS			
NOTIFICATION APPLIANCES			
AUDIBLE			
VISUAL			
SPEAKERS			
VOICE CLARITY			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
COMMENTS:							

EMERGENCY COMMUNICATION EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET			n/a
PHONE JACKS			n/a
OFF-HOOK INDICATOR			n/a
AMPLIFIER(S)			n/a
TONE GENERATOR(S)			n/a
CALL IN SIGNAL			n/a
SYSTEM PERFORMANCE			n/a

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	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY)			
(SPECIFY)			
(SPECIFY)			
SPECIAL HAZARD SYSTEMS			
(SPECIFY)			
(SPECIFY)			
(SPECIFY)			
SPECIAL PROCEDURES:			

COMMENTS:

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	x		1600	via Guard
ALARM RESTORAL	x		1600	via Guard
TROUBLE SIGNAL	x		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	x		Via Guard	1600
BUILDING OCCUPANTS		x		
OTHER (SPECIFY)				

THE FOLLOWING DID NOT OPERATE CORRECTLY:

Duct heads to be swapped out to a new style for device interoperability purposes.

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3/29/10 TIME 1600

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Tony DiFranco

DATE: Monday, March 29, 2010

SIGNATURE: Anthony DiFranco

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Distributed by: Automatic Fire Alarm Association P.O. Box 951807 Lake Mary, FL 32795-1807
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4/13-10

Electric room in basement

4/21/10 Fire CAULK needed /reinspect

SMH

4-23- OK
SMH done

5-25-10 called re requires HUAC permit

5-26 - called office + LM for Craig Hill re
HUAC Permit Requirements.
SMH

6-01-10 Spoke w/ Craig he will call
Er Brian DeMSTAR
of Region. Requests Permit
be pulled this week.