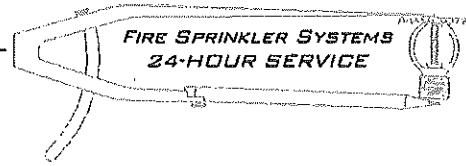


HIGH TECH FIRE PROTECTION

PO Box 156 • Minot, ME 04258-0156

Phone: (207)998-2551 • Fax: (207)998-4187



NFPA Letter of Compliance

Date: February 7, 2019

To: Portland Fire Department

From: HTFP

Re: Fire Sprinkler System Compliance Letter for Vigilant Capital Management 6th Floor tenant.

High Tech Fire Protection has retrofitted an existing NFPA 13 sprinkler system for (Vigilant Capital Management) 6th floor tenant space only located at 1 Monument Square Portland, ME.

High Tech Fire Protection hereby guarantees the design, materials and workmanship to meet the requirements necessary for an approved retrofitted NFPA #13 Automatic Fire Sprinkler System per State and local authority.

Sincerely,
Ed Poulin

A handwritten signature in cursive script that reads "Ed Poulin".

High Tech Fire Protection

207-998-2551

EPoulin@htfp.me

*Specializing in Commercial and Residential Fire Sprinkler Systems
Design • Installation • Inspection • Service*



State of Maine
Department of Public Safety
Fire Sprinkler System Permit



FSP14304

VIGILANT CAPITAL MANAGEMENT LLC

Located at:	1 MONUMENT SQ
In the Town of:	PORTLAND
Occupancy/Use:	Business
Type of System:	NFPA 13

Permission is hereby given to:

HIGH TECH FIRE PROTECTION CO., INC.
 Contractor License # FSC102

to begin installation according to plans submittal approved by the Office of State Fire Marshal. No departure from the application submittal shall be made without prior approval in writing. This permit is issued under the provisions of Title 32, Chapter 20, Section 1337. Nothing herein shall excuse the holder of this permit from failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. This permit shall be displayed at the construction site or be made readily available.

Permit issued 1/09/2019

Permit expires at midnight on 07/08/2019

The expiration date applies only if the installation has not begun by that date and no permission has been granted to extend the date. Once installation begins, then the permit is valid as long as work is continuous.

John E. Morris
 Commissioner

The type of Fire Department Connection and its location is to be according to the Local Fire Department.

Within 30 days of the completion of a new fire sprinkler system or an addition to an existing fire sprinkler system, a sprinkler system contractor shall provide to the commissioner a copy of the permit signed by the certified responsible managing supervisor representing that the fire sprinkler system has been installed according to specifications of the approved plan.

Inspection Dates: 1-16-19 1-23-19

Job completed, tested and verified by date of 1-23-19

RMS for this job: Poulin Edward M.

RMS Signature Edmund Poulin

SYSTEM RECORD OF COMPLETION

*This form is to be completed by the system installation contractor at the time of system acceptance and approval.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.*

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Form Completion Date: February 11, 2019 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: 1 Monument Square 6th Floor
Address: 1 Monument Square Portland, ME
Description of property: Offices
Name of property representative: Management Company
Address: same
Phone: unknown Fax: unknown E-mail: unknown

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Harmon Electric
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Service organization: RB Allen Co., inc.
Address: 131 Lafayette Road North Hampton, NH 03862
Phone: 6039648140 Fax: 6039648885 E-mail: rballen@rballen.com
Testing organization: RB Allen Co., inc.
Address: 131 Lafayette Road North Hampton, NH 03045
Phone: 6039648140 Fax: 6039648885 E-mail: rballen@rballen.com
Effective date for test and inspection contract: unknown
Monitoring organization: Protection 1
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Account number: _____ Phone line 1: _____ Phone line 2: _____
Means of transmission: Dialer (POTS)
Entity to which alarms are retransmitted: _____ Phone: _____

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: _____

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: See Electrical Contractor
NFPA 72 edition: _____

4.1 Control Unit

Manufacturer: GWFCI Model number: E3

4.2 Software and Firmware

Firmware revision number: 2.23

4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: _____ Alarm verification set for _____ seconds

SYSTEM RECORD OF COMPLETION (continued)

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 3.9
 Overcurrent protection: Type: Circuit Breaker Amps: 20
 Branch circuit disconnecting means location: unknown Number: n/a

5.1.2 Secondary Power

Type of secondary power: Batteries (Sealed lead Acid)
 Location, if remote from the plant: _____
 Calculated capacity of secondary power to drive the system:
 In standby mode (hours): 24 In alarm mode (minutes): 15

5.2 Control Unit

- This system does not have power extender panels
- Power extender panels are listed on supplementary sheet A

6. CIRCUITS AND PATHWAYS

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line				
Device Power				
Initiating Device				
Notification Appliance			A	
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location
n/a	

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	n/a			
Smoke Detectors	n/a			
Duct Smoke Detectors	n/a			
Heat Detectors	n/a			
Gas Detectors	n/a			
Waterflow Switches	n/a			
Tamper Switches	n/a			

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	0	
Visible	7	strobe only
Combination Audible and Visible	9	speaker / strobe

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	n/a
HVAC Shutdown	n/a
Fire/Smoke Dampers	n/a
Door Unlocking	n/a
Elevator Recall	n/a
Elevator Shunt Trip	n/a

11. INTERCONNECTED SYSTEMS

- This system does not have interconnected systems.
 Interconnected systems are listed on supplementary sheet _____

12. CERTIFICATION AND APPROVALS

12.1 System Installation Contractor

This system as specified herein has been installed according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____
 Organization: _____ Title: _____ Phone: _____

12.2 System Operational Test

This system as specified herein has tested according to all NFPA standards cited herein.

Signed: Tony DiFranco Printed name: Tony DiFranco Date: 021119
 Organization: RB Allen Co., inc. Title: Software Specialist Phone: 6039648140

12.3 Acceptance Test

Date and time of acceptance test: _____
 Installing contractor representative: _____
 Testing contractor representative: R B Allen Co
 Property representative: _____
 AHJ representative: _____