

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that BAMC 2007-3 WHARF ST LLC Located At 50 WHARF ST

Job ID: 2012-09-4981-ALTCOMM

CBL: 032-V-014-001

has permission to Renovate interior, new tenant/smoker cooker  
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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

A handwritten signature in black ink, appearing to read "Jamie Bouke", written over a horizontal line.

**Fire Prevention Officer**

**Code Enforcement Officer / Plan Reviewer**

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD



# Certificate of Occupancy



*CITY OF PORTLAND, MAINE*

Department of Planning and Urban Development  
Building Inspections Division

**Location:** 50 Wharf St

**CBL:** 032 V014

**Issued to:** BAMC 2007-3 WHARF STREET LLC /  
PIG'S BACK LLC

**Date Issued:** November 14, 2012

**This is to certify** that the building, premises, or part thereof, at the above location, built-altered-changed as to use under Building Permit NO. 2012-09-4981-ALTCOMM, has had a final inspection, has been found to conform substantially to the requirements of the Building Code and the Land Use Code of the City of Portland, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

FIRST FLOOR

APPROVED OCCUPANCY

Restaurant/Drinking Establishment  
IRC 2009  
Use Group R-3  
Type 3B

**Limiting Conditions:** NONE

**Approved:**

11-14-12

(Date)  Inspector



Inspections Division Director

**Notice:** This certificate identifies the legal use of the building or premises, and ought to be transferred from owner to owner upon the sale of the property.

## BUILDING PERMIT INSPECTION PROCEDURES

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

or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life* • [www.portlandmaine.gov](http://www.portlandmaine.gov)

Director of Planning and Urban Development  
Jeff Levine

Job ID: 2012-09-4981-ALTCOMM

Located At: 50 WHARF ST

CBL: 032- V-014-001

## **Conditions of Approval:**

### **Zoning**

1. Separate permits shall be required for any new signage.
2. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
3. ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.

### **Building**

1. Application approval based upon information provided by the applicant or design professional. Any deviation from approved plans requires separate review and approval prior to work.
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. Appliance and equipment shall be installed in compliance with the manufacturer's specifications and the ETL listing.
4. New cafe, restaurant, lounge, bar or retail establishment where food or drink is sold and/or prepared shall meet the requirements of the City and State Food Codes.
5. Approval of City license is subject to health inspections per the Food Code.
6. The installation must comply with the State of Maine Gas Regulations.
7. The duct and exhaust shall be installed per NFPA 96.
8. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

### **Fire**

1. All construction shall comply with City Code Chapter 10. The entire occupancy shall comply with City Code Chapter 10 upon inspection.
2. Any Fire alarm or Sprinkler systems shall be reviewed by a licensed contractor(s) for code compliance. Compliance letters are required.
3. A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model. This review does not include approval of fire alarm system design or installation.
4. 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.

5. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads. This review does not include approval of sprinkler system design or installation.
6. Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
7. A Knox Box is required.
8. Fire extinguishers are required per NFPA 1.
9. Occupancies with an occupant load of 100 persons or more require panic hardware on all doors serving as a means of egress.
10. Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.
11. Any cutting and welding done will require a Hot Work Permit from Fire Department.
12. **Smoker Installation**, makeup air and exhaust shall be installed in accordance with manufacturer's installation instructions and NFPA 96, *Ventilation Control and Fire Protection of Commercial Cooking Operations*, including clearances. A minimum vertical clearance of 3 ft. below any exhaust outlet from air intakes within 10 ft. of the exhaust outlet shall be provided. A compliance letter is required.

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

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

Job No: 2012-09-4981-ALTCOMM	Date Applied: 9/18/2012	CBL: 032- V-014-001	
Location of Construction: 50 WHARF ST	Owner Name: BAMC 2007-3 WHARF STREET LLC	Owner Address: ONE CANAL PLAZA PORTLAND, ME 04101	Phone:
Business Name: Buck's Naked BBQ & Steakhouse	Contractor Name: Wayne Lewis	Contractor Address: PO Box 11392, Portland, ME 04104	Phone: 767-4584
Lessee/Buyer's Name: Pig's Back, LLC, 47 Beech Hill RD, Freeport, ME	Phone: 865-4122	Permit Type: BLDG ALT	Zone: B-3
Past Use:  Restaurant/Drinking Establishment on 1 <sup>st</sup> floor with personal service use on 2 <sup>nd</sup> floor	Proposed Use:  Same: Restaurant/Drinking Establishment on 1 <sup>st</sup> floor with personal service use on 2 <sup>nd</sup> floor-- to make interior cosmetic alterations to restaurant	Cost of Work: \$3,000.00	CEO District:
		Fire Dept:  10/10/12 <input checked="" type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: A-2 Type: 3B MUREL '09 Signature: <i>JMB</i> 10/10/12
Proposed Project Description: Interior cosmetic renovations		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Lannie		<b>Zoning Approval</b>	

<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 informatin may invalidate a building permit and stop all work.</p>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>___ Maj ___ Min ___ MM</p> <p>Date: <i>OK with conditions</i> <i>S 9/18/12</i></p>	<p><b>Zoning Appeal</b></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><b>Historic Preservation</b></p> <p><i>- water -</i></p> <p><input type="checkbox"/> Not in Dist 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>Any exterior use requires SA Separate review &amp; approval</i></p>
	<b>CERTIFICATION</b>		

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

11-13-12 GF CP SC

NEED SPRINKLER HEAD IN PLAYHOUSE

11-14-12 GP OK AS PER 3<sup>rd</sup> PARTY



# 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>50 Wharf St., Portland, ME</u>		
Total Square Footage of Proposed Structure/Area <u>8039</u>		Square Footage of Lot <u>attached</u>
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>032      V      014</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>PIG'S BACK, LLC</u> Address <u>47 Beech Hill Rd</u> City, State & Zip <u>Freeport, ME 04032</u>	Telephone: <u>207 865 4122</u>
Lessee/DBA (If Applicable) <u>d/b/a</u> <u>Buck's Naked BBQ &amp; Steakhouse</u>	Owner (if different from Applicant) Name <u>BANC 2007-3 Wharf St. LLC.</u> Address <u>One Canal Plaza</u> City, State & Zip <u>Portland, ME 04102</u> <u>c/o Bonds Co.</u>	Cost Of Work: \$ <u>3000</u> <del>6000</del> Total Fee: \$ _____
Current legal use (i.e. single family) <u>Commercial</u> If vacant, what was the previous use? <u>restaurant</u> Proposed Specific use: <u>restaurant</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>interior cosmetic alterations</u>	<b>RECEIVED</b> <b>SEP 18 2012</b>	
Contractor's name: <u>WAYNE LEWIS</u>		Dept. of Building Inspections City of Portland Maine
Address: <u>P.O. 11392</u>		
City, State & Zip: <u>Portland, ME 04104</u>	Telephone: <u>207 767-4584</u>	
Who should we contact when the permit is ready: <u>Alex/Wendy CASSE</u>		Telephone: <u>749-0903</u>
Mailing address: <u>47 Beech Hill Rd, Freeport, ME 04032</u>		<u>749 0850</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](http://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.

Signature: [Signature] Date: 9.17.12

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





# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

Receipts Details:

**Tender Information:** Check , BusinessName: Caisse Holdings LLC, Check Number: 1315  
**Tender Amount:** 50.00

Receipt Header:

**Cashier Id:** gguertin  
**Receipt Date:** 9/18/2012  
**Receipt Number:** 48332

Receipt Details:

Referance ID:	8048	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	50.00	Charge Amount:	50.00
Job ID: Job ID: 2012-09-4981-ALTCOMM - Interior cosmetic renovations			
Additional Comments: 50 wharf St. Ciasse Holdings			

**Thank You for your Payment!**

# W. L. CONSTRUCTION INC.

BUILDER / RENOVATOR

PO Box 11392  
Portland, Maine 04104

Phone: 1-207-767-4584  
Fax: 1-207-767-4584  
WWW.WLCONSTRUCTIONINC.COM  
Email: W.L.CONSTRUCTION@AOL.COM

September 12, 2012

INVOICE SUBMITTED TO:

Bucks Naked BBQ  
Attention: Alex Cassie *or Al Brown*  
860 US Route One  
Freeport, Maine 04032  
*Fax 865-0687*

**WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:**  
Portland location Up fit

- Will extend knee wall up to hide side of cooler on upper platform.
- Will fix loose rail by back stair case.
- Will assist with removal of store front glass window frame to get smoker in building and replace the same window back into it's original opening.

We hereby propose to do the work listed above for the sum of: ~~\$300.00~~, 10 % to be held till job complete of \$300.00 other two payments of \$1350.00 one at start, 2<sup>nd</sup> halfway complete. Work will take roughly one week from start.

All material is to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra cost will be executed only upon written orders, and will become an extra charge over and above the proposal. All agreements Contingent that we incur no strikes, accidents, or delays beyond our control. This proposal is subject to acceptance within 45 days and is void thereafter at the option of the undersigned.

Authorized Signature

*[Signature]*  
Wayne Lewis Jr.

**ACCEPTANCE OF PROPOSAL**

The above prices, specifications and conditions are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Accepted:

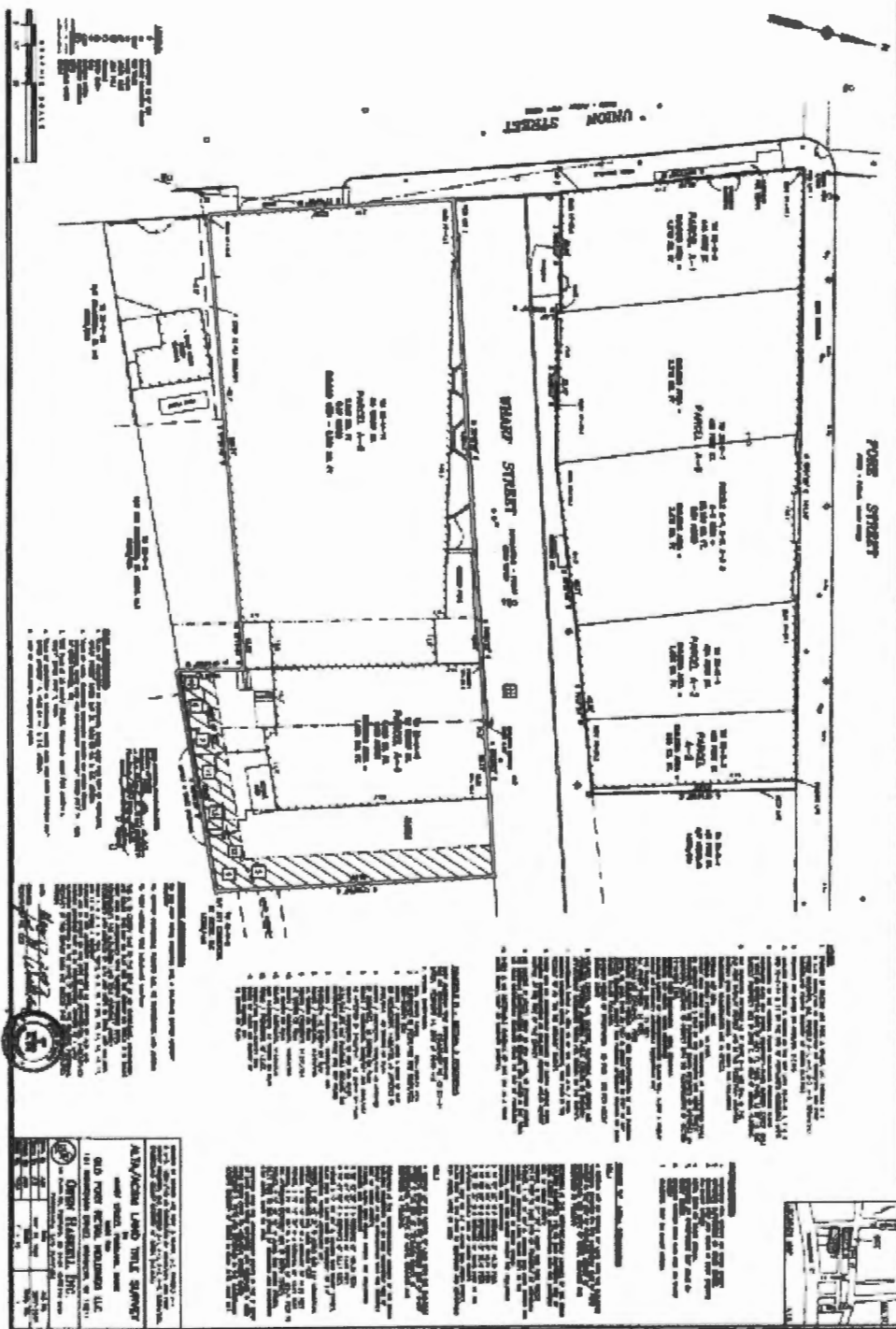
Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**SCHEDULE 1**

**LAND AND BUILDING SURVEY**





**Buck's Naked BBQ, P.O. Box 209, Freeport, ME 04032**  
**Buck's Naked BBQ & Steakhouse, 4 Turning Leaf Dr. Windham, ME 04062**  
**[www.bucksnaked-bbq.com](http://www.bucksnaked-bbq.com)**

---

Interior renovations at 50 Wharf Street, Portland, ME

We are planning on no structural changes to the existing property at 50 Wharf Street, we will be making changes to 2 areas in the interior that require permitting;

1. The extension of a knee wall, see photo and layout drawing *-to The beams*
2. The addition of two corrugated tin aesthetic roofs over the bar area, see photo and layout drawing

We will also be replacing the torn flooring in the kitchen areas and painting the dining room and bar areas

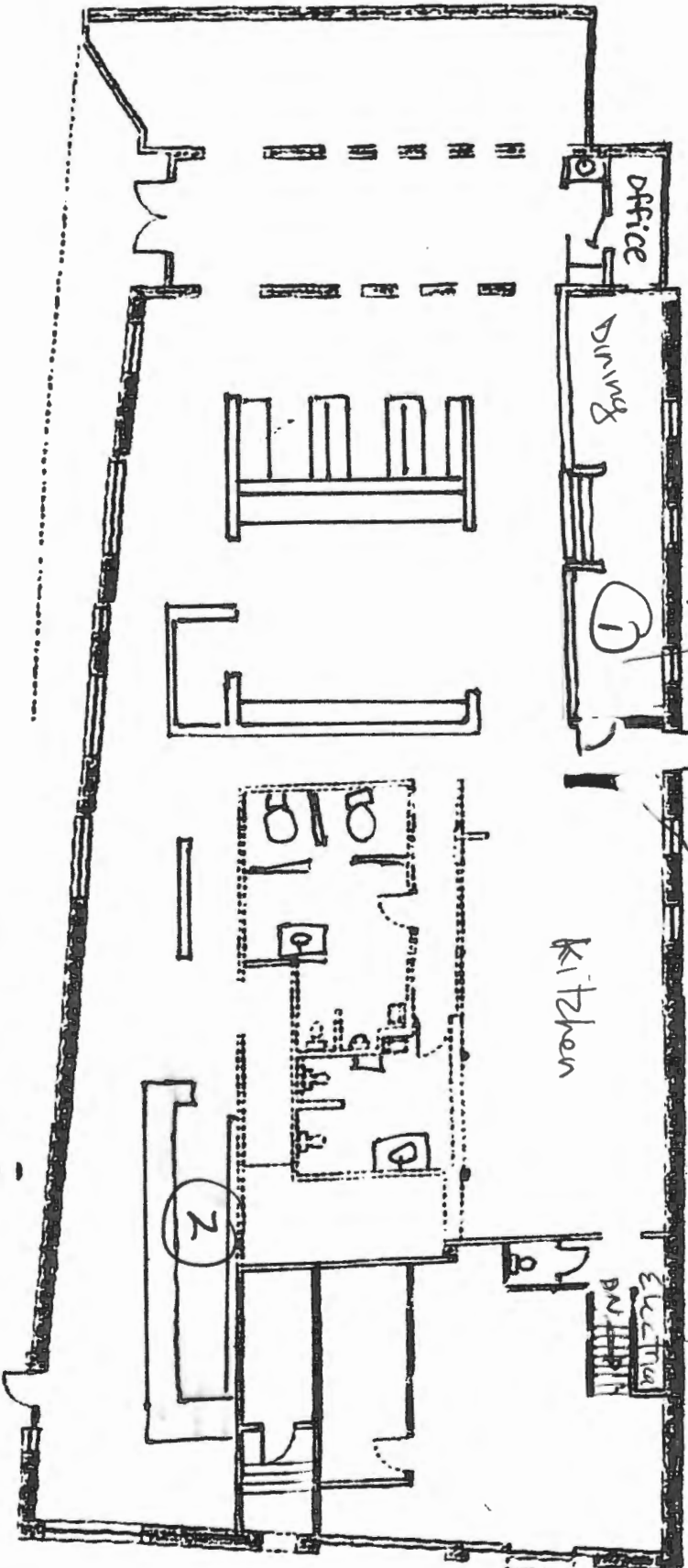
(We will be submitting separate building permit applications for HVAC and the temporary removal and replacement of a window so that we can install our smoker in the prep kitchen area facing Union Street.)

Thank you and respectfully submitted,

Wendyll & Alex Caisse

BLACK = EXISTING

HIGHLIGHTED = PROPOSED WORK

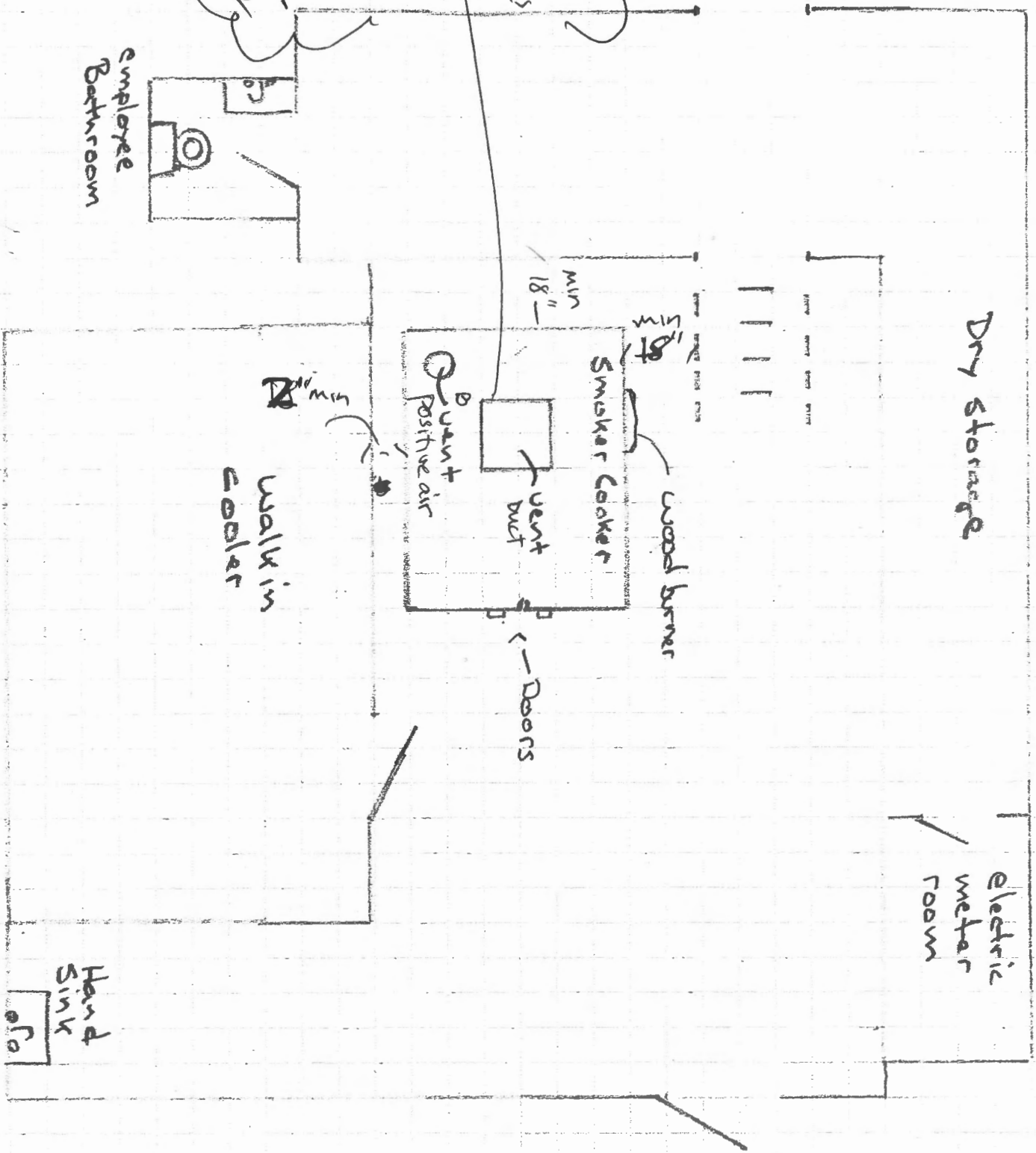


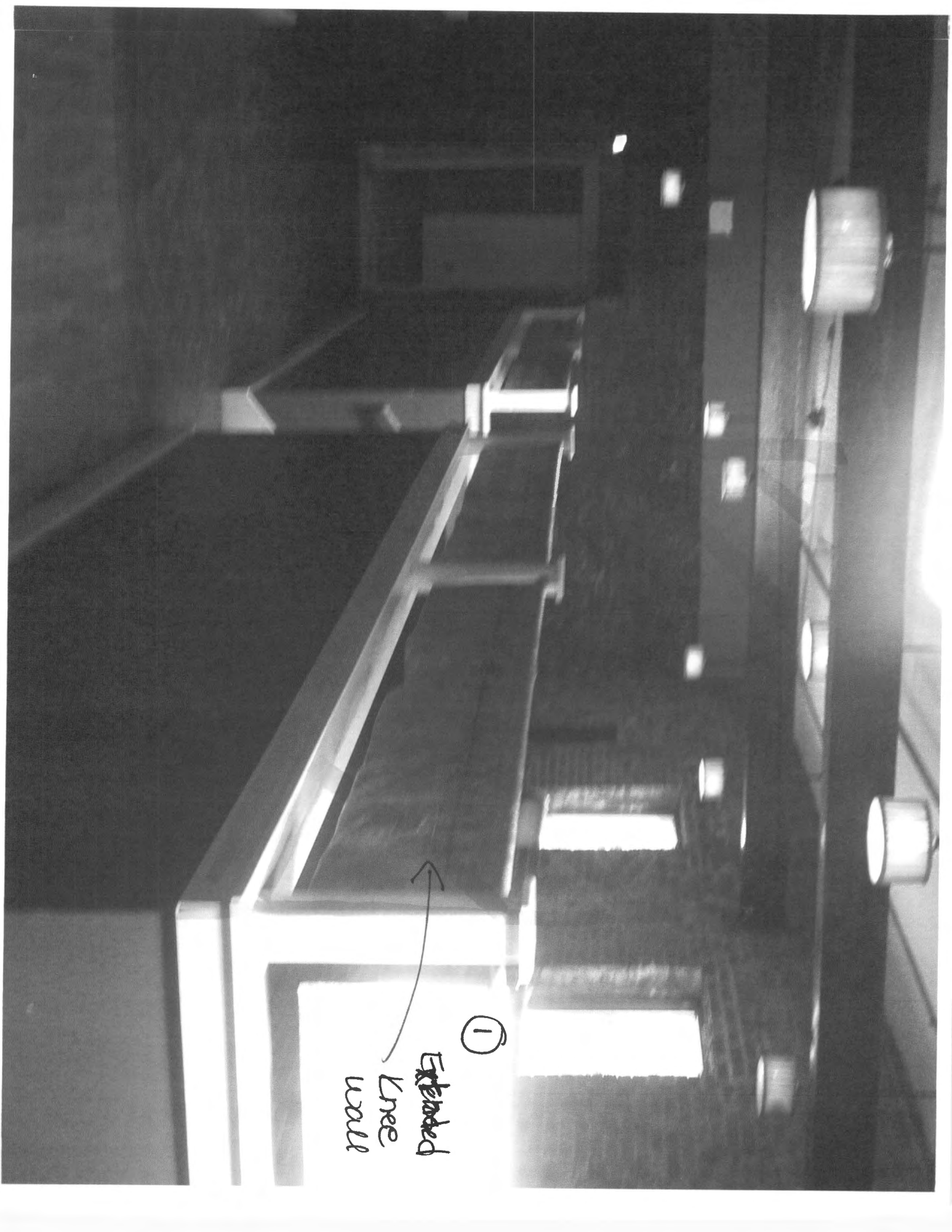
Wharf Street

10/9/12/  
Notes per Alex C.

# Buck's Noted RBL Prep Kitchen floor plan (Lower Level)

10/11/12  
Per Deck's  
Both vent ducts  
Existing from previous  
Tenant  
& meet code  
Requirements for  
Smoker  
Duct





①

Extended  
Knee  
wall





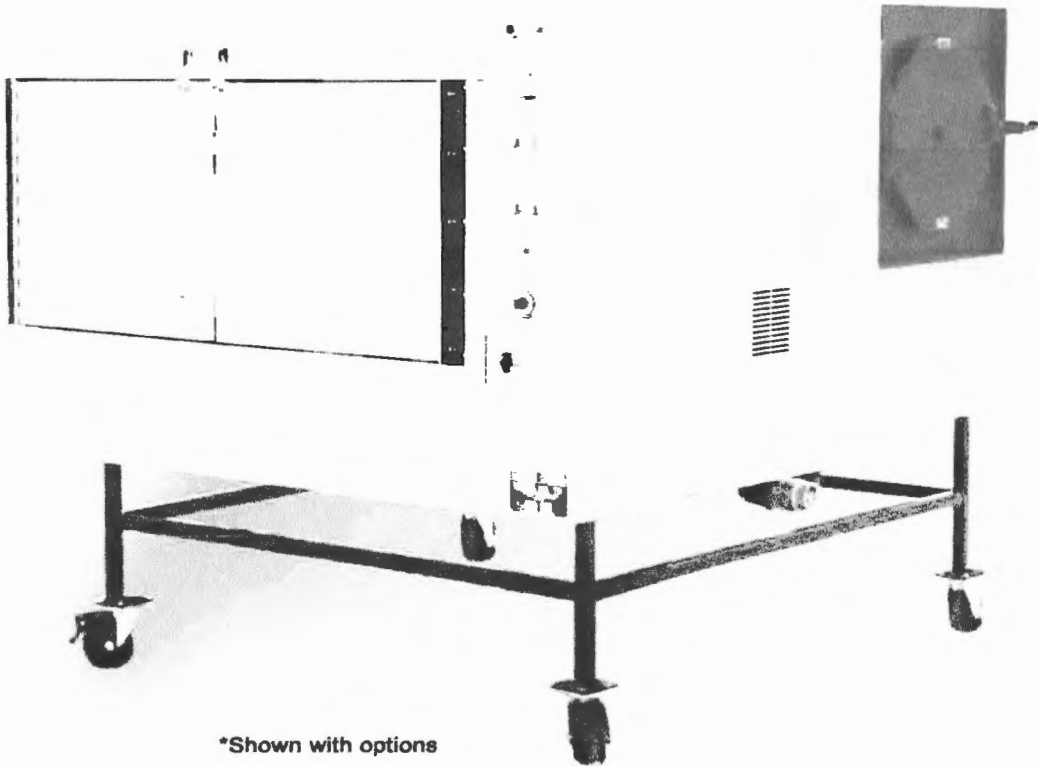


2

2

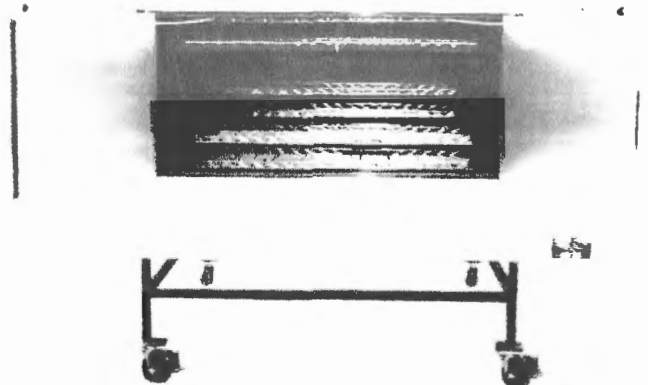


# MODEL EL-ED/X



RECEIVED  
OCT 10 2012  
Dept. of Building Inspections  
City of Portland Maine

Revolving Racks: (12) 18" x 48"  
Cooking Surface: 72 Sq. Ft.



**OLE HICKORY  
PITS™**

WOOD BURNING BARBECUE PITS

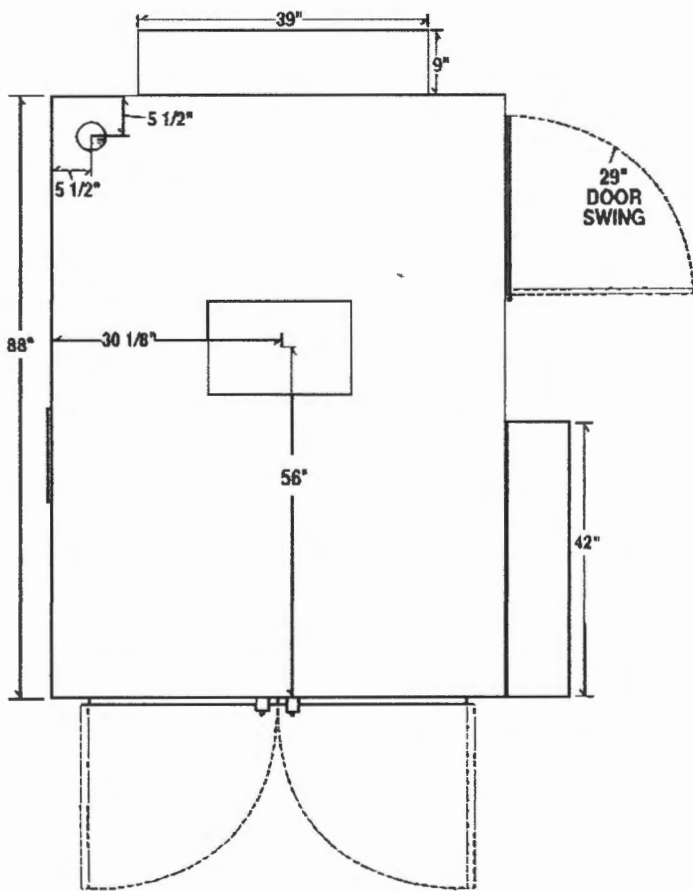
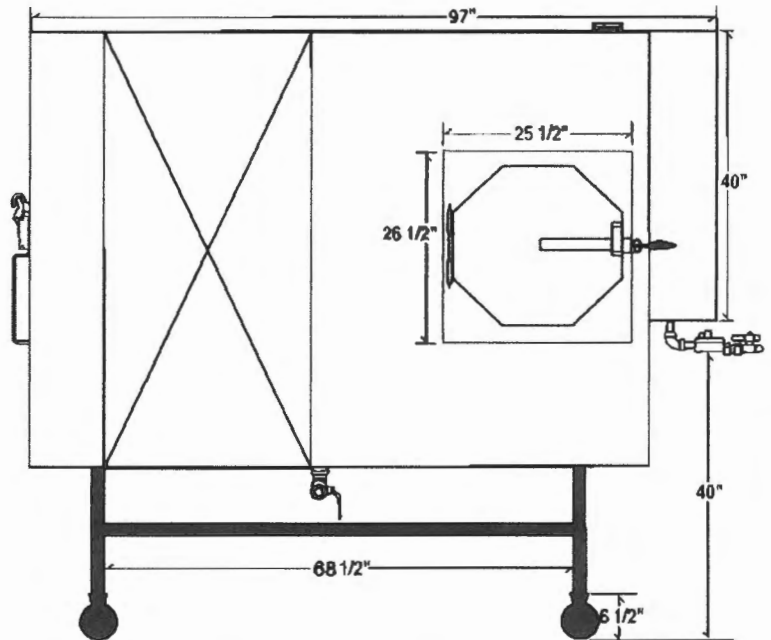
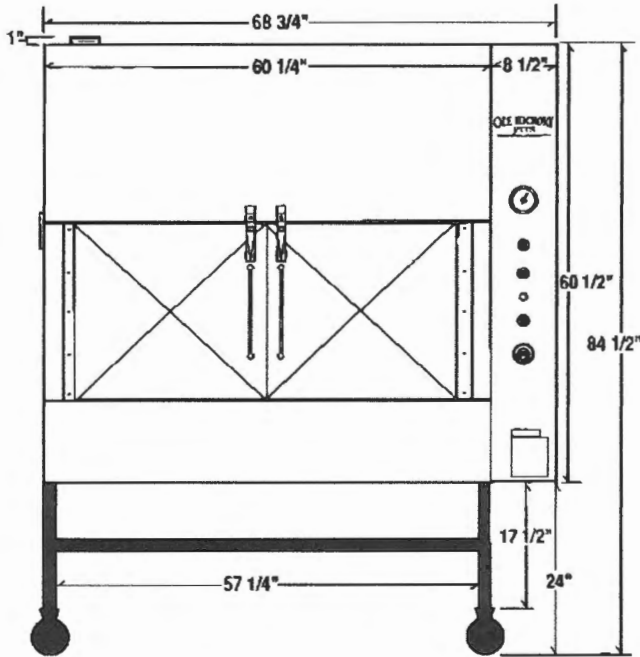
1-800-223-9667

333 North Main Street ~ Cape Girardeau, MO ~ 63701

Email: [main@olehickorypits.com](mailto:main@olehickorypits.com)

[www.olehickorypits.com](http://www.olehickorypits.com)

# MODEL 33-EDM



**Construction:** Heavy duty 2 Gauge Steel Interior (100% welded & inspected seams) ; 1/2" Thick Steel Exterior, 22 gauge stainless steel exterior, Mineral Wool Insulation rated 1200 degrees F. Contains no asbestos or fiberglass.

**Electrical:** 110 Volts, 60HZ, Single Phase, 15 Amp - AVOID NON-GROUNDED EXTENSION CORDS.

**Gas Burner:** 65,000 BTU Burner with Electronic Ignition, available in L.P. or Natural Gas.

**Firebox:** Two (2) regular fireplace size logs will last for up to 6 hours of cooking. Air over firebox circulation.

**Temperature Range:** Thermostat control range 100 degrees F. to 325 degrees F.

**Upper Limit Control Switch:** Extra Safety Feature.

**Dial Thermometer:** 2 1/2" Diameter

**Heavy Duty Foot Switch:** Rotisserie Advance.

**Casters:** Four (4) Heavy Duty ETL Approved

**Convection System:** Two (2) 1/4 HP Motors with 10" fan blades provide a mix of both heat and smoke for product consistency.

**Flue:** 4" Diameter.

**Grease Drain:** 2" Pipe with 2" Ball Valve.

**Weight:** 2600 lbs uncrated.

**Rotisserie:** 12 Racks 18 x 46 1/2 sq Ft Cooking Surface Nickel-chrome (stainless steel available at extra cost) Removable for easy cleaning.

**Rotisserie Drive:** Heavy Duty 1/4 HP Motor - long lasting chain drive system utilizing gear reduction.



# Models EL-EC, EL, EL-IB, EL-EW, & EL-ED-X-Clearance

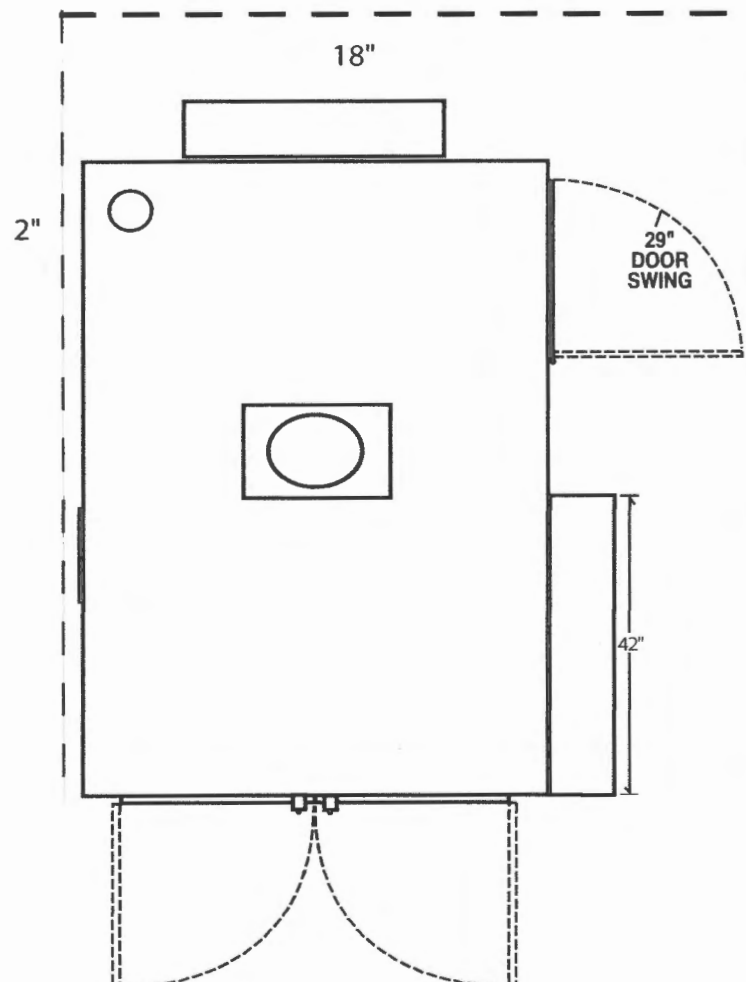
Showing Clearance, Page 3 of Owners Manual, Titled Safety Tips:

#12. Please maintain a MINIMUM safety or mechanical clearance from surrounding materials as follows:

Combustible Construction:	Back	18"
	Right Side:	18"
	Left Side:	2"

Noncombustible Construction:	Back:	18"
	Right Side:	18"
	Left Side:	2"

Any Installation that does not allow for the proper MINIMUM Safety or Mechanical Clearance, (shown Above & Below), as per ETL, may be considered a Non-Approved Installation by Ole Hickory Pits. A Non-Approved Installation may void your warranty.



# Electrical Specifications

## Specifications:

**110 Volts, 60 HZ, 1 Phase**  
**AVOID NON-GROUNDED EXTENSION CORDS**  
**15 amp Wiring**

## Instructions:

1. Electrical receptacles must be wired in accordance with local codes and supplied by a qualified electrician.
2. All switches should be in the "OFF" position prior to power cord plug insertion into receptacle.

## Equipment:

1. One standard 1/4 horse motor drives the gear reducer (96 tooth sprocket) for rotisserie operation.
2. Two 1/4 horse 1,625 RPM motor for convection fan.
3. Gas burner is equipped with an electrical igniter system. (See complete burner instructions)

# Direct Vent - Inside Installation

\*Rain Cap →

\* Not Supplied By Ole Hickory Pits

*using existing vents.*

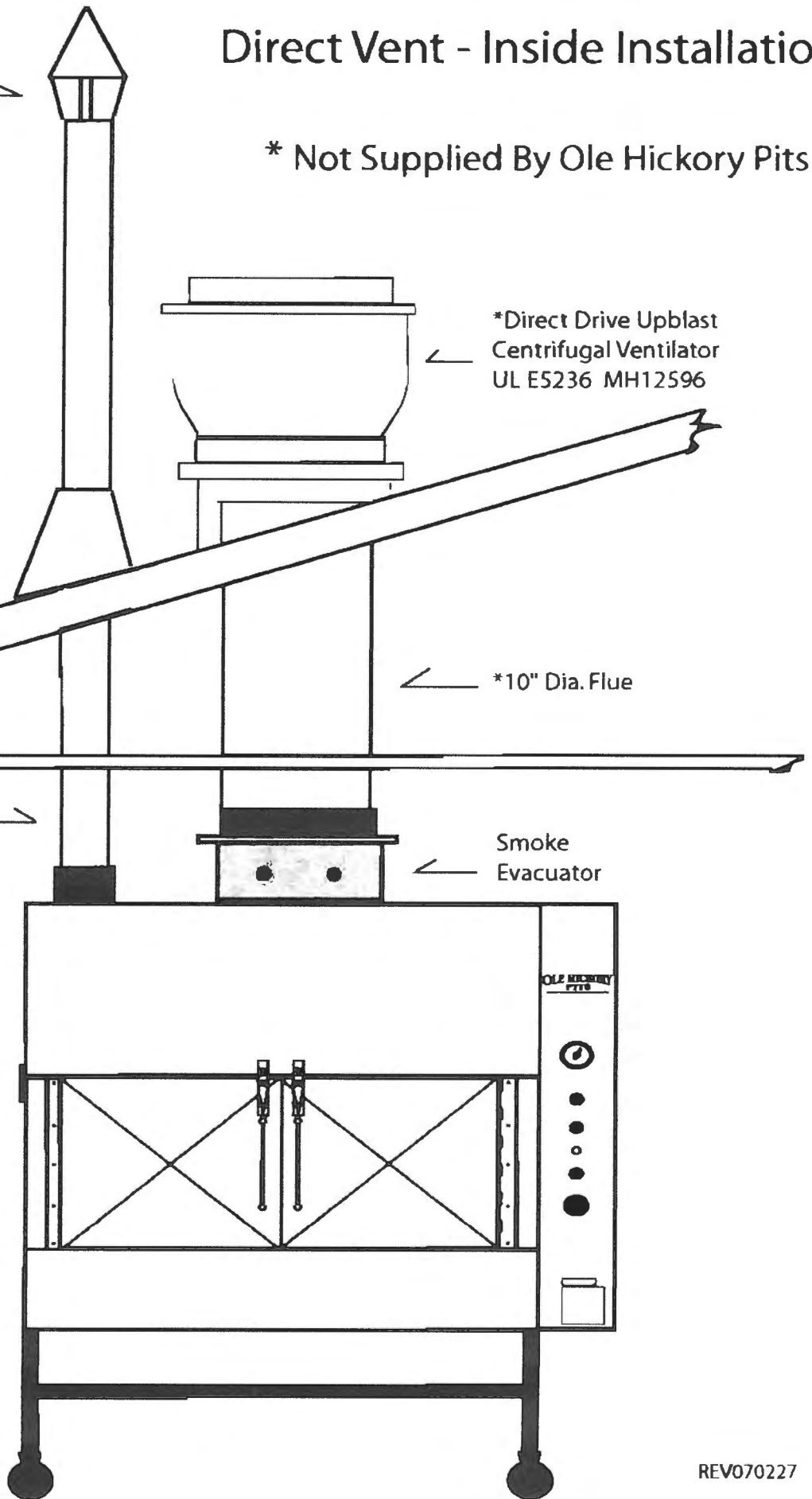
\*Direct Drive Upblast Centrifugal Ventilator UL E5236 MH12596

\*10" Dia. Flue

\*4" Dia. Flue →

Smoke Evacuator

Ole Hickory Pits Models EL, EL-ED, EL-IB, EL-EW, EL-ED-X, EL-EC and EL-VS with Smoke Evacuators are ETL Approved. ETL #5505536



# SMOKE EVACUATOR

## (Push Button)

(Optional Equipment)

### PURPOSE

The purpose of the Smoke Evacuator System is to remove smoke from the front-loading area of the unit once the doors are opened and prevent excess smoke from escaping into the kitchen or food processing area. This enables the operator to work unobstructed by interference from escaping smoke and heat. The smoke will be drawn from the inside of the unit as opposed to an externally mounted hood system.

### OPERATION

The procedure for operating the Smoke Evacuator System is quite simple. First, activate the smoke evacuator by pressing in on the Black "ON" button and continue to hold for 5 seconds. Second, while holding the Black "ON" button in for 5 seconds, grasp door handle to cooking chamber. After the initial 5 seconds, slowly open the cooking chamber door; operator may now release push button. The smoke evacuator will remain on while the cooking chamber door is open. The smoke evacuator will automatically turn off when the operator closes the door to the cooking chamber and the unit will return to normal operating.

### COMPONENTS

The Evacuator System is made up of four (4) basic components: (1) the switch, (2) the Evacuator (power damper), (3) the 10" diameter duct and (4) the ventilator fan. Items (1) and (2) are sold by Ole Hickory Pits as optional equipment. Items (3) and (4) are purchased by you and are of your installation responsibility. **ADEQUATE MAKEUP AIR IS REQUIRED FOR SAFE OPERATION. Consult manual for more information. It is your responsibility to maintain essential combustion air at all times during operation of the unit.**

### INSTALLATION

Attach the 10" diameter duct to the 10" diameter duct collar located on the top of the Evacuator. Check with your local inspector to make sure the duct complies with local codes. The duct will go through your roof and will attach to the ventilator fan above the roof. The ventilator fan can then be wired into your units relay system, thus allowing your switch to activate the Evacuator and the ventilator fan at the same time. As always, use a qualified local contractor for your installation.

# Model EL-ED/X

## Installation Instructions:

These instructions were prepared for the guidance of those installing this particular gas and wood burning barbecue pit. While they apply in principle to most installations, they should not be interpreted as meaning the only safe and economical way to install the unit. It may be necessary to deviate from these instructions in some instances in order to comply with local codes in effect in your area. We recommend the installer confer with the proper local municipal officials regarding any specific code regulations. Installation should be performed by a qualified installer.

**WARNING: Improper installation, adjustment, alteration, service or maintenance can cause property damage, injury or death. Read the installation, operating and maintenance instructions thoroughly before installing or servicing this equipment.**

**VISUALLY INSPECT THE INSTALLATION LOCATION:** An Ole Hickory Pit shall not be installed in any location where facilities for normal air circulation or infiltration are so limited so as to interfere with ready obtainment of all air necessary for proper ventilation and draw.

Ole Hickory Pits must be secured for stationary installation on a level; impervious floor (concrete or comparable). Floor has to support 2100 to 2600 pounds at all times. The unit is suitable for installation on a combustible floor.

**'NOTICE;** If your Ole Hickory Pit is to be installed with casters, it must be installed with the casters supplied, a connector complying with either ANSI Z21.69 or CAN/CGA-6.16 and a quick-disconnect device complying with either ANSI Z21.41 or CAN1-6.9. It must also be installed with restraining means to guard against transmission of strain to the connector, as specified in the appliance manufacturer's instructions." Adequate means has been provided to limit the movement of the unit without depending on the connector and the quick disconnect device or its associated piping to limit oven movement. **PLEASE LOCK CASTERS ONCE UNIT IS IN PLACE.**

A manual shutoff valve **MUST** be supplied in the gas line between the unit and the meter in an easily accessible location. A regulator is required to maintain correct gas pressure to burner. Please include a drip leg or sediment trap in the gas supply line.

**INSPECTION AND PREPARATION OF UNIT.** Visually inspect the Ole Hickory Pit by removing the service access panels and ensure that motors and burner have not been loosened during shipment of unit. Replace the service panels after inspection. The racks in the cooking chamber should be properly set in position.

Before proceeding with installation, read all instructions carefully and make sure all switches are set to the "OFF" position.

## AUTHORIZATION TO MARK

This authorizes the application of the Certification Mark(s) shown below to the models described in the Product(s) Covered section when made in accordance with the conditions set forth in the Certification Agreement and Listing Report. This authorization also applies to multiple listee model(s) identified on the correlation page of the Listing Report.

**Applicant:** OLE HICKORY PITS  
333 North Main  
Cape Girardeau, MO 63701, USA

**Contact:** Name: Mr. David Scherer Phone: (573) 334-3377 Fax: (573) 334-6512

**Manufacturer:** OLE HICKORY PITS  
333 North Main  
Cape Girardeau, MO 63701, USA

**Party Authorized To Apply Mark:** Same as Manufacturer  
**Report Issuing Office:** Intertek's Arlington Heights IL USA facility

**Report No.:** 3098759CHI-001

**Product Covered:** Gas Bar-Be-Que pits, Models EL, EL-ED, EL-EDX, ELIB, EL-EW, ELEX, ELEC, ELVS, SDL, SDLX, SSE, SSG, SSI, SSJ, SSJ-AE, SSJ-EW, SSL, SSM, SRO, SSO, SSRD, VS3 and VS4.

**Description:** The products covered by this report are cord connected, gas Bar-Be-Que Pits ignited by either a natural or liquid petroleum gas ignition system. Designed to heat and cook with gas, using small amounts of wood to enhance food flavor. All models can be used outdoors when provided with cover over the controls, except for the model ELEC which must be indoors or under cover.

**Standard(s):** Commercial Cooking, Rethermilization and Powered Hot Food Holding and Transport Equipment (NSF 4 – 1997)

This document is the property of Intertek Testing Services and is not transferable. Only the Applicant may reproduce this document. The certification mark(s) may be applied only at the above noted location of the Party Authorized To Apply Mark.



**Authorized by:** Michelle Drake for **Date:** August 8, 2006  
William T. Starr, Certification Manager

**Control Number:** 97384  
*Entered by C&SS Dept*

This document supercedes all previous Authorizations to Mark for the noted Report Number.

Intertek Testing Services NA Inc.  
165 Main Street, Cortland, NY 13045  
Telephone 800-345-3851 or 607-753-6711, Fax 607-756-6699



# AUTHORIZATION TO MARK

This authorizes the application of the Certification Mark(s) shown below to the models described in the Product(s) Covered section when made in accordance with the conditions set forth in the Certification Agreement and Listing Report. This authorization also applies to multiple listee model(s) identified on the correlation page of the Listing Report.

This document is the property of Intertek Testing Services and is not transferable. The certification mark(s) may be applied only at the location of the Party Authorized To Apply Mark.



Control Number: 97384

Authorized by: \_\_\_\_\_

*Patricia Starr*  
William T. Starr, Certification Manager

This document supersedes all previous Authorizations to Mark for the noted Report Number.

This Authorization to Mark is for the exclusive use of Intertek's Client and is provided pursuant to the Certification agreement between Intertek and its Client. Intertek's responsibility and liability are limited to the terms and conditions of the agreement. Intertek assumes no liability to any party, other than to the Client in accordance with the agreement, for any loss, expense or damage occasioned by the use of this Authorization to Mark. Only the Client is authorized to permit copying or distribution of this Authorization to Mark and then only in its entirety. Use of Intertek's Certification mark is restricted to the conditions laid out in the agreement and in this Authorization to Mark. Any further use of the Intertek name for the sale or advertisement of the tested material, product or service must first be approved in writing by Intertek. Initial Factory Assessments and Follow up Services are for the purpose of assuring appropriate usage of the Certification mark in accordance with the agreement, they are not for the purposes of production quality control and do not relieve the Client of their obligations in this respect.

Intertek Testing Services NA Inc.  
165 Main Street, Cortland, NY 13045  
Telephone 800-345-3851 or 607-753-6711 Fax 607-756-6699

**Applicant:** Ole Hickory Pits  
**Address:** 333 North Main,  
Cape Girardeau, MO 63701  
**Country:** USA  
**Contact:** Mr. David Scherer  
**Phone:** (573) 334-3377  
**FAX:** (573) 334-6512  
**Email:** dauids@olehickorypits.com

**Manufacturer:** Ole Hickory Pits  
**Address:** 333 North Main,  
Cape Girardeau, MO 63701  
**Country:** USA  
**Contact:** Mr. David Scherer  
**Phone:** (573) 334-3377  
**FAX:** (573) 334-6512  
**Email:** dauids@olehickorypits.com

**Party Authorized To Apply Mark:** Same as Manufacturer

**Report Issuing Office:** Chicago

<b>Standard(s):</b>	Standard for Gas Food Service Equipment (ANSI Z83.11a-2004 / CSA 1.8a-2004)
<b>Product:</b>	Gas Bar-Be-Que pits
<b>Models:</b>	EL, EL-ED, EL-ED/X, ELIB, EL-EW, ELEX, ELEC, ELES, ELVS, SDL, SDLX, SSE, SSG, SSI, SSJ, SSJ-AE, SSJ-EW, SSL, SSM, SRO, SSO, SSRD, VS3 and VS4.

# Report of Inspection/Test

Annual Sprinkler

July 12, 2012

Property  
42-52 Wharf St.

Owner/Agent

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](mailto:efs@teameastern.com)  
[www.efp-efs.com](http://www.efp-efs.com)  
Contractor License# 259



Conducted by: Jim Laliberte  
Inspection Ref: 1-03817-Q

## Signatures

Inspector - Printed Jim Laliberte		Inspector - Signature		Date 7/12/12 12:00 am	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 - Printed Boulos		Owner - Signature		Date	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.
System Off	10:15	Monitoring Company		Monitoring Company Operator	Alarm Panel/Code
System On	11:00			Centra	Siemens/FS-250 None

## Water Based System Inspection

- |     |   |     |   |
|-----|---|-----|---|
| Yes | Gauges on wet pipe system in good condition and showing normal water supply pressure? | 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) ? |     |  |

## Pipe

- |     |  |     |  |
|-----|--|-----|--|
| Yes | Is pipe in good condition?   | Yes | Free of mechanical damage and not leaking ?                    |
| Yes | Has pipe been checked for external corrosion and painted as necessary? | Yes | Property aligned ?   |
| Yes | No external loads ?  | Yes | Visible pipe hangers and seismic braces not damaged or loose ? |
| Yes | Was an obstruction investigation conducted and the system flushed ?    |     |  |

## Sprinklers

- |     |   |     |   |
|-----|---|-----|---|
| NA  | Have petroleum jelly coatings been checked?   | Yes | Proper number and type of spare sprinklers?   |
| Yes | Free of corrosion?  | Yes | Free of obstructions to spray patterns?   |
| Yes | Free of foreign materials including paint?  | Yes | Free of physical damage?  |
| Yes | Are all sprinklers in service dated 1920 or later?  | Yes | Fast Response sprinklers in service for less than 20 years? If "no" test sample now and every 10 years. |
| NA  | Standard sprinklers less than 50 years old ? If no test sample now and every 10 years.  | NA  | If sprinklers have been replaced, were they proper replacements?  |
| NA  | Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup? |     |   |

Print Date: 7/17/2012

# Report of Inspection/Test

Quarterly Sprinkler

October 04, 2012

Property  
42-52 Wharf St.

Owner/Agent

Portland, ME 04101

Alex Caisse

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: 1-03817-Q

## Signatures

Inspector - Printed Jim Laliberte		Inspector - Signature		Date 10/4/12 9:30 am	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 - Printed Boulos		Owner - Signature		Date	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.
System Off	9:30	Monitoring Company		Monitoring Company Operator	Alarm Panel/Code
System On	10:15	Centra (800)639-2066		Centra	Siemens/FS-250 None

## Water Based System Inspection

- |     |   |     |   |
|-----|---|-----|---|
| Yes | Gauges on wet pipe system in good condition and showing normal water supply pressure? | 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) ? |     |  |

## Flow Test

System	Connection Flowed	Outlet Size	Pressure (psi)			Results comparable to prior test
			Static	Resid	Static	
At Riser	Main drain	1-1/4	108	100	108	Yes

## Valve Inspection List

Location / Description	Valve Type	Size	Secured	Seal	Inspection			
					Leakage	Open	Accessible	Signs
Wet System	Butterfly	3"	Supervised	06095	Ok	Ok	Ok	Ok

Ok - Passes Inspection S - Serviced on site X - Requires Service NA - Not Applicable



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

## FIRE ALARM SYSTEM INSPECTION AND TESTING FORM

TEST AND INSPECT JOB# 243-F	CENTRAL STATION ACCOUNT#
-----------------------------	--------------------------

Date(s) of this inspection or test: 4/12/12

Time of inspection or test:

### 1. PROPERTY INFORMATION

Name of property: Old Port Properties LLC

Address: 42 Wharf St. Portland ME 04101

Description of property: Commercial-Bar

Occupancy type: Night Club

Name of property representative: Mike

Address:

Phone:

Fax:

E-mail:

Authority having jurisdiction over this property: Portland Fire Dept.

Phone: 207-874-8576

Fax:

E-mail:

### 2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: Eastern Fire Services Inc.

Address: 170 Kittyhawk Ave. Auburn ME 04210

Phone: 207-795-6314

Fax: 207-782-0566

E-mail:

Service technician or tester: Bob Castonguay/Kendall Hadley

Qualifications of technician or tester: Masters

A contract for test and inspection in accordance with NFPA standards is in effect as of:

The contract expires:

Contract number:

Frequency of tests and inspections:

Monitoring organization for this equipment: Centralarm

Address:

Phone: 800-639-4068

Fax:

E-mail:

Entity to which alarms are retransmitted:

Phone:

### 3. TYPE OF SYSTEM OR SERVICE

Fire alarm system (nonvoice)

NFPA 72 edition:

Additional description of system(s):

#### 3.1 Control Unit

Manufacturer: Siemens

Model number: FS250

Location of control unit: Basement-Bottom of stairs



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

**3. TYPE OF SYSTEM OR SERVICE (continued)**

**3.2 System Documentation**

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record drawings are stored on site. Location:

**3.3 System Software**  This system does not have alterable site-specific software.

Software revision number: Software last updated on:

A copy of the site-specific software is stored on site. Location:

**4. SYSTEM POWER**

**4.1 Control Unit**

**4.1.1 Primary Power**

Input voltage of control panel: Control panel amps:

Location of primary power:

**4.1.2 Batteries**

Location: Type: Nominal voltage: Amp/hour rating:

Calculated capacity of batteries to drive the system:

In standby mode (hours): In alarm mode (minutes):

Batteries are marked with date of manufacture.

**5. DIGITAL ALARM COMMUNICATOR PANEL**

A digital alarm communicator test results sheet is attached listing all control units tested and the results of the testing.

**6. ANNUNCIATORS**

This system does not have annunciators.

**6.1 Location and Description of Annunciators**

Annunciator 1: Oasis-Front Door

Annunciator 2: Havana South

Annunciator 3:

**7. NOTIFICATIONS MADE PRIOR TO TESTING**

Monitoring organization	Contact:	Time:
Building management	Contact:	Time:
Building occupants	Contact:	Time:
Authority having jurisdiction	Contact:	Time:
Other, if required	Contact:	Time:



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

**8. TESTING RESULTS**

**8.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Comments
Control unit - FACP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches/buttons	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Power extender panels	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation modules	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

**8.2 Control Unit Power Supplies**

Description	Visual Inspection	Functional Test	Comments
120-volt power	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

**8.3 Combination Systems**

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Carbon monoxide detector/system	<input type="checkbox"/>	<input type="checkbox"/>	
Combination fire/security system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

**8. TESTING RESULTS (continued)**

**8.4 Special Hazard Systems**

Description (specify)	Visual Inspection	Functional Test	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**8.5 Monitored Systems**

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	
Special suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

**8.6 Auxillary Functions**

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	
Fan shutdown	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke management/smoke control	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke damper operation	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

**8.7 Alarm Initiating Device**

A device test results sheet is attached listing all devices tested and the results of the testing.

**8.8 Supervisory Alarm Initiating Device**

A device test results sheet is attached listing all devices tested and the results of the testing.

**8.9 Alarm Notification Appliances**

An appliance test results sheet is attached listing all appliances tested and the results of the testing.



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

**8. TESTING RESULTS (continued)**

**8.10 Supervisory Station Monitoring**

Description	Visual Inspection	Functional Test	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**9. NOTIFICATIONS THAT TESTING IS COMPLETE**

Monitoring organization	Contact: Centralarm-Brianna	Time: 12:38
Building management	Contact: Mike	Time:
Building occupants	Contact:	Time:
Authority having jurisdiction	Contact: Fire Dept.-Herby	Time:
Other, if required	Contact:	Time:

**10. SYSTEM RESTORED TO NORMAL OPERATION**

Date: 4/12/12 Time: 12:38

**11. CERTIFICATION**

**11.1 Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed: Kendall Hadley	Printed name: Kendall Hadley	Date: 4/12/12
Organization: EFSI	Title: Systems Tech.	Phone: 207-795-6314

**11.2 Acceptance by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

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





Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

## SUPPLEMENTAL DIGITAL COMMUNICATOR INSPECTION FORM

TEST AND INSPECT JOB#	CENTRAL STATION ACCOUNT#
-----------------------	--------------------------

### 1. DIGITAL COMMUNICATOR

#### 1.1 Control Unit

Manufacturer:

Model number:

#### 1.2 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record drawings are stored on site. Location:

#### 1.3 System Software

This system does not have alterable site-specific software.

Software revision number:

Software last updated on:

A copy of the site-specific software is stored on site. Location:

### 2. SYSTEM POWER

#### 2.1 Control Unit

##### 2.1.1 Primary Power

Input voltage of control panel: 124.4 VAC

Control panel amps:

Location of primary power: Basement

##### 2.1.2 Batteries

Batteries are marked with date of manufacture.

Location: In FACP      Type: Sealed Maintenance Rechargeable      Nominal voltage: 27.45 VDC      Amp/hour rating: 12 A/H

Calculated capacity of batteries to drive the system:

In standby mode (hours):

In alarm mode (minutes):

### FIRE ALARM SYSTEM INSPECTION COMMENTS/DEFICIENCIES

Battery #1 100% Good

Battery #1 100% Good



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

**3. TESTING RESULTS**

**3.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

**3.2 Control Unit Power Supplies**

Description	Visual Inspection	Functional Test	Comments
AC Transformer Power	<input type="checkbox"/>	<input type="checkbox"/>	
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Line #1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Phone Line #2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

**4. COMMUNICATOR ZONES**

**4.1 Communicator Zones**

Zones	Description	Visual Inspection	Functional Test	Comments
Zone 1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Zone 2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Zone 3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Zone 4		<input type="checkbox"/>	<input type="checkbox"/>	
Zone 5		<input type="checkbox"/>	<input type="checkbox"/>	



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

**FIRE ALARM SYSTEM INITIATING DEVICE LIST**

TEST AND INSPECT JOB#			CENTRAL STATION ACCOUNT#				
Device Type	Model Number	Address /Zone	Location/Description	Visual	Functional	Test Method	Test Results
Smoke Detector	HFP-11	1001	Oasis Basement Smoke Detector				Pass
Water flow Switch	HTRI-D	1002A	Oasis Havana south Water Flow	X	X		Pass
Tamper	HTRI-D	1002B	Oasis Havana South Tamper	X	X		Pass
Tamper	HTRI-D	1002B	Oasis Havana South Tamper	X	X		Pass
Manual Pull Station	HMS-S	1003	Havana Spit West Exit	X	X	Activation	Pass
Smoke Detector	HFP-11	1004	Oasis Main Entrance Smoke Detector	X	X	Smoked	Pass
Manual Station	HMS-S	1005	Oasis West Exit	X	X		Pass
Manual Station	HMS-S	1006	Oasis West Exit	X	X		Pass
Manual Station	HMS-S	1007	Havana South West Exit	X	X		Pass
Manual Station	HMS-S	1008	Havana South East Exit	X	X		Pass
Hood System Ansul	HTRI-S	1009	Havana South Hood System	X	X		Pass
Manual Station	HMS-S	1010	Havana South Exit Manual Station	X	X		Pass
Manual Station	HMS-S	1011	Havana South West Exit	X	X		Pass
Manual Station	HMS-S	1012	Havana South Tattoo Parlor	X	X		Pass
Manual Station	HMS-S	1013	Oasis 2 <sup>nd</sup> Floor by Stair	X	X		Pass
Manual Station	HMS-S	1014	Oasis 2 <sup>nd</sup> Floor by Exit	X	X		Pass



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

**FIRE ALARM SYSTEM NOTIFICATION APPLIANCE/LIFE SAFETY DEVICE LIST**

TEST AND INSPECT JOB#			CENTRAL STATION ACCOUNT#				
Device Type	Model Number	Circuit/ Address	Location/Description	Visual	Functional	Device Setting Audible/Visual	Test Results
Horn/Strobe	ZH-MC-R	NAC#3	Oasis Basement	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC#3	Oasis 1 <sup>st</sup> Floor	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC#3	Oasis 1 <sup>st</sup> Floor	X	X		Pass
Strobe	ZR-MC-R	NAC#3	Oasis 2 <sup>nd</sup> Floor	X	X		Pass
Strobe	ZR-MC-R	NAC#3	Oasis 2 <sup>nd</sup> Floor	X	X		Pass
Strobe	ZR-MC-R	NAC#3	Oasis 2 <sup>nd</sup> Floor	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC#3	Oasis 2 <sup>nd</sup> Floor	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC#3	Oasis 2 <sup>nd</sup> Floor	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC#3	Oasis 2 <sup>nd</sup> Floor	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC #2	Havana South	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC #2	Havana South	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC #2	Havana South	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC #1	Havana South	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC #1	Havana South	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC #1	Havana South	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC #1	Havana South	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC #1	Havana South	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC #1	Havana South	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC #1	Havana South	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC #1	Havana South	X	X		Pass
Strobe	ZR-MC-R	NAC #1	Havana South	X	X		Pass
Strobe	ZR-MC-R	NAC #1	Havana South	X	X		Pass
Strobe	ZR-MC-R	NAC #1	Havana South	X	X		Pass
Horn/Strobe	ZH-MC-R	NAC #1	Tattoo Parlor	X	X		Pass
Door Holder			Door Holder	X	X		Pass



Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

**FIRE ALARM SYSTEM EQUIPMENT LIST**

TEST AND INSPECT JOB#		CENTRAL STATION ACCOUNT#		
Manufacturer	Part Type	Model Number	Quantity	Comments



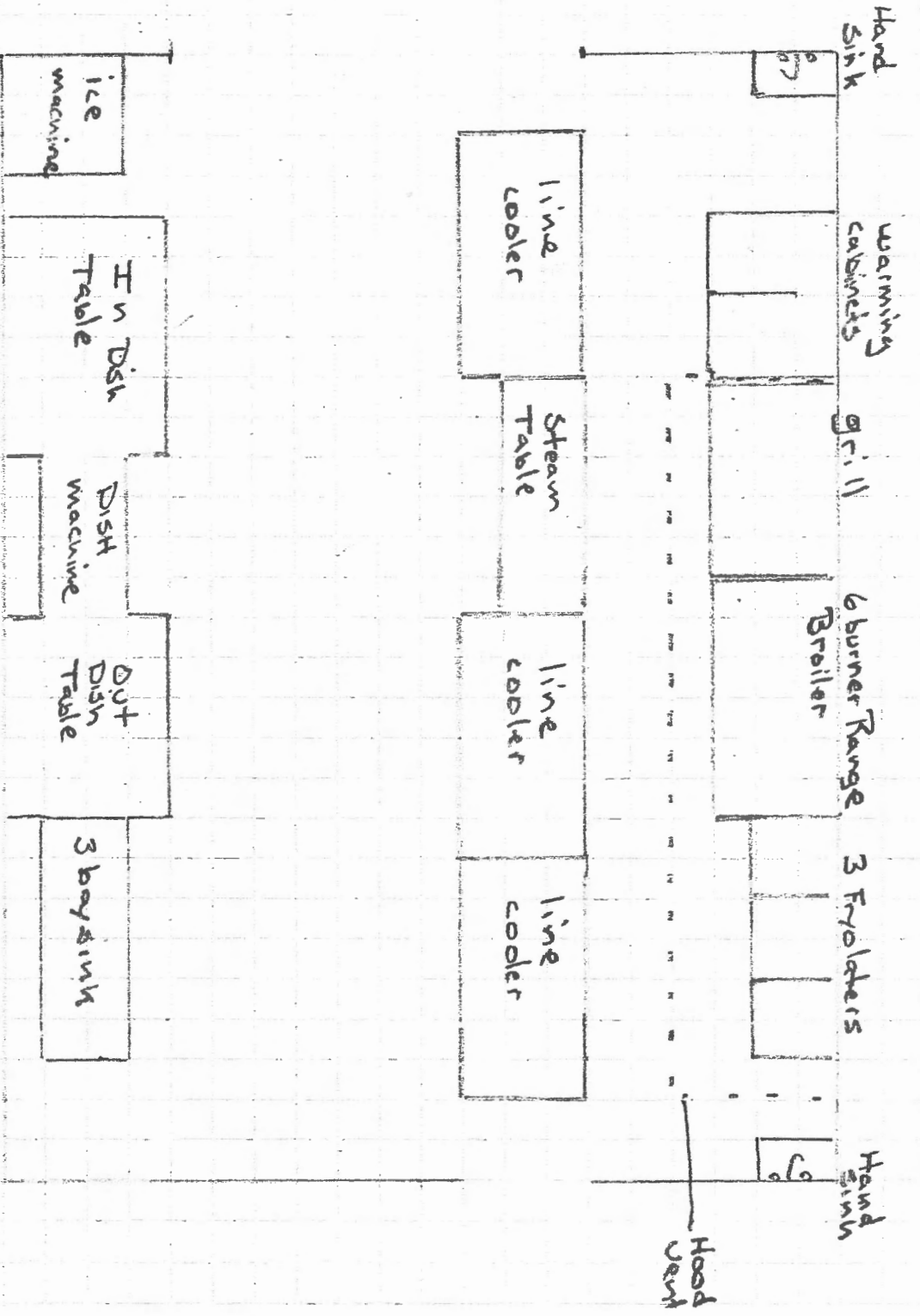
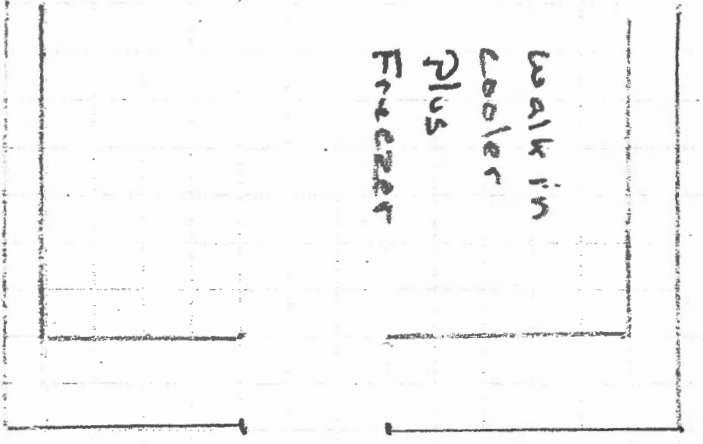
Eastern Fire Services Inc. 170 KittyHawk Ave, Auburn, ME 04210 207-784-1507

**FIRE ALARM SYSTEM INSPECTION COMMENTS/DEFICIENCIES**

TEST AND INSPECT JOB#	CENTRAL STATION ACCOUNT#
1.	
2.	
3.	
4.	
5.	

**OTHER SYSTEM VENDORS**

Vendor	Company Information
Elevator Company:	
Sprinkler Company:	
Suppression Company:	



Buck's Naked BBQ  
 Kitchen floor plan