

Location of Construction: <i>100 G. St. #1</i>		Owner: <i>Constant Construction</i>		Phone:	
Owner Address:		Leasee/Buyer's Name:		Phone:	
Contractor Name: <i>Seaside Fire Alarm Systems</i>		Address: <i>310 Riverside St. Portland, ME 04102</i>		Phone: <i>761-2794</i>	
Past Use: <i>apartment building</i>		Proposed Use: <i>same</i>		COST OF WORK: \$ <i>4,500.00</i>	
				PERMIT FEE: \$ <i>40.00</i>	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type:	
Proposed Project Description: <i>REPLACE EXISTING APARTMENT FIRE ALARM SYSTEM</i>		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Signature: _____ Date: _____	
Permit Taken By: <i>Wendy Gosselin</i>		Date Applied For: <i>17 June 1996</i>			

Permit No: **960619**

PERMIT ISSUED

Permit Issued:
JUL - 1 1996

CITY OF PORTLAND

Zone: _____ CBL: _____

Zoning Approval: _____

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

CEO DISTRICT

BUILDING PERMIT REPORT

Date: 7/1/96

Address: 104 Oak Ct

Reason for Permit Install Fire alarm system

Building Owner: Crandell Teather

Contractor: Scutry

Permit Applicant: Tri Johnson

Approved: / Denied: _____

Conditions of Approval or Denial:

1. All required Fire Alarm systems shall have the capability of "Zone Disconnect" via switches or key pad program provided the method is approved by the Fire Prevention Bureau.
2. All remote annunciators shall have a visible "trouble" indicator along with the Fire Alarm "Zone" indicators.
- ~~3. Any Master Box connected to the Municipal Fire Alarm System shall have a supervised Municipal Disconnect Switch.~~
- ~~4. All Master Box locations shall be approved by the Fire Department Director of Communications. A Master Box shall be located so that the center of the box is (5') five feet above finished floor.~~
- ~~5. All Master Box locations are required to have a locked box (~~knexbox~~)~~
6. A fire alarm acceptance report shall be submitted to the portland Fire Department

SALES & MONITORING AGREEMENT

COMMERCIAL
 RESIDENTIAL

To: Date: 6/27/96



Protective Systems
 "THE ALARM COMPANY"
 110 Florence St.
 Malden, MA 02148

1-800-445-4505

SUBSCRIBER NAME: CLOUTIER & TOOTHAKER		WO #:
STREET 104 OAK ST.		CIRCUIT BOX #: 21-966
CITY, STATE, ZIP PORTLAND, ME 04101		SUBSCRIBER #: 96060004
HOME # ()	LOC. # (None Yet)	SSN #:
WORK # 207 774-5358	CONTRACT DATE: 6/21/96	DATE SCHEDULED: 6/27/96+6/28
		DATE COMPLETED:
		INSTALLATION APPROVAL:

EMERGENCY NOTIFICATION			LOCATION OF PHONE (WORK, HOME, ETC.)	CALL ORDER
NAME	ADDRESS	PHONE		
CRANDALL TOOTHAKER	PAGER 880-6373	() HOME (1) HOME (2)	207-865-0097 207-761-0132	1
LUCY HATCHER		(H)207774-1333 (W)	207774-5358	2
MAINTENANCE EMERGENCY	PAGER	(207)870-6371		3
		()		4

NOTE ADDITIONAL NAMES/INFORMATION ATTACHED ON SEPARATE LIST

BILL TO ADDRESS: **CLOUTIER & TOOTHAKER**

PASSWORD: **7238**

REFERRED BY: **TOM WATSON**

STREET **200 HIGH STREET**

DIRECTIONS: **OFF CONGRESS ST.**

CITY, STATE, ZIP **PORTLAND, ME 04101**

MONITORING LEVELS A: Alarm Condition Only B: Open/Close w/sch. C: Open/Close w/o sch. D: Mailers

EXTENDED WARRANTY A: No Maint. B: Parts Only C: Parts & Labor Other

SCHEDULE OF PROTECTION				Labor Pts.	Sale Price \$
Qty.	Standard Package	Part #	Location		
1	FA110 CONTROL PANEL SK5207	SK5207			886⁰⁰
1	FA210 TOUCHPAD				
1	15 WATT SIREN				
1	MOTION DET				
2	DOOR/WINDOW CONTACTS				
1	RJ31X PHONE JACK				

OPTIONAL EQUIPMENT

9	PULL STATIONS	FL-BG10			747⁰⁰
9	HORN STROBES	GN-SH41575WR			1125⁰⁰
9	SMOKE DETECTORS	ES-499CT			843⁰⁰
2	HEAT DETECTORS	CC-601			1130⁰⁰
	XTRALABOR COMM				486⁰⁰

All Standard Packages are hardwired. Subscriber acknowledges that surface wiring may be required. If surface wiring is unacceptable, subscriber may upgrade to a wireless system for an additional fee.

TOTALS

\$4,200.00

THIS IS A SIXTY (60) MONTH MONITORING AGREEMENT THE MONITORING RATE IS NOT SUBJECT

104 Oak Street

DOOR

①

wooden post

⑤

□

phone

Hand of

①

Journal

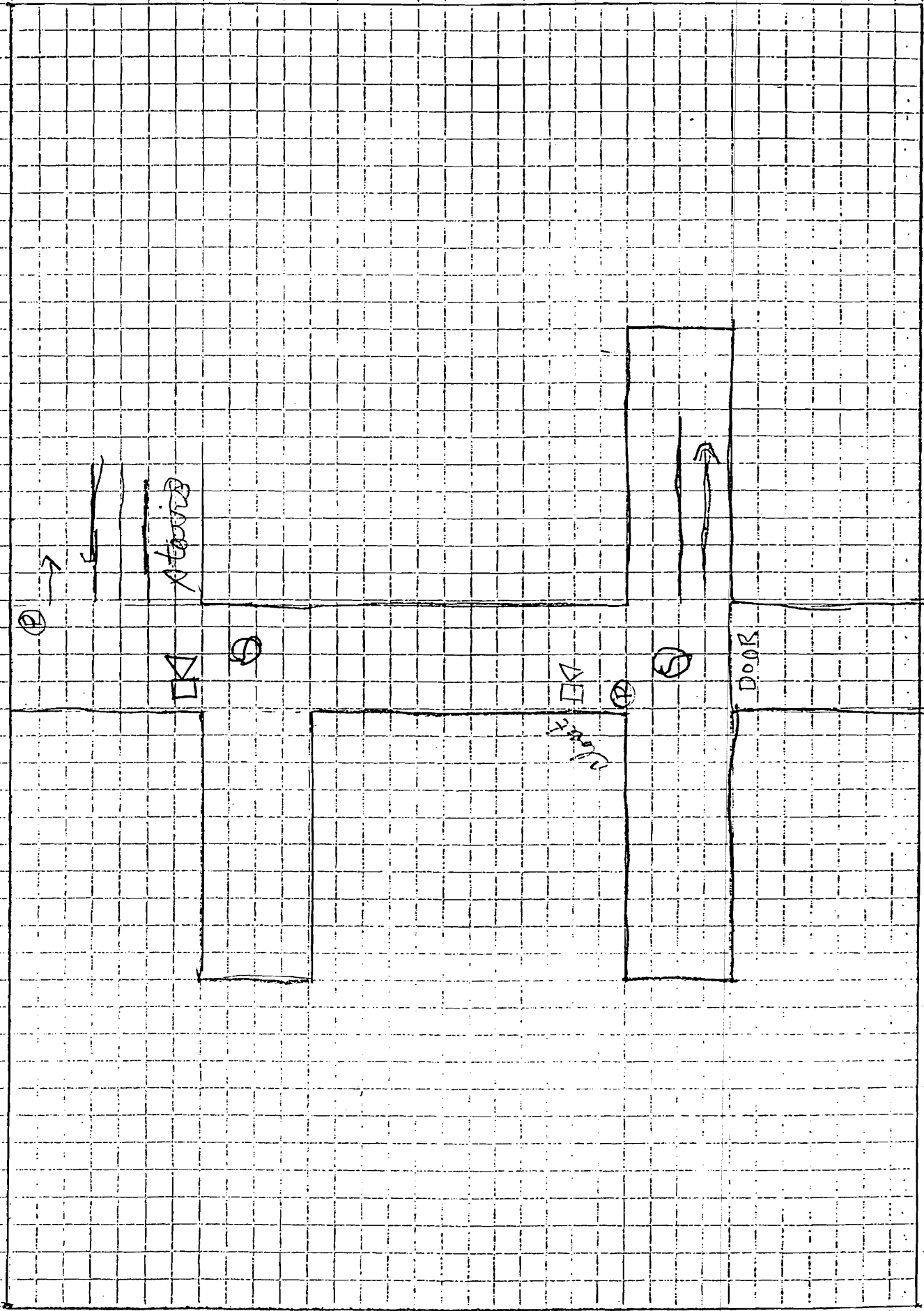
②

DOOR

apartment

basement

104 Oak Street

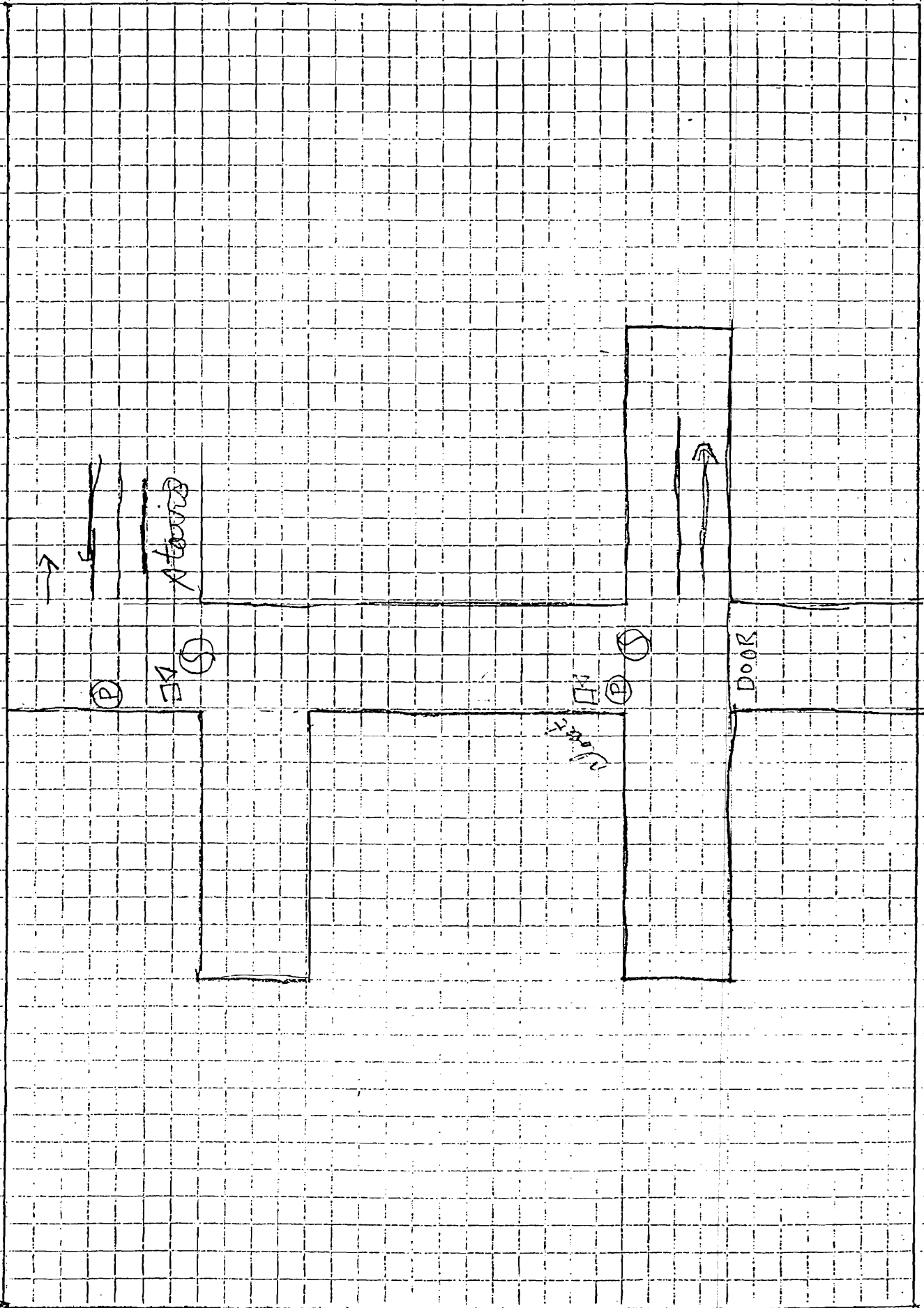


Back Wall

Front

104 Oak Street

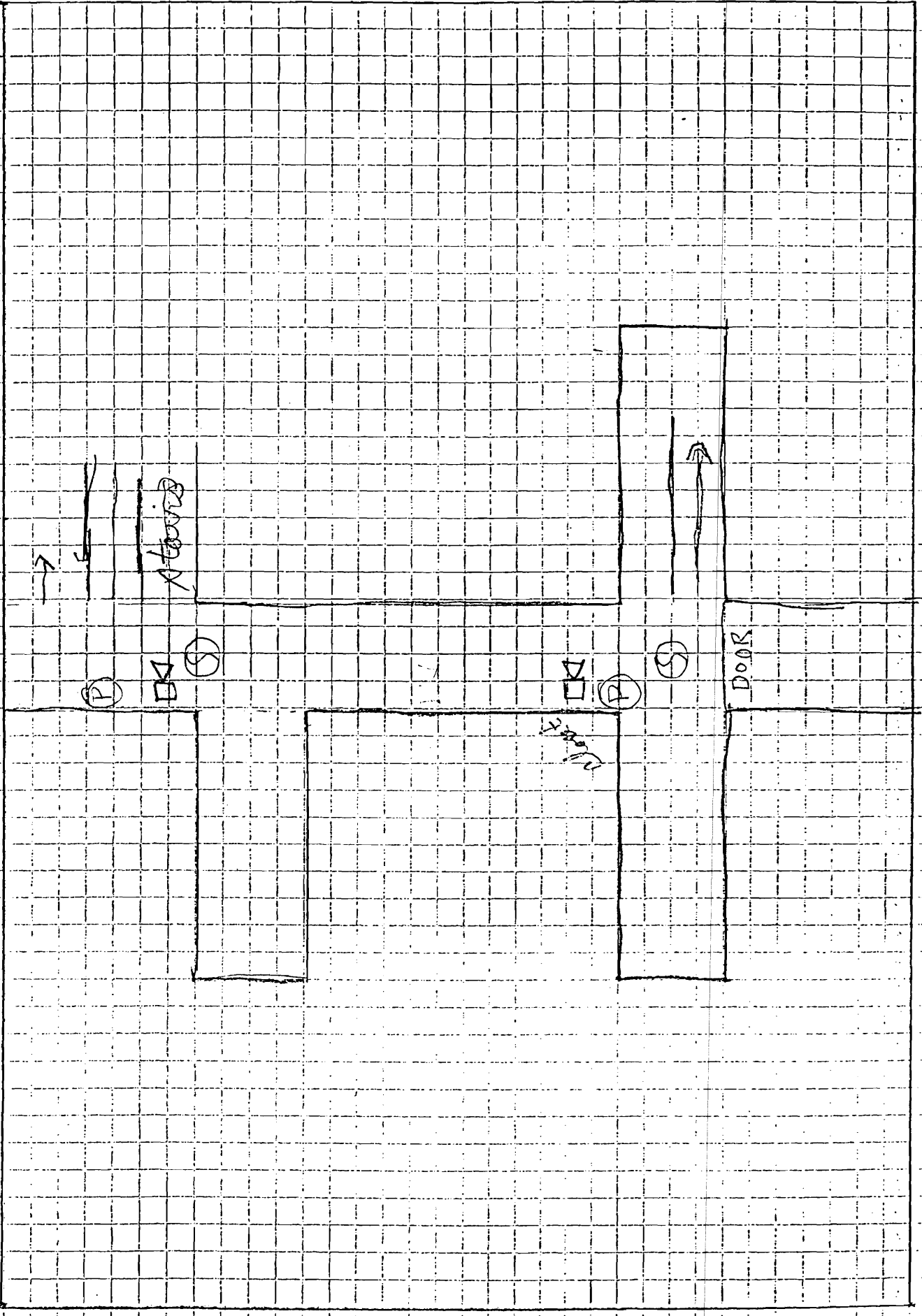
Acad.



Front

104 Oak Street

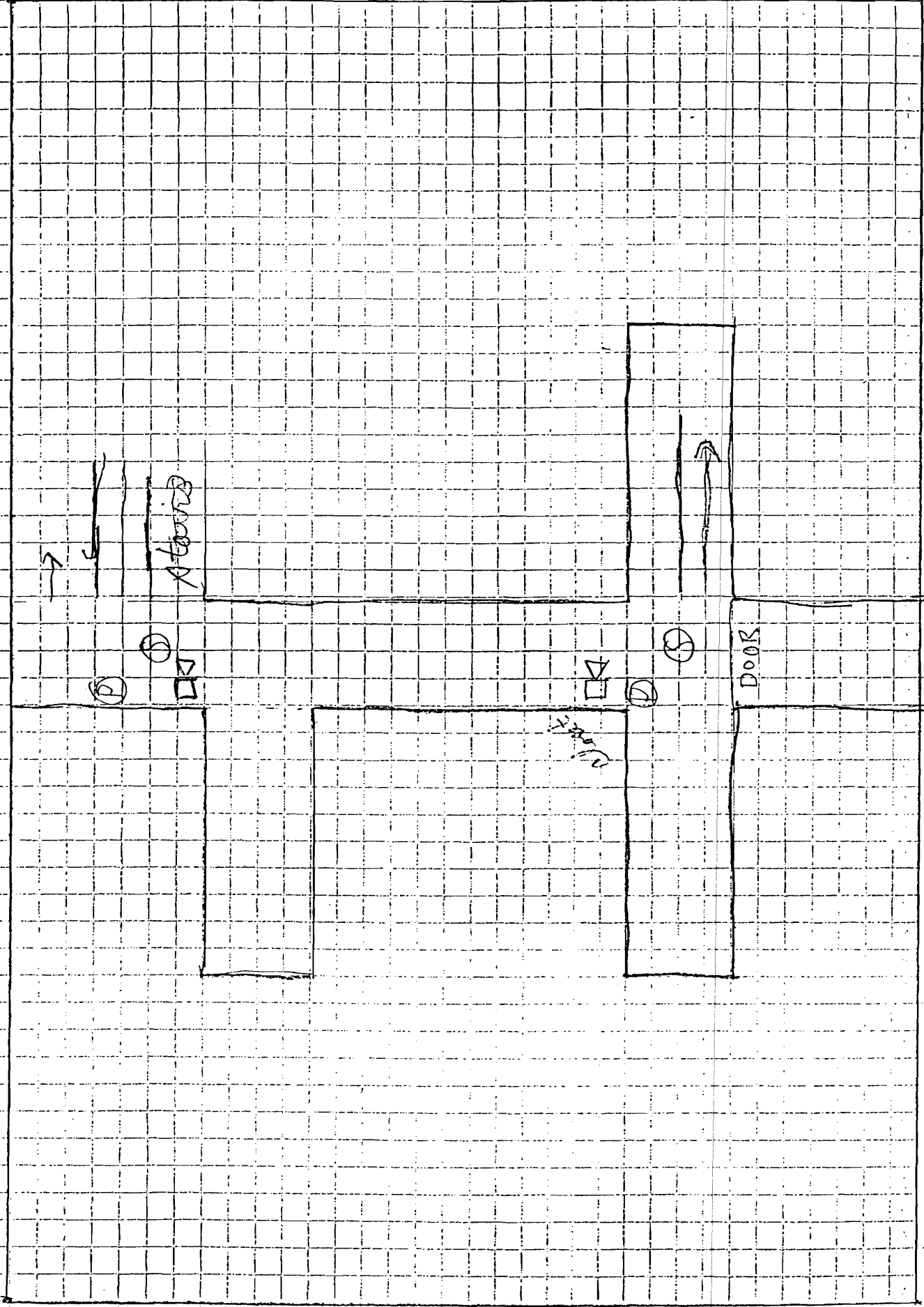
Third



Front

104 Oak Street

4th floor



Front