



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 545 CONGRESS ST

CBL 037 C017001

Issued to CONGRESS JOINT DEVELOPMENT LLC /Archetype P A Date of Issue 10/13/2006

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. 06-1497, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

fifth floor
unit # 502

APPROVED OCCUPANCY

residential condo
use group: R2/M
type: 5A
IBC 2003

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

10/16/06
.....
(Date)

Inspector

.....
Jamie Bonke 10/16/06
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to



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PORTION OF BUILDING OR PREMISES

fifth floor
unit # 501

APPROVED OCCUPANCY

residential condo
use group: R2/M
type: 5A
IBC 2003

Limiting Conditions:

none

**This certificate supersedes
certificate issued**

Approved:

10/16/06

(Date)

Inspector

Inspector of Buildings

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PORTION OF BUILDING OR PREMISES

fourth floor
unit # 403

APPROVED OCCUPANCY

residential condo
use group: R2/M
type: 5A
IBC 2003

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

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10/16/06
AC

Janine Louke
10/16/06



CITY OF PORTLAND, MAINE
Department of Building Inspection

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PORTION OF BUILDING OR PREMISES

fourth floor
unit # 402

APPROVED OCCUPANCY

residential condo
use group: R2/M
type: 5A
IBC 2003

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

10/16/06
(Date)

[Signature]
Inspector

[Signature] 10/14/06
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished.

[Handwritten notes]
10/16/06



CITY OF PORTLAND, MAINE
Department of Building Inspection

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LOCATION 545 CONGRESS ST

CBL 037 C017001

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PORTION OF BUILDING OR PREMISES

fourth floor
unit # 401

APPROVED OCCUPANCY

residential condo
use group: R2/M
type: 5A
IBC 2003

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

10/19/06
(Date)

[Signature]
Inspector

[Signature] 10/16/06
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

JK/11/06
AP
[Signature] 10/16/06



CITY OF PORTLAND, MAINE
Department of Building Inspection

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LOCATION 545 CONGRESS ST CBL 037 C017001

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PORTION OF BUILDING OR PREMISES

third floor
unit # 303

APPROVED OCCUPANCY

residential condo
use group: R2/M
type: 5A
IBC 2003

Limiting Conditions: none

This certificate supersedes
certificate issued

Approved:

10/13/06
Wally
.....
(Date)

Inspector

Jamie Kouke 10/13/06
.....
Inspector of Buildings



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 545 CONGRESS ST

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PORTION OF BUILDING OR PREMISES

third floor
unit # 302

APPROVED OCCUPANCY

residential condo
use group: R2/M
type: 5A
IBC 2003

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to...

JIC/ML
10/16/06
10/16/06

[Signature]
10/16/06



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

Issued to CONGRESS JOINT DEVELOPMENT LLC / Archetype P A LOCATION 545 CONGRESS ST Date of Issue 10/13/2006 CBL 037 C017001

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PORTION OF BUILDING OR PREMISES
third floor
unit #301

APPROVED OCCUPANCY
residential condo
use group: R2/M
type: 5A
IBC 2003

Limiting Conditions: none

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

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CITY OF PORTLAND, MAINE
Department of Building Inspection

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PORTION OF BUILDING OR PREMISES

second floor
unit# 205

APPROVED OCCUPANCY

residential condo
use group: R2/M
type: 5A
IBC 2003

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

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copy (2)
10/16/06

Janice Kowke 10/16/06



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 545 CONGRESS ST

CBL 037 C017001

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PORTION OF BUILDING OR PREMISES

second floor
unit# 204

APPROVED OCCUPANCY

residential condo
use group: R2/M
type: 5A
IBC 2003

Limiting Conditions:
none

This certificate supersedes
certificate issued

Approved:

10/16/06

(Date)

Inspector

Jaime Cooke 10/16/06

Inspector of Buildings

Note: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

10/10/06
[Handwritten initials]



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 545 CONGRESS ST

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PORTION OF BUILDING OR PREMISES

second floor
unit # 203

APPROVED OCCUPANCY

residential condo
use group: R2/M
type: 5A
IBC 2003

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

SKelly
10/16/06

10/16/06

10/16/06

[Signature]

[Signature]

10/16/06



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 545 CONGRESS ST

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PORTION OF BUILDING OR PREMISES

second floor
unit #202

APPROVED OCCUPANCY

residential condo
use group: R2/M
type: 5A
IBC 2003

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

10/16/06

(Date)

Inspector

James Burke
10/16/06
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

10/16/06
AM
11/16/06
10/16/06



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 545 CONGRESS ST

CBL 037 C017001

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PORTION OF BUILDING OR PREMISES

second floor
unit #201

APPROVED OCCUPANCY

residential condo
use group: R2/M
type: 5A
IBC 2003

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

10/16/06 *[Signature]*
.....
(Date) Inspector

[Signature] 10/16/06
.....
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

3/16/06
[Signature]
[Signature]

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 061497
OCT 16 2006
CITY OF PORTLAND

This is to certify that CONGRESS JOINT DEVELOPMENT LLC / Archetype P Architecture
has permission to Residential - 14 residential units 2nd through 6th floor / Change of use to 14 Condominium 2nd & 6th floor
AT 545 CONGRESS ST PERMIT NUMBER 037 C017001

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 when permission procured before this building or part thereof is occupied or services closed-in. 24 HOUR 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.
Health Dept.
Appeal Board
Other
Department Name

Jamie Bonke 10/13/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



State of Maine
 Department of Public Safety
Construction Permit

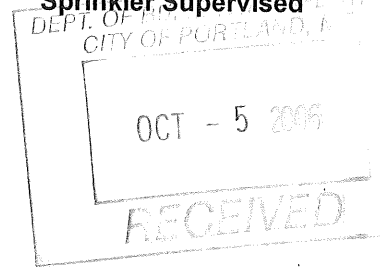


Reviewed
 for Barrier
 Free

16172

Sprinkled

Sprinkler Supervised



EMILITSA RESTAURANT
 Located at: 543 CONGRESS STREET
PORTLAND
 Occupancy/Use: MERCANTILE CLASS C

Permission is hereby given to:

EMILITSA RESTAURANT

PO BOX 844
 PORTSMOUTH, NH 03820

037 C 017

to construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved.

No departure from application form/plans shall be made without prior approval in writing. This permit is issued under the provision of Title 25, Chapter 317, Section 2448 and the provisions of Title 5, Section 4594 - F.

Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. Each permit issued shall be displayed/available at the site of construction.

This permit will expire at midnight on the 2nd of April 2007

Dated the 3rd day of October A.D. 2006

Michael P. Cantara

Commissioner

Copy-3 Code Enforcement Officer

Comments:

Code Enforcement Officer
 PORTLAND, ME

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1497	Issue Date: PERMIT ISSUED OCT 16 2006	CBL: 037 C017001
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Location of Construction: 545 CONGRESS ST	Owner Name: CONGRESS JOINT DEVELOPME	Owner Address: PO BOX 6799	Phone:
Business Name:	Contractor Name: Archetype P A Architects	Contractor Address: 48 Union Wharf Portland	Phone: 2077726022
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Condo Conversion	Zone: B3

Past Use: Commercial/ Residential - 14 residential units 2nd through 6th floor	Proposed Use: Commercial/ Residential - 14 residential units 2nd through 6th floor/ Change of use to 14 Condominium 2nd & 6th floor	Permit Fee: \$3,150.00	Cost of Work: \$3,150.00	CEO District: 1
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied orig. permit # 05-0501 OK per G.C.	INSPECTION: Use Group: R2/M Type: 5A Signature: JMB 10/13/06
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Proposed Project Description: Residential - 14 residential units 2nd through 6th floor/ Change of use to 14 Condominium 2nd & 6th floor Residential thru	- 1st floor PAD uses - 2nd floor - 5 dv. - third floor 3 dv - fourth floor 3 dv - fifth floor 2 dv - sixth floor 1 dv	Signature: JMB	Signature: JMB 10/13/06
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PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
---	--

Signature:	Date:
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Permit Taken By: ldobson	Date Applied For: 10/12/2006	Zoning Approval		
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<ol style="list-style-type: none"> 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.. 	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: 10/12/06	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 checked="" 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:
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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
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

10/13/06 OIC for residential units # 201, 202, 203,
204, 205, 301, 302, 303, 401, 402, 403, 501, 502. Copo's

Created Unit # 6, sixth floor entire not ready
yet, See permit # 05/0501 for construction

information. A Rowe

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1497	Date Applied For: 10/12/2006	CBL: 037 C017001
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Location of Construction: 545 CONGRESS ST	Owner Name: CONGRESS JOINT DEVELOPME	Owner Address: PO BOX 6799	Phone:
Business Name:	Contractor Name: Archetype P A Architects	Contractor Address: 48 Union Wharf Portland	Phone (207) 772-6022
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Condo Conversion	

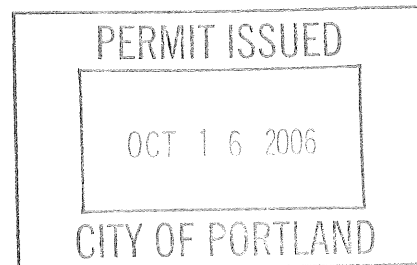
Proposed Use: Commercial/ Residential - 14 residential units - 2nd through 6th floor/ Change of use to 14 Residential Condominiums -2nd thru 6th floor	Proposed Project Description: Residential - 14 residential units 2nd through 6th floor/ Change of use to 14 Condominium 2nd thru 6th floor
---	---

Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 10/12/2006
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 10/13/2006
Note: **Ok to Issue:**

1) Construction activity was not applied for or reviewed as a part of this permit. This permit authorizes a change in ownership ONLY.
The construction work was performed on permit # 06-1497.

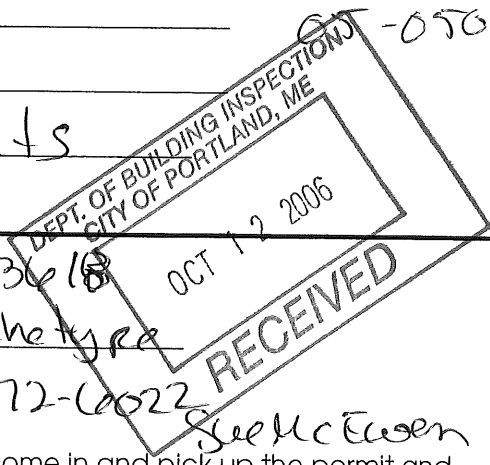
Dept: Fire **Status:** Approved **Reviewer:** Cptn Greg Cass **Approval Date:** 10/13/2006
Note: **Ok to Issue:**



All Purpose 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>545 Congress St</u>		
Total Square Footage of Proposed Structure <u>29,524</u>	Square Footage of Lot <u>5713</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>037</u> Block# <u>C</u> Lot# <u>17</u>	Owner: <u>Congress Joint Rec</u>	Telephone: <u>883 3616</u>
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <u>Dave Keayd</u> <u>Arche type Re</u>	Cost of Work: \$ <u>1,400,000</u> Fee: \$ <u>12,421</u> C of O Fee \$ _____ Total Fees: \$ _____
Current use: <u>Renovation of 14 units</u> <u>dwelling</u> <u>fl-2-4</u> <u>connected to Permit</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>14 residential condo units</u>		
Project description: _____		
Contractor's name, address & telephone: <u>KDA 883 3616</u>		
Who should we contact when the permit is ready: <u>KDA Arche type</u>		
Mailing address: _____		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: _____		



IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: <u>Dave Keayd</u>	Date: <u>12-12-06</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the

Submit with Condominium Conversion Permit Application

Project Data:

Address: 545 Congress St

C-B-L: 37-C-17

Number of Units in Building: 14

Tenant Name	Tenant Tel#	Occup. Length	Date of Notice	Eligible for \$?
Unit 1	Adjacent Since 1905			
Unit 2	When permit was			
Unit 3	Issued for interior renovations			
Unit 4	to Bid			
Unit 5	See Permit			
Unit 6	OS-0501			
Unit 7				
Unit 8				

If more units, submit same information on all units

Length of time building owned by applicant 2465

Are any building improvements, renovations, or modifications being made associated with this conversion that requires a building, plumbing, electrical, or heating permit?

YES NO (check one)

Type and cost of building improvements associated with this conversion that do not require permits:

\$ _____ Exterior walls, windows, doors, roof

\$ _____ Insulation

\$ _____ Interior cosmetics (walls/floors/hallways/refinishing, etc.)

\$ _____ Other (specify)

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0501	Issue Date: PERMIT ISSUED JUN 2 2005	CBL: 037 CC17001
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Location of Construction: 545 Congress St	Owner Name: Hega Realty Trust	Owner Address: 218 East Rd	Phone:
Business Name:	Contractor Name: KDA Development	Contractor Address: PO Box 6799 Scarborough	Phone: 207 8833618
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone: B-3

Past Use: Commercial	Proposed Use: Commercial/ renovate floors 2-5 add 6th flr unit	Permit Fee: \$12,696.00	Cost of Work: \$1,400,000.00	CEO District: 1
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Proposed Project Description: renovate floors 2-5 add 6th flr unit	<p>6th floor: penthouse New; I.D.U</p> <p>5th floor: 2 res. D.U</p> <p>4th floor: 3 res. D.U</p> <p>3rd floor: 3 res. D.U</p> <p>2nd floor: 5 res. D.U</p> <p>1st floor: PAD uses/retail like</p> <p>Basement: retail storage + trash Rm</p>	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>Juk P.F.D 5-19-05</i>	INSPECTION: Use Group: <i>M/R2</i> Type: <i>3A</i> Signature: <i>5/3/05</i>
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PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) <i>within PAD</i>	
Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Date: <i>5/10/05</i>

Permit Taken By: Idobson	Date Applied For: 04/28/2005	Zoning Approval	
-----------------------------	---------------------------------	------------------------	--

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 <i>N/A</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>Panel 13 zone C</i> <input checked="" type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i># 2005-0051</i> Maj <input checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>ok with conditions</i> Date: <i>5/10/05</i>	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 checked="" 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:
--	---	--	---

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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 050501

Please Read Application And Notes, If Any, Attached

This is to certify that Hega Realty Trust/KDA Development
has permission to renovate floors 2-5 add 6th floor
AT 545 Congress St 037 C017001

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 altered or occupied closed-in. **HEAVY 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. Jay Kelley P.F.D. 5/19/05
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Al Cunningham 5/31/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Final Report of Special Inspections

Project: *Winslow Lofts*
Location: *545 Congress Street*
Owner: *Congress Joint Development, LLC*
Owner's Address: *P.O. 6799*
Scarborough, ME 04070
Architect of Record: *Archetype, P.A.*
Structural Engineer of Record: *Structural Design Consulting, Inc.*

To the best of my information, knowledge and belief, the Special Inspections required for this project, and itemized in the *Statement of Special Inspections* submitted for permit, have been performed and all discovered discrepancies have been reported and resolved other than the following:

Comments: *No outstanding issues*

(Attach continuation sheets if required to complete the description of corrections.)

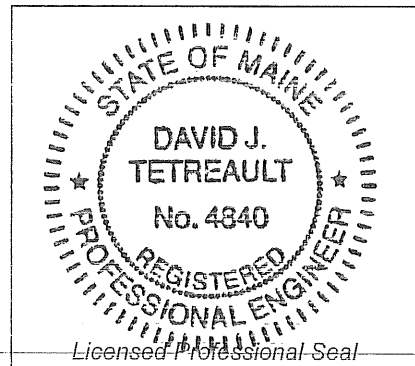
Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

Respectfully submitted,
Special Inspector

David J. Tetreault, P.E.
(Type or print name)

David J. Tetreault
Signature

09/29/06
Date





Concrete Construction Observation Report

Project Name: Winslow Building
 Client: Keeley Construction
 Placement Type: Footing Wall Column Slab Other
 Placement Location: Basement Wall

Project No: 05-0573
 Date: 6-17-05

<u>PRE PLACEMENT OBSERVATIONS</u>	<u>Observed</u>	<u>Comments</u>
Bar Size (diameter, length, bend & anchorage)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location (#of bars, spacing, and cover)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Splicing (weid joint, overlap)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Stability (wiring, chairs, and spacers)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reinforcement free from mud, oil, rust, or other nonmetallic coatings	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reinforcement appears in conformance to specifications	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Soil subgrade prepared in accordance with project specifications	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<u>Referenced Drawings</u>	<u>Date</u>	<u>Page</u>	<u>Rev.</u>	<u>ASTM</u>	<u>GRADE</u>
<u>Section 1 S1</u>				A 615 <input checked="" type="checkbox"/>	40 <input checked="" type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/>
<u>Section 1 S2-S6</u>				A 616 <input type="checkbox"/>	75 <input type="checkbox"/>
				A 617 <input type="checkbox"/>	
				A 706 <input type="checkbox"/>	A 775 Epoxy <input type="checkbox"/>

<u>CONCRETE PLACEMENT OBSERVATIONS</u>	<u>Observed</u>	<u>Comments</u>
Required mix used.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Placement and consolidation of concrete observed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Concrete properly conveyed to all areas of placement	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Depth of layer maximum limits not exceeded	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Internal vibration (depth of insertion, spacing, time, vertical insertion, no conveyance of concrete by vibration)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Even layering around openings and embedments	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Removal of temporary ties and spacers	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

FIELD TESTING OF CONCRETE PERFORMED Yes No
 CYLINDER SET NO: 493-4 ← refer to associated concrete test report

<u>POST PLACEMENT OBSERVATIONS</u>	<u>Observed</u>	<u>Comments</u>
Specified finish	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Protection of surfaces from cracking due to rapid drying	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Proper curing procedures implemented	Yes <input type="checkbox"/> No <input type="checkbox"/>	

NON-CONFORMANCE ITEMS OBSERVED Yes No
 Non-conformance item description:
 Action taken by SWCE:

NOTES: ATTACHMENTS Y N

TECHNICIAN: PSO

REVIEWED BY: REN



Report of Concrete Compressive Strength

ASTM C-31 & C-39

Project Name: PORTLAND - WINSLOW BUILDING - MATERIALS TESTING

Project Number: 05-0513

Client: CONGRESS JOINT DEVELOPMENT, LLC

Client Contract Number:

General Contractor:

Concrete Supplier: DRAGON PRODUCTS

PLACEMENT INFORMATION

Date Cast: 6/5/2006 Time Cast: 1:10 Date Received: 6/7/2006

Placement Location: FOOTING (ELEVATOR SHAFT)

Placement Method: WHEELBARROW

Placement Vol. (yd³): 5

Cylinders Made By: PJO

Aggregate Size (in): 3/4

INITIAL CURING CONDITIONS

Temperatures

Minimum (°F) Maximum (°F)

DELIVERY INFORMATION

Admixtures:

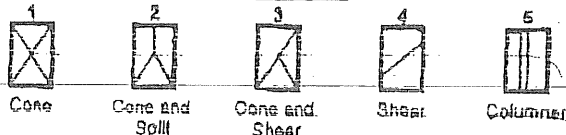
TEST RESULTS

Slump (in) (C-143): 2.76
 Air Content (%) (C-234): 2.5
 Air Temp (°F): 58
 Conc. Temp (°F) (C-1064): 64

Load Number: 1
 Mixer Number: 173
 Ticket Number: 4515938
 Cubic Yards: 5
 Design (psi): 3000

Cylinder Designation	Cylinder Weight (lbs)	Cylinder Diameter (in)	Cross Sectional Area (in ²)	Date Of Test	Cure Type	Age (days)	Fracture Type	Load (kips)	Strength (psi)
493-1A		6.00	28.27	6/13/2006	Lab	7	4	75.0	2650
493-1B		6.00	28.27	7/4/2005	Lab	28	4	120.0	4250
493-1C		6.00	28.27	7/4/2005	Lab	28	4	117.5	4160
493-1D				Hold	Lab.				

Fracture Types



Remarks:



Report of Concrete Compressive Strength

ASTM C-31 & C-39

Project Name: PORTLAND - WINSLOW BUILDING - MATERIALS TESTING

Project Number: 05-0513

Client: CONGRESS JOINT DEVELOPMENT, LLC

Client Contract Number:

General Contractor:

Concrete Supplier: DRAGON PRODUCTS

PLACEMENT INFORMATION

Date Cast: 6/9/2005 Time Cast: 8:00 Date Received: 6/10/2005

Placement Location: ELEVATOR SHAFT WALLS

Placement Method:

Placement Vol. (yd³): 7

Cylinders Made By: MJH

Aggregate Size (in): 3/4

INITIAL CURING CONDITIONS

Temperatures

Minimum (°F) Maximum (°F)

DELIVERY INFORMATION

Admixtures:

TEST RESULTS

Slump (in) (C-143): 2.5

Load Number: 1

Air Content (%) (C-231): 4.6

Mixer Number: 180

Air Temp (°F): 62

Ticket Number: 4516965

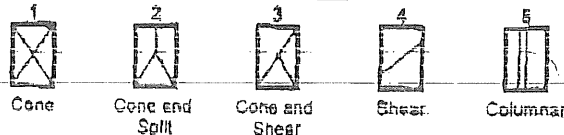
Conc. Temp (°F) (C-1064): 60

Cubic Yards: 7

Design (psi): 3000

Cylinder Designation	Cylinder Weight (lbs)	Cylinder Diameter (in)	Cross Sectional Area (in ²)	Date Of Test	Cure Type	Age (days)	Fracture Type	Load (kips)	Strength (psi)
493-2A		6.00	28.27	6/16/2005	Lab	7	4	101.5	3590
493-2B		6.00	28.27	7/7/2006	Lab	28	4	138.0	4680
493-2C		6.00	28.27	7/7/2006	Lab	28	4	134.0	4740
493-2D				Hold	Lab				

Fracture Types



Remarks:



Report of Concrete Compressive Strength

ASTM C-31 & C-39

Project Name: PORTLAND - WINSLOW-BUILDING - MATERIALS TESTING

Project Number: 05-0513

Client: CONGRESS JOINT DEVELOPMENT, LLC

Client Contract Number:

General Contractor:

Concrete Supplier: DRAGON PRODUCTS.

PLACEMENT INFORMATION

Date Cast: 6/14/2005 Time Cast: 7:50 Date Received: 6/15/2005

Placement Location: STAIR INFILL

Placement Method: TAILGATE

Placement Vol. (yd³): 4-

Cylinders Made By: PJO

Aggregate Size (in): 3/4

INITIAL CURING CONDITIONS

Temperatures:

Minimum (°F) Maximum (°F)

DELIVERY INFORMATION

Admixtures:

TEST RESULTS

Slump (in) (C-443): 3.75

Load Number: 1

Air Content (%) (C-231): 2.1

Mixer Number: 83

Air Temp (°F): 70

Ticket Number: 578871

Conc. Temp (°F) (C-1064): 72

Cubic Yards: 4

Design (psi): 3000

Cylinder Designation	Cylinder Weight (lbs)	Cylinder Diameter (in)	Gross Sectional Area (in) ²	Date Of Test	Cure Type	Age (days)	Fracture Type	Load (kips)	Strength (psi)
493-3A		6.00	28.27	6/21/2005	Lab	7	1	76.5	2710
493-3B		6.00	28.27	7/12/2005	Lab	28	4	118.5	4190
493-3C		6.00	28.27	7/12/2006	Lab	28	4	123.5	4370
493-3D				Hold	Lab				

Fracture Types



Cone



Cone and Split



Cone and Shear



Shear



Columnar

Remarks:



Report of Concrete Compressive Strength

ASTM C-31 & C-39

Project Name: PORTLAND - WINSLOW BUILDING - MATERIALS TESTING

Project Number: 05-0513

Client: CONGRESS JOINT DEVELOPMENT, LLC

Client Contract Number:

General Contractor:

Concrete Supplier: DRAGON PRODUCTS

PLACEMENT INFORMATION

Date Cast: 6/17/2006 Time Cast: 8:00 Date Received: 6/18/2005
 Placement Location: BASEMENT WALL

Placement Method: TAILGATE

Placement Vol. (yd³):

Cylinders Made By: PJO

Aggregate Size (in): 3/4

INITIAL CURING CONDITIONS

Temperatures

Minimum (°F) Maximum (°F)

DELIVERY INFORMATION

Admixtures:

TEST RESULTS

Slump (in) (C-143):	3.76	Load Number:	1
Air Content (%) (C-231):	4.4	Mixer Number:	177
Air Temp (°F):	50	Ticket Number:	3926160
Conc. Temp (°F) (C-1064):	62	Cubic Yards:	8
		Design (psi):	3000

Cylinder Designation	Cylinder Weight (lbs)	Cylinder Diameter (in)	Cross Sectional Area (in) ²	Date Of Test	Cure Type	Age (days)	Fracture Type	Load (kips)	Strength (psi)
493-4A		6.00	28.27	6/24/2006	Lab	7	4	73.0	2550
493-4B		6.00	28.27	7/15/2006	Lab	28	4	112.5	3880
493-4C		6.00	28.27	7/15/2006	Lab	28	4	110.5	3810
493-4D				Hold	Lab				

Fracture Types



Remarks:



Report of Grout Compressive Strength

ASTM C109

Project Name: PORTLAND - WINSLOW BUILDING - MATERIALS TESTING

Project Number: 05-0613

Client: CONGRESS JOINT DEVELOPMENT, LLC

Client Contract Number:

General Contractor:

Supplier: DRAGON PRODUCTS

PLACEMENT INFORMATION

Date Cast: 6/20/2005 Time Cast: 7:45 Date Received: 6/21/2005

Placement Location: ELEVATOR SHAFT (2ND FLOOR)

Placement Method: TAILGATE

Placement Vol. (yd³): 1.5

Cylinders Made By: PJO

Aggregate Size (in): 3/4

INITIAL CURING CONDITIONS

Temperatures

Minimum (°F) Maximum (°F)

DELIVERY INFORMATION

Admixtures: MX 2 BLOCK GROUT

TEST RESULTS

Slump (in) (C-143): 8.5

Batch Number: 1

Air Temp (°E): 58

Mixer Number: 63

Grout Temp (°F) (C-1064): 61

Ticket Number: 4516042

Design (psi):

Cube Designation	Area(in) ²	Date Of Test	Age (days)	Load (kips)	Strength (psi)
493-5A	10.56	6/27/2005	7	46.6	4400
493-5B	10.56	7/18/2005	28	48.9	4650
493-5C	10.94	7/18/2005	28	49.6	4630
493-5D					

Remarks:



Report of Grout Compressive Strength

ASTM C109

Project Name: PORTLAND - WINSLOW BUILDING - MATERIALS TESTING

Project Number: 05-0513

Client: CONGRESS JOINT DEVELOPMENT, LLC

Client Contract Number:

General Contractor:

Supplier: DRAGON PRODUCTS

PLACEMENT INFORMATION

Date Cast: 6/28/2005 Time Cast: 7:20 Date Received: 6/29/2005

Placement Location:

Placement Method: TAILGATE/WHEELBARROW

Placement Vol. (yd³): 1.5

Cylinders Made By: PJO

Aggregate Size (in): 3/4

INITIAL CURING CONDITIONS

Temperatures

Minimum (°F) Maximum (°F)

DELIVERY INFORMATION

Admixtures:

TEST RESULTS

Slump (in) (C-143): 8.0

Batch Number: 1

Air Temp (°F): 80

Mixer Number: 169

Grout Temp (°F) (C-1004): 77

Ticket Number: 3926192

Design (pcf): 5000

Cube Designation	Area (in) ²	Date Of Test	Age (days)	Load (kips)	Strength (psi)
493-8A	10.56	7/5/2005	7	40.8	3960
493-8B	10.68	7/5/2005	7	31.0	2930
493-8C	11.38	7/28/2005	28	53.2	4660
493-6D	10.56	7/28/2005	28	43.9	4180

Remarks:

288 Portland Road, Gray, ME 04039-5688 - Tel. (207) 657-2866 - Fax (207) 657-2840

PROTECTION PROFESSIONALS

139 Newbury Street, Portland, Maine 04101-4215
(207) 775-5755 • FAX (207) 775-1895 • E-mail: mail@protectionprofessionals.biz

RECORD OF COMPLETION

Name of Protected Property: Windslow Lofts
Address: 545 Congress Street
Rep. of Prop. (name & phone): Congress St Joint Development 207-773-7100
Authority Having Jurisdiction: Portland Fire Dept
Address/Phone: (207) 874-8400 Portland, ME

1. Type(s) of System or Service

NFPA 72, Chapter 3 - Local

If alarm is transmitted to location(s) off premises, list where received: Rapid Response

NFPA 72, Chapter 3 - Emergency Voice/Alarm Service: Quantity of voice/alarm channels: _____ Single: _____
Multiple: _____ Quantity of speakers installed: _____ Quantity of speaker zones: _____
Quantity of telephones or telephone jacks included in system: _____

NFPA 72, Chapter 4 - Auxiliary Indicate type of connection: Local energy: _____ Shunt: _____
Parallel telephone: X Location and telephone number for receipt of signals: _____

NFPA 72, Chapter 4 - Remote Station: Alarm: Rapid Response Supervisory: Rapid Response

NFPA 72, Chapter 4 - Proprietary: If alarms are retransmitted to public fire service communications center or others, indicate location and telephone number of the organization receiving alarm: _____
Indicate how alarm is retransmitted: _____

NFPA 72, Chapter 4 - Central Station

The Prime Contractor: Rapid Response Central Station Location: Syracuse, NY

Means of transmission of signals from the protected premises to the central station:

McCulloh Multiplex One-Way Radio Digital Alarm Communicator
 Two-Way Radio Others: _____

Means of transmission of alarms to the public fire service communications center: Phone

System Location: Bsmt Electrical Room

	Organization Name/Phone	Rep. Name/Phone
Installer	<u>Protection Professionals, 775-5755</u>	<u>Byron Davis</u>
Supplier	<u>Protection Professionals, 775-5755</u>	<u>Doug Hansen/Steve Andrews</u>
Service Organization	<u>Protection Professionals, 775-5755</u>	<u>Doug Hansen/Steve Andrews</u>
Location of Record (As-Built) Drawings:	<u>Protection Professionals & Site</u>	
Location of Owners Manuals:	<u>Protection Professionals & Owner</u>	
Location of Test Reports:	<u>Protection Professionals, Owner & Fire Department</u>	

A contract, dated 09/11/2006, for test and inspection in accordance with NFPA standard(s) no(s). 72, is in effect.

2. Record of System Installation: (Fill out after installation is complete and wiring checked for options, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests).

This system has been installed in accordance with the NFPA standards as shown below, was inspected by Byron Davis on 09/11/06, includes the devices shown below, and has been in service since 09/11/06.

NFPA 72, Chapters (1, 3, 4, 5, 6, 7) (circle all that apply)

NFPA 70, *National Electrical Code*, Article 760

Manufacturer's Instructions

Other: AHJ

Signed: Doug Hansen Date: 09/11/2006

Organization: Protection Professionals



PROTECTION PROFESSIONALS

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Windslow Lofts - Portland, Maine

09/11/2006

3. Record of System Operation

All operational features and functions of this system were tested by Byron Davis on 09/11/06, and found to be operating properly in accordance with the requirements of:

- NFPA 72, Chapters 13 4500 7 (circle all that apply)
- NFPA 70, *National Electrical Code*, Article 760
- Manufacturer's Instructions
- Other:

Signed: Don Harty Date: 09/11/2006

Organization: Protection Professionals

4. Alarm-Initiating Devices and circuits (use blanks to indicate quantity of devices)

MANUAL

- (a) 17 Manual Stations _____ Noncoded, Activating _____ Transmitters _____ Coded
- (b) _____ Combination Manual Fire Alarm and Guard's Tour Coded Stations

AUTOMATIC

Coverage: Complete _____ Partial: X

- (a) 21 Smoke Detectors _____ Ion _____ 21 Photo
- (b) _____ Duct Detectors _____ Ion _____ Photo
- (c) _____ Heat Detectors _____ FT _____ RR _____ FT/RR _____ RC
- (d) 1 Sprinkler Waterflow Switches: _____ Transmitters _____ Noncoded, Activating _____ Coded
- (e) _____ Other:

5. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)

GUARD'S TOUR

- (a) _____ Coded Stations
- (b) _____ Noncoded Stations, Activating _____ Transmitters
- (c) _____ Compulsory Guard Tour System Comprised of _____ Transmitters Stations and _____ Intermediate Stations

NOTE: Combination devices recorded under 4(b) and 5(a).

SPRINKLER SYSTEM

- (a) 1 Coded Valve Supervisory Signaling Attachments
_____ Valve Supervisory Switches, Activating 1 Transmitters
- (b) _____ Building Temperature Points
- (c) _____ Site Water Temperature Points
- (d) _____ Site Water Supply Level Points

ELECTRIC FIRE PUMP:

- (e) _____ Fire Pump Power
- (f) _____ Fire Pump Running
- (g) _____ Phase Reversal

ENGINE-DRIVEN FIRE PUMP:

- (h) _____ Selector in Auto Position
- (i) _____ Engine or Control Panel Trouble
- (j) _____ Fire Pump Running

ENGINE-DRIVEN GENERATOR:

- (k) _____ Selector in Auto Position
- (l) _____ Control Panel Trouble
- (m) _____ Transfer Switches
- (n) _____ Engine Running

OTHER SUPERVISORY FUNCTION(S): _____



PROTECTION PROFESSIONALS

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Windslow Lofts – Portland, Maine

09/11/2006

6. Alarm Notification Appliances and Circuits 4

Quantity of indicating appliance circuits connected to the system:

Types and quantities of alarm indicating appliances installed:

- (a) Bells Inch
- (b) Speakers
- (c) Horns
- (d) Chimes
- (e) Other:
- (f) 29 Visual Signals Type: 26 with audible 3 w/o audible
- (g) 1 Local Annunciator

7. Signaling Line Circuits:1 Quantity and Style (see NFPA 72, Table 3-6) of signaling line circuits connected to system: Quantity: 1 Style: .5

8. System Power Supplies

- (a) Primary (Main): Nominal Voltage: 120V/208 Current Rating: 400 Overcurrent Protection: Type: Circuit Breaker Current Rating: 20A Location: House panel
- (b) Secondary (Standby):
 - 2 Storage Battery: Amp-Hour Rating 7 AH
 - Calculated capacity to drive system, in hours: X 24 60
 - Engine-driven generator dedicated to fire alarm system:
 - Location of fuel storage:

8. System Power Supplies (continued)

- (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 System 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

9. System Software:

- (a) Operating System Software Revision Level(s): 2.14
- (b) Application Software Revision Level(s): 2.19
- (c) Revision Completed By (Name & Firm): Byron Davis/Protection Professionals

Comments: Doyle Hanigan PRESIDENT 9-11-06
(signed) for Central Station or Alarm Service Company (title) (date)

Frequency of routine tests and inspections, if other than in accordance with the referred NFPA standards:

System deviations from the referenced NFPA standard(s) are:

(signed) for Central Station or Alarm Service Company (title) (date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the authority having jurisdiction):

(signed) representative of the authority having jurisdiction (title) (date)

