

HIGH TECH FIRE PROTECTION

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FIRE SPRINKLER SYSTEMS
24 HOUR SERVICE

NFPA Letter of Compliance

Date: September 20, 2017

To: Landry & French Construction

From: Ed Poulin

Re: Sprinkler System Compliance Letter

High Tech Fire Protection has retrofitted an existing NFPA 13 sprinkler system for (Verrill Dana Phase 3 9th & 10th floor) located at 1 Portland Square Portland, ME. This system is in accordance with contract # 101216-1.

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

Sincerely,
Ed Poulin



High Tech Fire Protection
207-998-2551
EPoulin@htfp.me



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SYSTEM RECORD OF COMPLETION

Form Completion Date: 11/22/17 Supplemental Pages Attached:

1. PROPERTY INFORMATION

Name of property: 1 Portland Square
Address: 1 Portland Square, Portland, ME
Description of property: Office - Multi level
Name of property representative:
Address:
Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Detroit Electric
Address:
Phone: Fax: E-mail:
Service organization: Norris Inc
Address: 2257 W. Broadway, South Portland, Maine
Phone: 883-3473 Fax: E-mail:
Testing organization: Norris Inc
Address: 2257 W Broadway, South Portland, Maine
Phone: 883-3473 Fax: E-mail:
Effective date for test and inspection contract:
Monitoring organization: Portland Fire
Address:
Phone: Fax: E-mail:
Account number: Boxes 4435 & 4436 Phone line 1: Phone line 2:
Means of transmission: Masterbox
Entity to which alarms are retransmitted: Phone:

3. DOCUMENTATION

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

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: [] New system [X] Modification to existing system Permit number:
NFPA 72 edition:

4.1 Control Unit

Manufacturer: Hollifee (Existing) Model number: NFS2-640

4.2 Software and Firmware

Firmware revision number: 25.0

4.3 Alarm Verification

[X] This system does not incorporate alarm verification.

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



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SYSTEM RECORD OF COMPLETION (continued)

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120 VAC Control panel amps: 8
 Overcurrent protection: Type: Circuit breaker Amps: _____
 Branch circuit disconnecting means location: _____ Number: _____

5.1.2 Secondary Power

Type of secondary power: Batteries (Existing)
 Location, if remote from the plant: Above Security Desk
 Calculated capacity of secondary power to drive the system:
 In standby mode (hours): 24 In alarm mode (minutes): 5

5.2 Control Unit

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

6. CIRCUITS AND PATHWAYS

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line	1		B	Unknown
Device Power				
Initiating Device				
Notification Appliance				
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	4	Addressable	Alarm	
Smoke Detectors	7	Addressable	Alarm	Photo Electric
Duct Smoke Detectors				
Heat Detectors				
Gas Detectors				
Waterflow Switches				
Tamper Switches				



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SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Table with 3 columns: Type, Quantity, Description. Rows include Audible, Visible, and Combination Audible and Visible.

10. SYSTEM CONTROL FUNCTIONS

Table with 2 columns: Type, Quantity. Rows include Hold-Open Door Releasing Devices, HVAC Shutdown, Fire/Smoke Dampers, Door Unlocking, Elevator Recall, and Elevator Shunt Trip.

11. INTERCONNECTED SYSTEMS

- Checkboxes for 'This system does not have interconnected systems.' and 'Interconnected systems are listed on supplementary sheet'.

12. CERTIFICATION AND APPROVALS

12.1 System Installation Contractor

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

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

12.2 System Operational Test

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

Signed: _____ Printed name: Michael Todd Date: 9/22/17
Organization: Norris Inc Title: Technician Phone: 800-3473

12.3 Acceptance Test

Date and time of acceptance test: 9/22/17 3:00 PM
Installing contractor representative: _____
Testing contractor representative: _____
Property representative: _____
AHJ representative: _____