Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

PERMIT ISSU

BU[illegible]TION

PERMIT

Permit Number: 101414 SEP 2 4 2010

Please Read Application And Notes, If Any, Attached

This is to certify that RREEF AMERICA REIT III C[illegible] Z4 /M[illegible]ntracting C[illegible]

City of Portland

has permission to Interior tenant fit-up for "Wells [illegible]go Advi[illegible]"

AT ~~2 PORTLAND SQ~~ 2nd floor CB[illegible]038 B002001

provided that the person or persons, fi[illegible] or co[illegible]tion ac[illegible]pting this permit shall comply w of the provisions of the Statutes of Ma[illegible]e and of the C[illegible]nces of the City of Portland regu the construction, maintenance and use[illegible]f buildings and stru[illegible]res, and of the application on this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Noti[illegible]ation o[illegible]spectio[illegible]must b[illegible] give[illegible]nd writt[illegible]ermissi[illegible]procured befo[illegible]this bui[illegible]g or p[illegible]hereof i[illegible] lath[illegible] or oth[illegible]sed-in. 2[illegible] HO[illegible] NOTICE IS REQUIRED.

A certificate of occupancy mus procured by owner before this b ing or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. R. [illegible]

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No:	Issue Date:	CBL:
10-1019		038 B002001

Location of Construction:	Owner Name:	Owner Address:	Phone:
2 PORTLAND SQ 2nd floor	RREEF AMERICA REIT III CORP	PO BOX 4900 DEPT 207	
Business Name:	**Contractor Name:**	**Contractor Address:**	**Phone**
Wells Fargo Advisors	Melwood Contracting Corp	410 Fifth Avenue New Rochelle	9146542935
Lessee/Buyer's Name	**Phone:**	**Permit Type:**	**Zone:**
	(704)715-3132	Alterations - Commercial	B-3

Past Use:	Proposed Use:	Permit Fee:	Cost of Work:	CEO District:
Commercial - Office 2nd floor	Commercial - Office 2nd floor - Interior tenant fit-up for "Wells Fargo Advisors"	$2,470.00	$245,000.00	1

FIRE DEPT: ☑ Approved ☐ Denied

*See Conditions

Signature: KG

INSPECTION: Use Group: B Type: 2B

IBC 2003

Signature:

Proposed Project Description:
Interior tenant fit-up for "Wells Fargo Advisors"

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: ☐ Approved ☐ Approved w/Conditions ☐ Denied

Signature: Date:

Permit Taken By:	Date Applied For:
ldobson	08/19/2010

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..

PERMIT ISSUED

SEP 24 2010

City of Portland

Zoning Approval

Special Zone or Reviews	Zoning Appeal	Historic Preservation
☐ Shoreland	☐ Variance	☑ Not in District or Landmark
☐ Wetland	☐ Miscellaneous	☐ Does Not Require Review
☐ Flood Zone	☐ Conditional Use	☐ Requires Review
☐ Subdivision	☐ Interpretation	☐ Approved
☐ Site Plan	☐ Approved	☐ Approved w/Conditions
☐ Maj ☐ Minor ☐ MM	☐ Denied	☐ Denied
Date: 9/19/10 with conditions	Date:	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

10-8 OK to close training (one second)
SMK

10-8 ~~OK to~~ Training OK
Second section SMK.

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: 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 Inspection 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 with construction.**

__X__ **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

__X__ **Final inspection required at completion of work.**

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

City of Portland, Maine - Building or Use Permit

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

Permit No:	Date Applied For:	CBL:
10-1019	08/19/2010	038 B002001

Location of Construction:	Owner Name:	Owner Address:	Phone:
2 PORTLAND SQ 2nd floor	RREEF AMERICA REIT III CORP	PO BOX 4900 DEPT 207	
Business Name:	**Contractor Name:**	**Contractor Address:**	**Phone**
Wells Fargo Advisors	Melwood Contracting Corp	410 Fifth Avenue New Rochelle	(914) 654-2935
Lessee/Buyer's Name	**Phone:**	**Permit Type:**	
	(704)715-3132	Alterations - Commercial	

Proposed Use:	Proposed Project Description:
Commercial - Office 2nd floor - Interior tenant fit-up for "Wells Fargo Advisors"	Interior tenant fit-up for "Wells Fargo Advisors"

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 08/19/2010

Note: **Ok to Issue:** ✔

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.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 09/24/2010

Note: **Ok to Issue:** ✔

1) Any duct work pentrating rated assemblies must have fire dampers.
2) All penetratios through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
3) 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.
4) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approrval prior to work.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 08/26/2010

Note: **Ok to Issue:** ✔

1) 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.
2) Sprinkler protection shall be maintained.
   Where thc 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.
3) Emergency lights are required to be tested at the electrical panel on the same circuit as the lighting for the area they serve.
4) Fire extinguishers required. Installation per NFPA 10
5) All means of egress to remain accessible at all times
6) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit.
7) Occupancies with an occupant load of 100 persons or more require panic harware on all doors serving as a means of egress.
8) All construction shall comply with NFPA 1 and 101.
9) This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require ammendments and approval.

Location of Construction:	Owner Name:	Owner Address:	Phone:
2 PORTLAND SQ 2nd floor	RREEF AMERICA REIT III CORP	PO BOX 4900 DEPT 207	
Business Name:	**Contractor Name:**	**Contractor Address:**	**Phone**
Wells Fargo Advisors	Melwood Contracting Corp	410 Fifth Avenue New Rochelle	(914) 654-2935
Lessee/Buyer's Name	**Phone:**	**Permit Type:**	
	(704)715-3132	Alterations - Commercial	

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: 2 Portland Sq		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# 38 Block# B Lot# 2	Applicant *must be owner, Lessee or Buyer* Name Wells Fargo Advisors Address 201 North Tryon st 20th Floor City, State & Zip Charlotte NC 28288	Telephone: 704 715 3132
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Rreef America Reit III corp dan 24 Address / Portland City, State & Zip Portland ME 04101	Cost Of Work: $ 245,000 00 C of O Fee: $ Total Fee: $

Current legal use (i.e. single family) Office Space
If vacant, what was the previous use? _____
Proposed Specific use: Office Space
Is property part of a subdivision? NO If yes, please name _____
Project description:
2nd Floor Interior Renovation
Wells Fargo Advisors

Contractor's name: TBD
Address: TBD
City, State & Zip _____ Telephone: _____
Who should we contact when the permit is ready: Brian Razowski Telephone: 203 395-5243
Mailing address: 410 5th Ave New Rochelle NY 10801

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, 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: _____ Date: 8/18/10

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

Certificate of Design Application

From Designer: McCormick Architects + Designers Inc.

Date: _____

Job Name: Wells Fargo Advisors

Address of Construction: 2 Portland Square Portland ME 04101

2003 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year _____ Use Group Classification (s) _____

Type of Construction _____

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC yes

Is the Structure mixed use? N/A If yes, separated or non separated or non separated (section 302.3) _____

Supervisory alarm System? _____ Geotechnical/Soils report required? (See Section 1802.2) N/A

Structural Design Calculations

_____ Submitted for all structural members (106.1 – 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown

Wind loads (1603.1.4, 1609)

_____ Design option utilized (1609.1.1, 1609.6)

_____ Basic wind speed (1809.3)

_____ Building category and wind importance Factor, I_w table 1604.5, 1609.5)

_____ Wind exposure category (1609.4)

_____ Internal pressure coefficient (ASCE 7)

_____ Component and cladding pressures (1609.1.1, 1609.6.2.2)

_____ Main force wind pressures (7603.1.1, 1609.6.2.1)

Earth design data (1603.1.5, 1614-1623)

_____ Design option utilized (1614.1)

_____ Seismic use group ("Category")

_____ Spectral response coefficients, S_{DS} & S_{D1} (1615.1)

_____ Site class (1615.1.5)

_____ Live load reduction

_____ Roof *live* loads (1603.1.2, 1607.11)

_____ Roof snow loads (1603.7.3, 1608)

_____ Ground snow load, P_g (1608.2)

_____ If P_g > 10 psf, flat-roof snow load P_f

_____ If P_g > 10 psf, snow exposure factor, C_e

_____ If P_g > 10 psf, snow load importance factor, I_s

_____ Roof thermal factor, C_t (1608.4)

_____ Sloped roof snowload, P_s (1608.4)

_____ Seismic design category (1616.3)

_____ Basic seismic force resisting system (1617.6.2)

_____ Response modification coefficient, R_I and deflection amplification factor C_d (1617.6.2)

_____ Analysis procedure (1616.6, 1617.5)

_____ Design base shear (1617.4, 16175.5.1)

Flood loads (1803.1.6, 1612)

_____ Flood Hazard area (1612.3)

_____ Elevation of structure

Other loads

_____ Concentrated loads (1607.4)

_____ Partition loads (1607.5)

_____ Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404

CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

3/9 2010

Received from: M-Wood Contracting

Location of Work: 2 Portland St

Estimated Construction $ _____ Building Fee: _____

Permit Fee $ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: $2480

Building (IL) ___ Plumbing (I5) ___ Electrical (I2) ___ Site Plan (U2) ___

Other _____

CBL: 38 C 2

Check #: 3177 Total Collected $ $2480

No work is to be started until permit issued.
Please keep original receipt for your records.

Taken by: J. Doe

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

Commercial Interior & Change of Use Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

One (1) complete set of construction drawings must include: ✓

Note: Construction documents for costs in excess of $50,000.00 must be prepared by a Design Professional and bear their seal.

- ☑ Cross sections w/framing details
- ☑ Detail of any new walls or permanent partitions
- ☑ Floor plans and elevations
- ☑ Window and door schedules
- ☐ Complete electrical and plumbing layout.
- ☑ Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment or other types of work that may require special review
- ☑ Insulation R-factors of walls, ceilings, floors & U-factors of windows as per the IEEC 2003
- ☑ Proof of ownership is required if it is inconsistent with the assessors records.
- ☑ Reduced plans or electronic files in PDF format are required if originals are larger than 11" x 17".
- ☑ Per State Fire Marshall, all new bathrooms must be ADA compliant.

Separate permits are required for internal and external plumbing, HVAC & electrical installations.

For additions less than 500 sq. ft. or that does not affect parking or traffic, a site plan exemption should be filed including:

N/A

- ☐ The shape and dimension of the lot, footprint of the existing and proposed structure and the distance from the actual property lines.
- ☐ Location and dimensions of parking areas and driveways, street spaces and building frontage.
- ☐ Dimensional floor plan of existing space and dimensional floor plan of proposed space.

A Minor Site Plan Review is required for any change of use between 5,000 and 10,000 sq. ft. (cumulatively within a 3-year period)

Building Inspections Division • 389 Congress Street • Portland, Maine 04101 • (207) 874-8703 • FACSIMILE (207) 874-8716 • TTY (207) 874-8936

Fire Department requirements.

The following shall be submitted on a separate sheet:

- ☑ Name, address and phone number of applicant **and** the project architect.
- ☑ Proposed use of structure (NFPA and IBC classification)
- ☑ Square footage of proposed structure (total and per story)
- ☐ Existing and proposed fire protection of structure.
- ☐ Separate plans shall be submitted for
  - a) Suppression system
  - b) Detection System (separate permit is required)
- ☐ A separate Life Safety Plan must include:
  - a) Fire resistance ratings of all means of egress
  - b) Travel distance from most remote point to exit discharge
  - c) Location of any required fire extinguishers
  - d) Location of emergency lighting
  - e) Location of exit signs
  - f) NFPA 101 code summary
- ☐ Elevators shall be sized to fit an 80" x 24" stretcher. N/A

For questions on Fire Department requirements call the Fire Prevention Officer at (207) 874-8405.

Please submit all of the information outlined in this application checklist. If the application is incomplete, the application may be refused.

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, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

Permit Fee: $30.00 for the first $1000.00 construction cost, $10.00 per additional $1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.

High Tech Fire Protection
P.O. Box 156
Minot, Maine 04258
Tel: (207) 998-2551

Date: November 23, 2010

To: Landry & French Construction/Wells Fargo

From: Linda LaBonte

Re: Guarantee/fire sprinklers

MSG: High Tech Fire Protection hereby warranties and guarantees all materials and workmanship supplied by High Tech Fire Protection on the project called fire protection for Wells Fargo space at 2 Portland Square, 3rd floor in Portland, Maine for a period of one year from the date of substantial completion, (November 23, 2010 to November 22, 2011)
We shall remove, replace and /or repair at our own expense and at the convenience of the owner any faulty, defective or improper work, material completed by High Tech Fire Protection or equipment discovered within one year from the date of acceptance of the Project as a whole by the architect and owner.
The sprinkler system meets or exceeds all requirements necessary to satisfy the requirements of Maine Life Safety Systems and the Local Authority Having Jurisdiction.

High Tech Fire Protection
Linda LaBonte V. Pres.

Linda LaBonte

NORRIS INC

Prepared For Tomorrow; Delivered Today

November 23, 2010

BH MILLIKEN
175 ANDERSON STREET
PORTLAND, ME. 04101

Subject: Wells Fargo- 2 Portland Square

Dear Wes,

As requested by the Portland Fire Department, I am writing to confirm that the fire alarm system for the above mentioned subject has been inspected and tested and at the time of inspection the system was found to be fully operational and to the best of our knowledge, met or exceeded all of the requirements as established by the plans and specifications for the project and all applicable codes including NFPA 72.

It was a pleasure working with you on this project. Should you have any questions or need additional information please do not hesitate to contact me.

Sincerely,

Jeremy Todd
Central Operations

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to provide a complete record.

1. PROPERTY INFORMATION

Name of property: 2 Portland Square Wells Fargo Addition

Address: 2 Portland Square Portland Maine

Description of property: Office Building

Occupancy type: Bussiness

Name of property representative: RREEF Management

Address: One Portland Square Portland Maine

Phone: 874-6000 Fax: E-mail:

Authority having jurisdiction over this property: Portland Fire Department

Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Installation contractor for this equipment: BH Miliken

Address: 175 Anderson Street Portland Maine

License or certification number:

Phone: 774-1492 Fax: E-mail:

Service organization for this equipment: Norris Inc

Address: 2257 W. Broadway South Portland Maine

License or certification number:

Phone: 883-3473 Fax: E-mail:

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

Contracted testing company:

Address:

Phone: Fax: E-mail:

Contract expires: Contract number: Frequency of routine inspections:

3. DESCRIPTION OF SYSTEM OR SERVICE

☐ Fire alarm system (nonvoice)

☒ Fire alarm with in-building fire emergency voice alarm communication system (EVACS)

☐ Mass notification system (MNS)

☐ Combination system, with the following components:

☐ Fire alarm ☐ EVACS ☐ MNS ☐ Two-way, in-building, emergency communication system

☐ Other (specify):

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

NFPA 72 edition:

Additional description of system(s):

3.1 Control Unit

Manufacturer: Notifier

Model number: NFP-5000

3.2 Mass Notification System

☐ This system does not incorporate an MNS

3.2.1 System Type:

☐ In-building MNS—combination

☐ In-building MNS—stand-alone ☐ Wide-area MNS ☐ Distributed recipient MNS

☐ Other (specify): N/A

3.2.2 System Features:

☐ Combination fire alarm/MNS ☐ MNS autonomous control unit ☐ Wide-area MNS to regional national alerting interface

☐ Local operating console (LOC) ☐ Direct recipient MNS (DRMNS) ☐ Wide-area MNS to DRMNS interface

☐ Wide-area MNS to high-power speaker array (HPSA) interface ☐ In-building MNS to wide-area MNS interface

☐ Other (specify): N/A

3.3 System Documentation

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

3.4 System Software

☒ This system does not have alterable site-specific software.

Operating system (executive) software revision level:

Site-specific software revision date:

Revision completed by:

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

3.5 Off-Premises Signal Transmission

☐ This system does not have off-premises transmission.

Name of organization receiving alarm signals with phone numbers:

Alarm: Portland F.D. Phone: 874-8576

Supervisory: Phone:

Trouble: Phone:

Entity to which alarms are retransmitted: Portland F.D. Phone: 874-8576

Method of retransmission: Master Box

If Chapter 26, specify the means of transmission from the protected premises to the supervising station:

If Chapter 27, specify the type of auxiliary alarm system: ☒ Local energy ☐ Shunt ☐ Wired ☐ Wireless

4. CIRCUITS AND PATHWAYS

4.1 Signaling Line Pathways

4.1.1 Pathways Class Designations and Survivability

Pathways class: N/A Survivability level: Quantity:
(See NFPA 72, Sections 12.3 and 12.4)

4.1.2 Pathways Utilizing Two or More Media

Quantity: N/A Description:

4.1.3 Device Power Pathways

☐ No separate power pathways from the signaling line pathway

☐ Power pathways are separate but of the same pathway classification as the signaling line pathway

☐ Power pathways are separate and different classification from the signaling line pathway

4.1.4 Isolation Modules

Quantity: N/A

4.2 Alarm Initiating Device Pathways

4.2.1 Pathways Class Designations and Survivability

Pathways class: N/A Survivability level: Quantity:
(See NFPA 72, Sections 12.3 and 12.4)

4.2.2 Pathways Utilizing Two or More Media

Quantity: N/A Description:

4.2.3 Device Power Pathways

☐ No separate power pathways from the initiating device pathway

☐ Power pathways are separate but of the same pathway classification as the initiating device pathway

☐ Power pathways are separate and different classification from the initiating device pathway

4.3 Non-Voice Audible System Pathways

4.3.1 Pathways Class Designations and Survivability

Pathways class: N/A Survivability level: Quantity:
(See NFPA 72, Sections 12.3 and 12.4)

4.3.2 Pathways Utilizing Two or More Media

Quantity: N/A Description:

4.3.3 Device Power Pathways

☐ No separate power pathways from the notification appliance pathway

☐ Power pathways are separate but of the same pathway classification as the notification appliance pathway

☐ Power pathways are separate and different classification from the notification appliance pathway

5. ALARM INITIATING DEVICES

5.1 Manual Initiating Devices

5.1.1 Manual Fire Alarm Boxes ☒ This system does not have manual fire alarm boxes.

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify):

5.1.2 Other Alarm Boxes ☒ This system does not have other alarm boxes.

Description:

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify):

5.2 Automatic Initiating Devices

5.2.1 Smoke Detectors ☐ This system does not have smoke detectors.

Type and number of devices: Addressable: Conventional: 5

Other (specify):

Type of coverage: ☐ Complete area ☒ Partial area ☐ Nonrequired partial area

Other (specify):

Type of smoke detector sensing technology: ☐ Ionization ☒ Photoelectric ☐ Multicriteria ☐ Aspirating ☐ Beam

Other (specify):

5.2.2 Duct Smoke Detectors ☒ This system does not have alarm-causing duct smoke detectors.

Type and number of devices: Addressable: Conventional:

Other (specify):

Type of coverage:

Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric ☐ Aspirating ☐ Beam

5.2.3 Radiant Energy (Flame) Detectors ☒ This system does not have radiant energy detectors.

Type and number of devices: Addressable: Conventional:

Other (specify):

Type of coverage:

5.2.4 Gas Detectors ☒ This system does not have gas detectors.

Type of detector(s):

Number of devices: Addressable: Conventional:

Type of coverage:

5.2.5 Heat Detectors ☒ This system does not have heat detectors.

Type and number of devices: Addressable: Conventional:

Type of coverage: ☐ Complete area ☐ Partial area ☐ Nonrequired partial area ☐ Linear ☐ Spot

Type of heat detector sensing technology: ☐ Fixed temperature ☐ Rate-of-rise ☐ Rate compensated

5. ALARM INITIATING DEVICES *(continued)*

5.2.6 Addressable Monitoring Modules ☒ This system does not have monitoring modules.

Number of devices:

5.2.7 Waterflow Alarm Devices ☐ This system does not have waterflow alarm devices.

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

5.2.8 Alarm Verification ☐ This system does not incorporate alarm verification.

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

5.2.9 Presignal ☒ This system does not incorporate pre-signal.

Number of devices subject to presignal:

Describe presignal functions:

5.2.10 Positive Alarm Sequence (PAS) ☒ This system does not incorporate PAS.

Describe PAS:

5.2.11 Other Initiating Devices ☒ This system does not have other initiating devices.

Describe:

6. SUPERVISORY SIGNAL-INITIATING DEVICES

6.1 Sprinkler System Supervisory Devices ☒ This system does not have sprinkler supervisory devices.

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify):

6.2 Fire Pump Description and Supervisory Devices ☒ This system does not have a fire pump.

Type fire pump: ☐ Electric pump ☐ Engine

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify):

6.2.1 Fire Pump Functions Supervised

☐ Power ☐ Running ☐ Phase reversal ☐ Selector switch not in auto ☐ Engine or control panel trouble ☐ Low fuel

Other (specify):

6.3 Duct Smoke Detectors (DSDs) ☒ This system does not have DSDs causing supervisory signals.

Type and number of devices: Addressable: Conventional:

Other (specify):

Type of coverage:

Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric ☐ Aspirating ☐ Beam

6.4 Other Supervisory Devices ☒ This system does not have other supervisory devices.

Describe:

7. MONITORED SYSTEMS

7.1 Engine-Driven Generator ☒ This system does not have a generator.

7.1.1 Generator Functions Supervised

☐ Engine or control panel trouble ☐ Generator running ☐ Selector switch not in auto ☐ Low fuel

☐ Other (specify):

7.2 Special Hazard Suppression Systems ☐ This system does not monitor special hazard systems.

Description of special hazard system(s):

7.3 Other Monitoring Systems ☐ This system does not monitor other systems.

Description of special hazard system(s):

8. ANNUNCIATORS ☒ This system does not have annunciators.

8.1 Location and Description of Annunciators

Location 1:

Location 2:

Location 3:

9. ALARM NOTIFICATION APPLIANCES

9.1 In-Building Fire Emergency Voice Alarm Communication System ☐ This system does not have an EVACS.

Number of single voice alarm channels: Number of multiple voice alarm channels:

Number of speakers: Number of speaker circuits:

Location of amplification and sound-processing equipment:

Location of paging microphone stations:

Location 1:

Location 2:

Location 3:

9.2 Nonvoice Notification Appliances ☐ This system does not have nonvoice notification appliances.

Horns: With visible: Bells: With visible:

Chimes: With visible:

Visible only: 3 Other (describe): 5 Speaker/Strobes

9.3 Notification Appliance Power Extender Panels ☐ This system does not have power extender panels.

Quantity:

Locations:

10. MASS NOTIFICATION CONTROLS, APPLIANCES, AND CIRCUITS ☐ This system does not have an MNS.

10.1 MNS Local Operating Consoles

Location 1:

Location 2:

Location 3:

10.2 High-Power Speaker Arrays

Number of HPSA speaker initiation zones:

Location 1:

Location 2:

Location 3:

10.3 Mass Notification Devices

Combination fire alarm/MNS visible appliances: MNS-only visible appliances:

Textual signs: Other (describe):

Supervision class:

10.3.1 Special Hazard Notification

☐ This system does not have special suppression predischarge notification.

☐ MNS systems DO NOT override notification appliances required to provide special suppression predischarge notification.

11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS

11.1 Telephone System

☒ This system does not have a two-way telephone system.

Number of telephone jacks installed: Number of warden stations installed:

Number of telephone handsets stored on site:

Type of telephone system installed: ☐ Electrically powered ☐ Sound powered

11.2 Two-Way Radio Communications Enhancement System

☒ This system does not have a two-way radio communications enhancement system.

Percentage of area covered by two-way radio service: Critical areas: % General building areas: %

Amplification component locations:

Inbound signal strength: dBm Outbound signal strength: dBm

Donor antenna isolation is: dB above the signal booster gain

Radio frequencies covered:

Radio system monitor panel location:

11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS *(continued)*

11.3 Area of Refuge (Area of Rescue Assistance) Emergency Communications Systems

☒ This system does not have an area of refuge (area of rescue assistance) emergency communications system.

Number of stations: Location of central control point:

Days and hours when central control point is attended:

Location of alternate control point:

Days and hours when alternate control point is attended:

11.4 Elevator Emergency Communications Systems

☒ This system does not have an elevator emergency communications system.

Number of elevators with stations: Location of central control point:

Days and hours when central control point is attended:

Location of alternate control point:

Days and hours when alternate control point is attended:

11.5 Other Two-Way Communication Systems

Describe:

12. CONTROL FUNCTIONS

This system activates the following control fuctions:

☐ Hold-open door releasing devices ☐ Smoke management ☐ HVAC shutdown ☐ F/S dampers

☐ Door unlocking ☐ Elevator recall ☐ Fuel source shutdown ☐ Extinguishing agent release

☐ Elevator shunt trip ☐ Mass notification system override of fire alarm notification appliances

Other (specify): N/A

12.1 Addressable Control Modules

☒ This system does not have control modules.

Number of devices:

Other (specify):

13. SYSTEM POWER

13.1 Control Unit

13.1.1 Primary Power

Input voltage of control panel: N/A

Control panel amps:

Overcurrent protection: Type:

Amps:

Location (of primary supply panel board):

Disconnecting means location:

13.1.2 Engine-Driven Generator

☒ This system does not have a generator.

Location of generator:

Location of fuel storage:

Type of fuel:

13. SYSTEM POWER *(continued)*

13.1.3 Uninterruptible Power System ☒ This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

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

13.1.4 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 ☐ Battery calculations are attached

13.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

☐ This system does not have an EVACS or MNS system.

13.2.1 Primary Power

Input voltage of EVACS or MNS panel: N/A EVACS or MNS panel amps:

Overcurrent protection: Type: Amps:

Location (of primary supply panel board):

Disconnecting means location:

13.2.2 Engine-Driven Generator ☒ This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

13.2.3 Uninterruptible Power System ☒ This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

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

13.2.4 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 ☐ Battery calculations are attached

13. SYSTEM POWER *(continued)*

13.3 Notification Appliance Power Extender Panels ☒ This system does not have power extender panels.

13.3.1 Primary Power

Input voltage of power extender panel(s): Power extender panel amps:

Overcurrent protection: Type: Amps:

Location (of primary supply panel board):

Disconnecting means location:

13.3.2 Engine-Driven Generator ☒ This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

13.3.3 Uninterruptible Power System ☒ This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

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

13.3.4 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 ☐ Battery calculations are attached

14. RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

This is a: ☐ New system ☒ Modification to an existing system Permit number:

The system has been installed in accordance with the following requirements: (Note any or all that apply.)

☐ *NFPA 72,* Edition:

☐ *NFPA 70, National Electrical Code,* Article 760, Edition:

☒ Manufacturer's published instructions

Other (specify):

System deviations from referenced NFPA standards:

Signed: Printed name: Dana Champagne Date: 11-22-10

Organization: Norris Inc Title: Installer Phone: 883-3473

15. RECORD OF SYSTEM OPERATIONAL ACCEPTANCE TEST

☐ New system

All operational features and functions of this system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements for the following:

☒ Modifications to an existing system

All newly modified operational features and functions of the system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of the following:

☐ *NFPA 72,* Edition:

☐ *NFPA 70, National Electrical Code,* Article 760, Edition:

☒ Manufacturer's published instructions

Other (specify):

☒ Individual device testing documentation [Inspection and Testing Form (Figure 14.6.2.4) is attached]

Signed:		Printed name:	Dana Champagne	Date:	11-22-10
Organization:	Norris Inc	Title:	Installer	Phone:	883-3473

16. CERTIFICATIONS AND APPROVALS

16.1 System Installation Contractor:

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

Signed:		Printed name:	Brian Miliken	Date:	11-22-10
Organization:	BH Miliken	Title:	Electrician	Phone:	

16.2 System Service Contractor:

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

Signed:		Printed name:	Dana Champagne	Date:	11-22-10
Organization:	Norris Inc	Title:	Installer	Phone:	883-3473

16.3 Supervising Station:

This system, as specified herein, will be monitored according to all NFPA standards cited herein.

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

16. CERTIFICATIONS AND APPROVALS *(continued)*

16.4 Property or Owner Representative:

This system, as specified herein, will be monitored according to all NFPA standards cited herein.

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

16.5 Authority Having Jurisdiction:

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, with its approved sequence of operations, and with all NFPA standards cited herein.

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

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM INSPECTION AND TESTING FORM

To be completed by the system inspector or tester at the time of the inspection or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to provide a complete record.

Date of this inspection or test: Time of inspection or test:

1. PROPERTY INFORMATION

Name of property: 2 Portland Square

Address: 2 Portland Square Portland Maine

Description of property: Office Building

Occupancy type: Bussiness

Name of property representative:

Address:

Phone: Fax: E-mail:

Authority having jurisdiction over this property:

Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: Norris Inc

Address: 2257 W. Broadway South Portland Maine 04114

Phone: 207-883-3473 Fax: E-mail:

Service technician or tester: Dana Champagne

Qualifications of technician or tester: Installation Technician

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:

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

Address:

Phone: Fax: E-mail:

Entity to which alarms are retransmitted: Portland F.D. Phone: 874-8576

3. TYPE OF SYSTEM OR SERVICE

☐ Fire alarm system (nonvoice)

☒ Fire alarm with in-building fire emergency voice alarm communication system (EVACS)

☐ Mass notification system (MNS)

☐ Combination system, with the following components:

☐ Fire alarm ☐ EVACS ☐ MNS ☐ Two-way, in-building, emergency communication system

☐ Other (specify):

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

NFPA 72 edition: Additional description of system(s):

3.1 Control Unit

Manufacturer: Notifier Model number: NFP-5000

3.2 Mass Notification System ☐ This system does not incorporate an MNS

3.2.1 System Type:

☐ In-building MNS—combination

☐ In-building MNS—stand-alone ☐ Wide-area MNS ☐ Distributed recipient MNS

☐ Other (specify):

3.2.2 System Features:

☐ Combination fire alarm/MNS ☐ MNS ACU only ☐ Wide-area MNS to regional national alerting interface

☐ Local operating console (LOC) ☐ Direct recipient MNS (DRMNS) ☐ Wide-area MNS to DRMNS interface

☐ Wide-area MNS to high-power speaker array (HPSA) interface ☐ In-building MNS to wide-area MNS interface

☐ Other (specify):

3.3 System Documentation

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

3.4 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: N/A Control panel amps: N/A

4.1.2 Engine-Driven Generator ☒ This system does not have a generator.

Location of generator: N/A

Location of fuel storage: Type of fuel:

4.1.3 Uninterruptible Power System ☒ This system does not have UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

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

4. SYSTEM POWER *(continued)*

4.1.4 Batteries

Location: N/A 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.

4.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

☒ This system does not have an EVACS or MNS.

4.2.1 Primary Power

Input voltage of EVACS or MNS panel: EVACS or MNS panel amps:

4.2.2 Engine-Driven Generator

☒ This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

4.2.3 Uninterruptible Power System

☒ This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

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

4.2.4 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.

4.3 Notification Appliance Power Extender Panels

☒ This system does not have power extender panels.

4.3.1 Primary Power

Input voltage of power extender panel(s): Power extender panel amps:

4.3.2 Engine-Driven Generator

☒ This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

4.3.3 Uninterruptible Power System

☒ This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): N/A In alarm mode (minutes):

4. SYSTEM POWER *(continued)*

4.3.4 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. ANNUNCIATORS

☒ This system does not have annunciators.

5.1 Location and Description of Annunciators

Annunciator 1:

Annunciator 2:

Annunciator 3:

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact:	PORTLAND FIRE DEPT	Time:	8:00 AM
Building management	Contact:	BH MILIKEN	Time:	8:00 AM
Building occupants	Contact:		Time:	8:00 AM
Authority having jurisdiction	Contact:		Time:	
Other, if required	Contact:		Time:	

7. TESTING RESULTS

7.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	☐	☐	
Lamps/LEDs/LCDs	☐	☐	
Fuses	☐	☐	
Trouble signals	☐	☐	
Disconnect switches	☐	☐	
Ground-fault monitoring	☐	☐	
Supervision	☐	☐	
Local annunciator	☐	☐	
Remote annunciators	☐	☐	
Power extender panels	☐	☐	
Isolation modules	☐	☐	
Other (specify)	☐	☐	

7. TESTING RESULTS *(continued)*

7.2 Control Unit Power Supplies

Description	Visual Inspection	Functional Test	Comments
120-volt power	☐	☐	
Generator or UPS	☐	☐	
Battery condition	☐	☐	
Load voltage	☐	☐	
Discharge test	☐	☐	
Charger test	☐	☐	
Other (specify)	☐	☐	

7.3 In-Building Fire Emergency Voice Alarm Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	☐	☐	
Lamps/LEDs/LCDs	☐	☐	
Fuses	☐	☐	
Primary power supply	☐	☐	
Secondary power supply	☐	☐	
Trouble signals	☐	☐	
Disconnect switches	☐	☐	
Ground-fault monitoring	☐	☐	
Panel supervision	☐	☐	
System performance	☐	☐	
Sound pressure levels Occupied ☐ Yes ☐ No Ambient dBA Alarm dBA (attach report with locations, values, and weather conditions)	☐	☐	
System intelligibility ☐ CSI ☐ STI (attach report with locations, values, and weather conditions)	☐	☐	
Other (specify)	☐	☐	

7. TESTING RESULTS *(continued)*

7.4 Notification Appliance Power Extender Panels

Description	Visual Inspection	Functional Test	Comments
Lamps/LEDs/LCDs	☐	☐	
Fuses	☐	☐	
Primary power supply	☐	☐	
Secondary power supply	☐	☐	
Trouble signals	☐	☐	
Ground-fault monitoring	☐	☐	
Panel supervision	☐	☐	
Other (specify)	☐	☐	

7.5 Mass Notification Equipment

Description	Visual Inspection	Functional Test	Comments
Functional test	☐	☐	
Reset/power down test	☐	☐	
Fuses	☐	☐	
Primary power supply	☐	☐	
UPS power test	☐	☐	
Trouble signals	☐	☐	
Disconnect switches	☐	☐	
Ground-fault monitoring	☐	☐	
CCU security mechanism	☐	☐	
Prerecorded message content	☐	☐	
Prerecorded message activation	☐	☐	
Software backup performed	☐	☐	
Test backup software	☐	☐	
Fire alarm to MNS interface	☐	☐	
MNS to fire alarm interface	☐	☐	
In-building MNS to wide-area MNS	☐	☐	

7. TESTING RESULTS *(continued)*

7.5 Mass Notification Equipment *(continued)*

Description	Visual Inspection	Functional Test	Comments
MNS to direct recipient MNS	☐	☐	
Sound pressure levels Occupied ☐ Yes ☐ No Ambient dBA Alarm dBA (attach report with locations, values, and weather conditions)	☐	☐	
System intelligibility ☐ CSI ☐ STI (attach report with locations, values, and weather conditions)	☐	☐	
Other (specify)	☐	☐	

7.6 Two-Way Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Phone handsets	☐	☐	
Phone jacks	☐	☐	
Off-hook indicator	☐	☐	
Call-in signal	☐	☐	
System performance	☐	☐	
System audibility	☐	☐	
System intelligibility	☐	☐	
Radio communications enhancement system	☐	☐	
Area of refuge communication system	☐	☐	
Elevator emergency communications system	☐	☐	
Other (specify)	☐	☐	

7. TESTING RESULTS *(continued)*

7.7 Combination Systems

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	☐	☐	
Carbon monoxide detector/system	☐	☐	
Combination fire/security system	☐	☐	
Other (specify)	☐	☐	

7.8 Special Hazard Systems

Description (specify)	Visual Inspection	Functional Test	Comments
	☐	☐	
	☐	☐	
	☐	☐	

7.9 Emergency Communications System

☐ Visual

☐ Functional

☐ Simulated operation

☐ Ensure predischarge notification appliances of special hazard systems are not overridden by the MNS. See *NFPA 72*, 24.4.1.7.1.

7.10 Monitored Systems

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	☐	☐	
Fire pump	☐	☐	
Special suppression systems	☐	☐	
Other (specify)	☐	☐	

7. TESTING RESULTS *(continued)*

7.11 Auxiliary Functions

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices	☐	☐	
Fan shutdown	☐	☐	
Smoke management/smoke control	☐	☐	
Smoke damper operation	☐	☐	
Smoke shutter release	☐	☐	
Door unlocking	☐	☐	
Elevator recall	☐	☐	
Elevator shunt trip	☐	☐	
MNS override of FA signals	☐	☐	
Other (specify)	☐	☐	

7.12 Alarm Initiating Device

☐ Device test results sheet attached listing all devices tested and the results of the testing

7.13 Supervisory Alarm Initiating Device

☐ Device test results sheet attached listing all devices tested and the results of the testing

7.14 Alarm Notification Appliances

☐ Appliance test results sheet attached listing all appliances tested and the results of the testing

7.15 Supervisory Station Monitoring

Description	Visual Inspection	Functional Test	Time	Comments
Alarm signal	☒	☒		
Alarm restoration	☒	☒		
Trouble signal	☒	☒		
Trouble restoration	☒	☒		
Supervisory signal	☐	☐		
Supervisory restoration	☐	☐		

8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact:	PORTLAND FIRE DEPT	Time:	2:00 pm
Building management	Contact:	BH MILIKEN	Time:	2:00 pm
Building occupants	Contact:		Time:	2:00 PM
Authority having jurisdiction	Contact:		Time:	
Other, if required	Contact:		Time:	

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: Zones were still diabled due to construction Time:

10. CERTIFICATION

10.1 Inspector Certification:

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

Signed:		Printed name:	Dana Champagne	Date:	11-22-10
Organization:	Norris	Title:	Installer	Phone:	883-3473

10.2 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:	

DEVICE TEST RESULTS

(Attach additional sheets if required)

Device Type	Address	Location	Test Results
Smoke	N/A	Wells Fargo Addition	Pass
Smoke	N/A	Wells Fargo Addition	Pass
Smoke	N/A	Wells Fargo Addition	Pass
Smoke	N/A	Wells Fargo Addition	Pass
Smoke	N/A	Wells Fargo Addition	Pass
Speaker/Strobe		Wells Fargo Addition	Pass
Speaker/Strobe		Wells Fargo Addition	Pass
Speaker/Strobe		Wells Fargo Addition	Pass
Speaker/Strobe		Wells Fargo Addition	Pass
Strobe		Wells Fargo Addition	Pass
Strobe		Wells Fargo Addition	Pass
Strobe		Wells Fargo Addition	Pass

City of Portland, Maine
Inspections Division
Inspection Schedule by Inspector
Appointment Date - 10/18/2010

Inspector **Suzanne Hunt**

Date	Type		Address	Parcel	Census	AppID	Reached	ETA
10/18/2010	Close-in/Elec./Plmb.	Prmt	2 PORTLAND SQ	038 B002001	3	101019	Y N LM	6:00 AM
Comments:	Rob @ 699-9030 close in. /gg							
Outcome:								
	Close-in/Elec./Plmb.	Prmt	95 EMERY ST	056 G001001	12	101171	Y N LM	6:00 AM
Comments:	617-877-0697 Jason Needs call in a.m. With time just around the corner Requesting morning							
Outcome:								
	Food Service Inspect	Food	87 MARGINAL WAY	034 D007001	6	100497	Y N LM	6:00 AM
Comments:	Health Inspection Per Nick Adams. /gg							
Outcome:								
	Plumbing Only	Plumb	947 WESTBROOK ST	199 A001002		20108154	Y N LM	1:00 PM
Comments:	Jeff @ 751-9161 underground. / would like around noon on Monday. Smh							
Outcome:								