

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that COTTON ST DEVELOPMENT LLC

Located At 505 FORE ST

Job ID: 2011-04-720-ALTCOMM

CBL: 038 - - C - 016 - 001 - - - -

has permission to Relocate 2 restrooms, reduce bar size and minor fit up for new owner of Zapoteca Restaurant
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of
the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of
the buildings and structures, and of the application on file in the department.

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

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


Fire Prevention Officer


Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY.

PENALTY FOR REMOVING THIS CARD



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-04-720-ALTCOMM

Located At: 505 FORE

CBL: 038 - - C - 016 - 001 - - - -

Conditions of Approval:

Zoning

1. Separate permits shall be required for any new signage.
2. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
3. ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
4. This property shall remain as restaurant use on the first floor & commercial/office space above. Any change of use shall require a separate permit application for review and approval.

Fire

1. All construction shall comply with City Code Chapter 10.
2. The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
3. A fire alarm strobe is required in public bathrooms.

Building

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
2. All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2009 Section 713.
3. New cafe, restaurant, lounge, bar or retail establishment where food or drink is sold and/or prepared shall meet the requirements of the City and State Food Codes
4. Approval of City license is subject to health inspections per the Food Code.
5. 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.

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 Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

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

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

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

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-04-720-ALTCOMM	Date Applied: 4/4/2011	CBL: 038 - - C - 016 - 001 - - - -	
Location of Construction: 505 FORE ST	Owner Name: COTTON STREET HOLDINGS LLC	Owner Address: 72 COMMERCIAL ST PORTLAND, ME 04101	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name: Zapoteca – Bard Enterprises, LLC	Phone: 899-6201	Permit Type: BLDG - Building	Zone: B-3
Past Use: Restaurant – “Siano’s”	Proposed Use: Restaurant – “Zapoteca” – relocate restrooms	Cost of Work: 10000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature: <i>Bjw...</i> (58)	Inspection: Use Group: A-2 Type: 3B IBC-2009 Signature: <i>Hub</i> 4/14/11
Proposed Project Description: 505 Fore St. – restaurant – relocate restrooms		Pedestrian Activities District (P.A.D.)	
Permit Taken By:		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 informatin may invalidate a building permit and stop all work.

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in Dist or Landmark
<input type="checkbox"/> Wetlands	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
<input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: 4/6/11 OK w/conditions	Date:	Date: Any exterior work require a separate review! approval thru historic preservation.

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 appication 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



General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>505 FOME ST. PORTLAND, ME 04101</u>		
Total Square Footage of Proposed Structure/Area <u>2,828</u>		Square Footage of Lot <u>5592</u>
Tax Assessor's Chart, Block & Lot Chart# <u>4 038 - CUMPT</u> <u>1 038 - CUMPT</u>	Applicant *must be owner, Lessee or Buyer* Name <u>TOM BARD (ZAPOTECA)</u> Address <u>28 DANE ST.</u> City, State & Zip <u>PORTLAND, ME 04103</u>	Telephone: <u>(207) 899-6201</u>
Lessee/DBA (If Applicable) <u>ZAPOTECA - BARD</u> <u>ENTERPRISES</u>	Owner (if different from Applicant) Name <u>JED HARRIS</u> Address <u>72 COMMERCIAL ST</u> City, State & Zip <u>PORTLAND, ME 04101</u>	Cost Of Work: \$ <u>10,000</u> C of O Fee: \$ <u>120</u> Total Fee: \$ <u>95</u>
Current legal use (i.e. single family) <u>RESTAURANT</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>RESTAURANT (SAME AS PREVIOUS USE)</u> Is property part of a subdivision? <u>NO</u> If yes, please name <u>N/A</u> Project description: <u>RELOCATION OF 2 RESTROOMS WITH 2 TOILETS TO 1 RESTROOM WITH 2 TOILETS</u>		
Contractor's name: <u>CHRIS WARD</u> (207) <u>212-7492</u> Address: <u>WAYNE GILIAN'S</u> (207) <u>399-6193</u> City, State & Zip _____ Telephone: _____ Who should we contact when the permit is ready: <u>TOM BARD</u> Telephone: <u>(207) 899-6201</u> Mailing address: <u>TOM @ ZAPOTECARESTaurant.COM</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

RECEIVED

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 authorized 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: 3/29/11

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

APR - 4 2011
Dept. of Building Inspections
City of Portland Maine
RECEIVED

4/4/11

Job Summary Report

Job ID: 2011-04-720-ALTCOMM

Report generated on Apr 4, 2011 2:27:05 PM

Page 1

Job Type:	Adds/Alter Commercial	Job Description:	Job Year:	2011
Building Job Status Code:	Initiate Plan Review	Pin Value:	1027	Tenant Name:
Job Application Date:		Public Building Flag:	N	Tenant Number:
Estimated Value:	10,000	Square Footage:		
Related Parties:	STREET DEVELOPMENT COTTON			Property Owner

Job Charges

Fee Code Description	Charge Amount	Permit Charge Adjustment	Net Charge Amount	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Net Payment Amount	Outstanding Balance
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Location ID: 5746

Location Details

Alternate Id	Parcel Number	Census Tract	GIS X	GIS Y	GIS Z	GIS Reference	Longitude	Latitude
T19004	038 C 016 001		M				-70.256875	43.655105

Location Type	Subdivision Code	Subdivision Sub Code	Related Persons	Address(es)
1				505 FORE STREET WEST

Location Use Code	Variance Code	Use Zone Code	Fire Zone Code	Inside Outside Code	District Code	General Location Code	Inspection Area Code	Jurisdiction Code
RETAIL & PERSONAL SERVICE		NOT APPLICABLE			✓ Historic District		DISTRICT 2	CENTRAL BUSINESS DISTRICT

Structure Details

Structure: Loc id 000005745 Alt id 002999

Occupancy Type Code:

Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address
Other Non-Housekeeping	6	2787,84		505 FORE STREET WEST

Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference
0	0	M			

User Defined Property	Value
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Permit #: 20112426

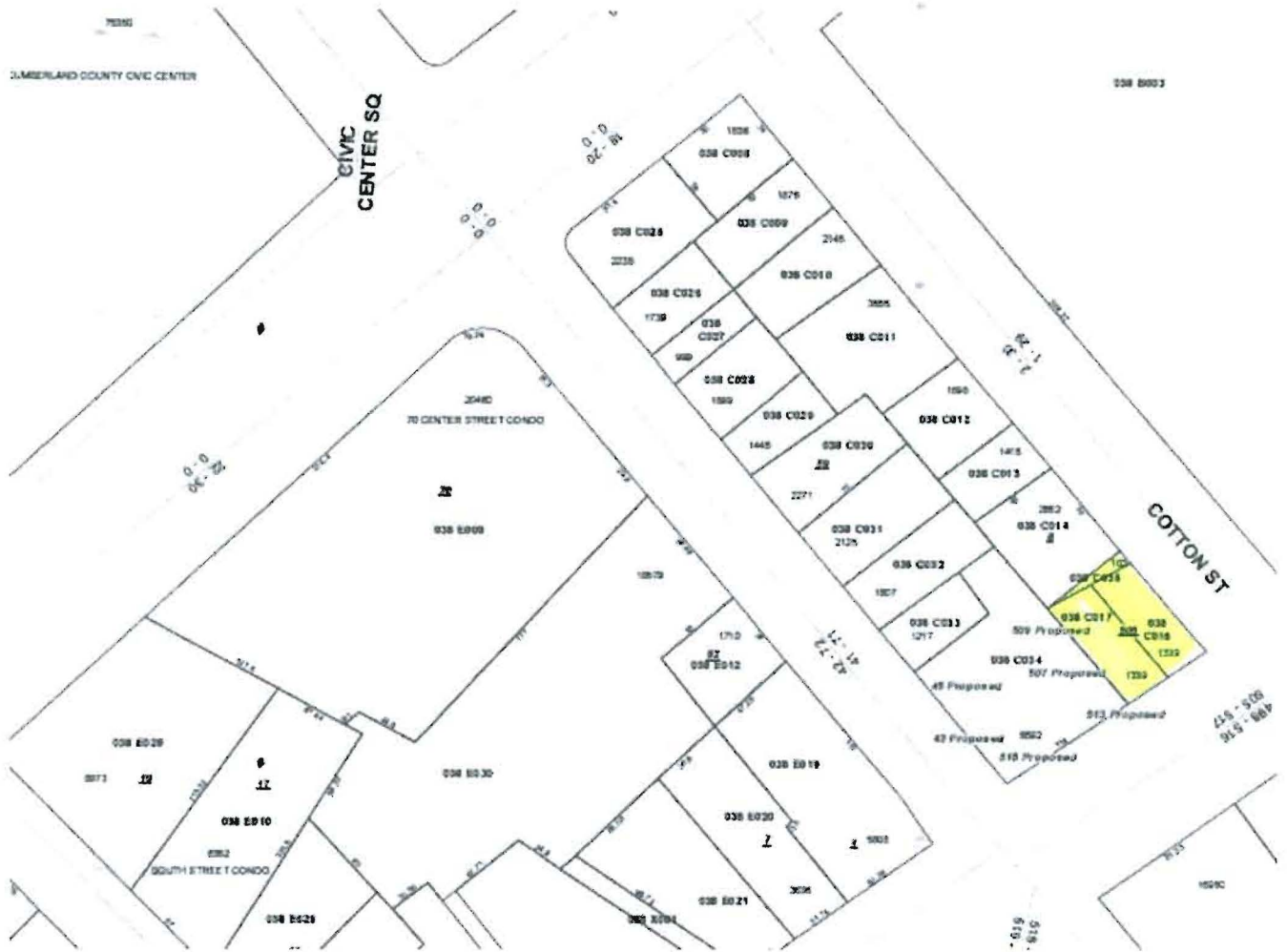
Permit Data

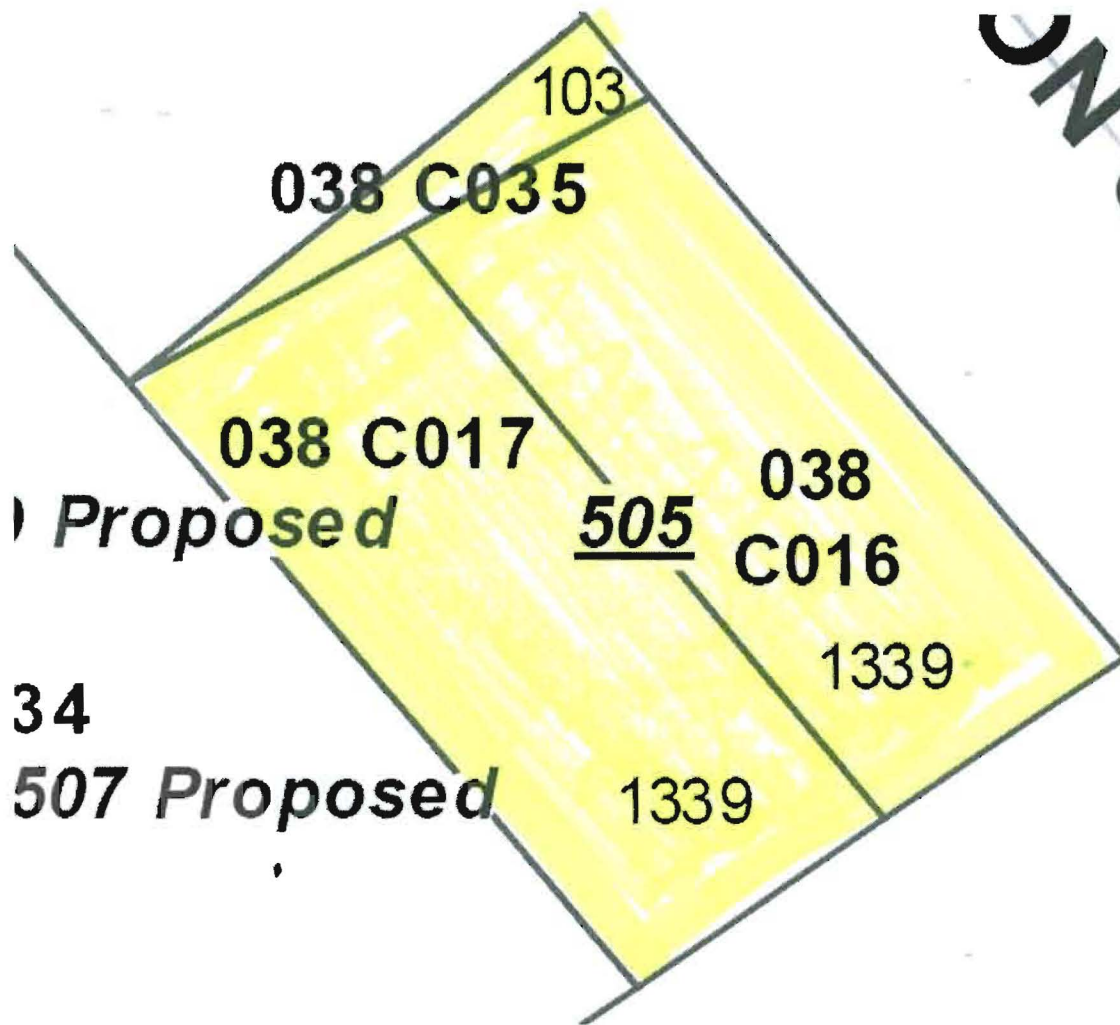
Job Summary Report
Job ID: 2011-04-720-ALTCOMM

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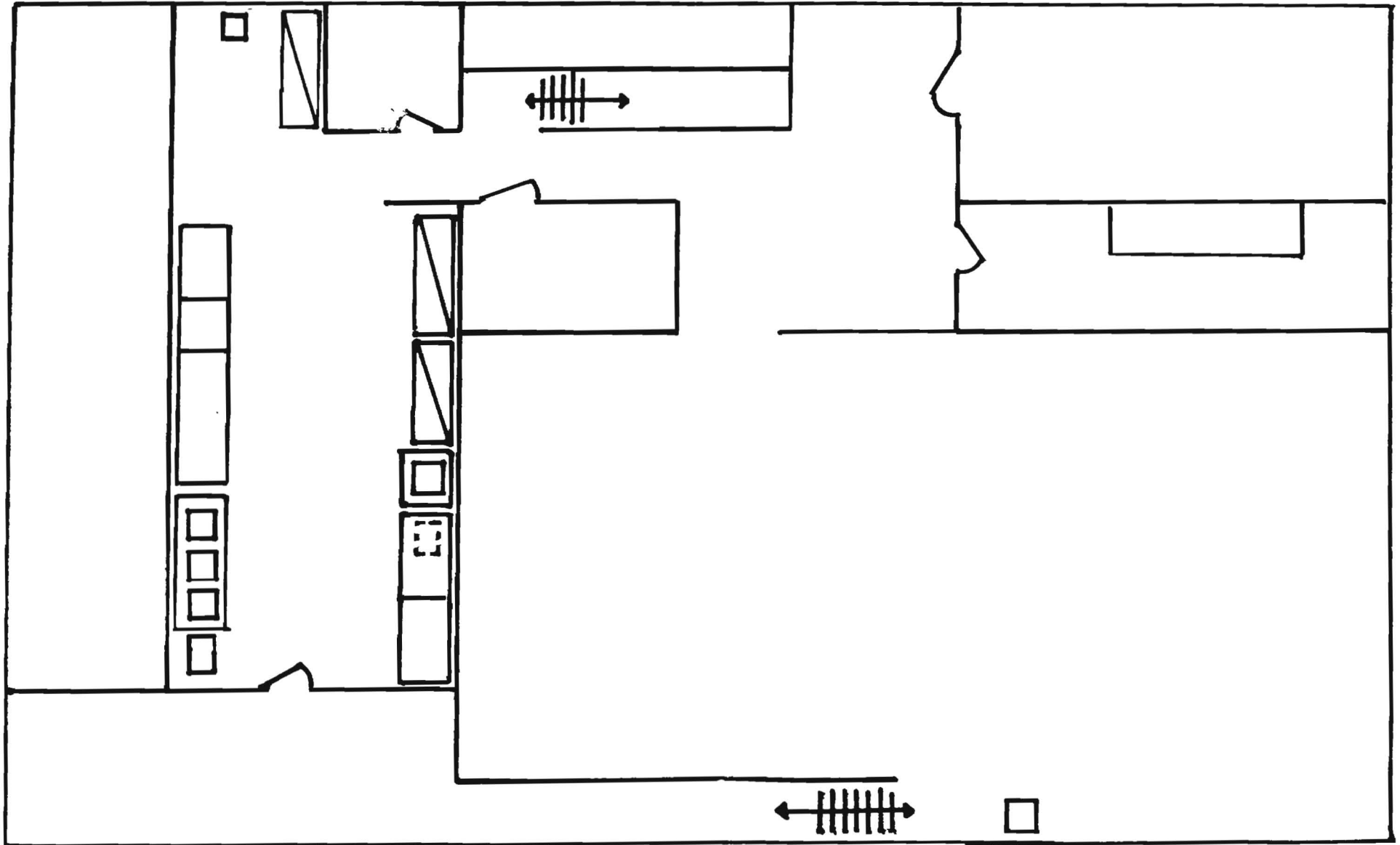
Page 2

Location Id	Structure Description	Permit Status	Permit Description	Issue Date	Reissue Date	Expiration Date		
5746	Restaurant Zapoteca	Initialized	Relocate 2 restrooms					
Inspection Details								
Inspection Id	Inspection Type	Inspection Result Status	Inspection Status Date	Scheduled Start Timestamp	Result Status Date	Final Inspection Flag		
Fees Details								
Fee Code Description	Charge Amount	Permit Charge Adjustment	Permit Charge Adj Remark	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Payment Adj Comment

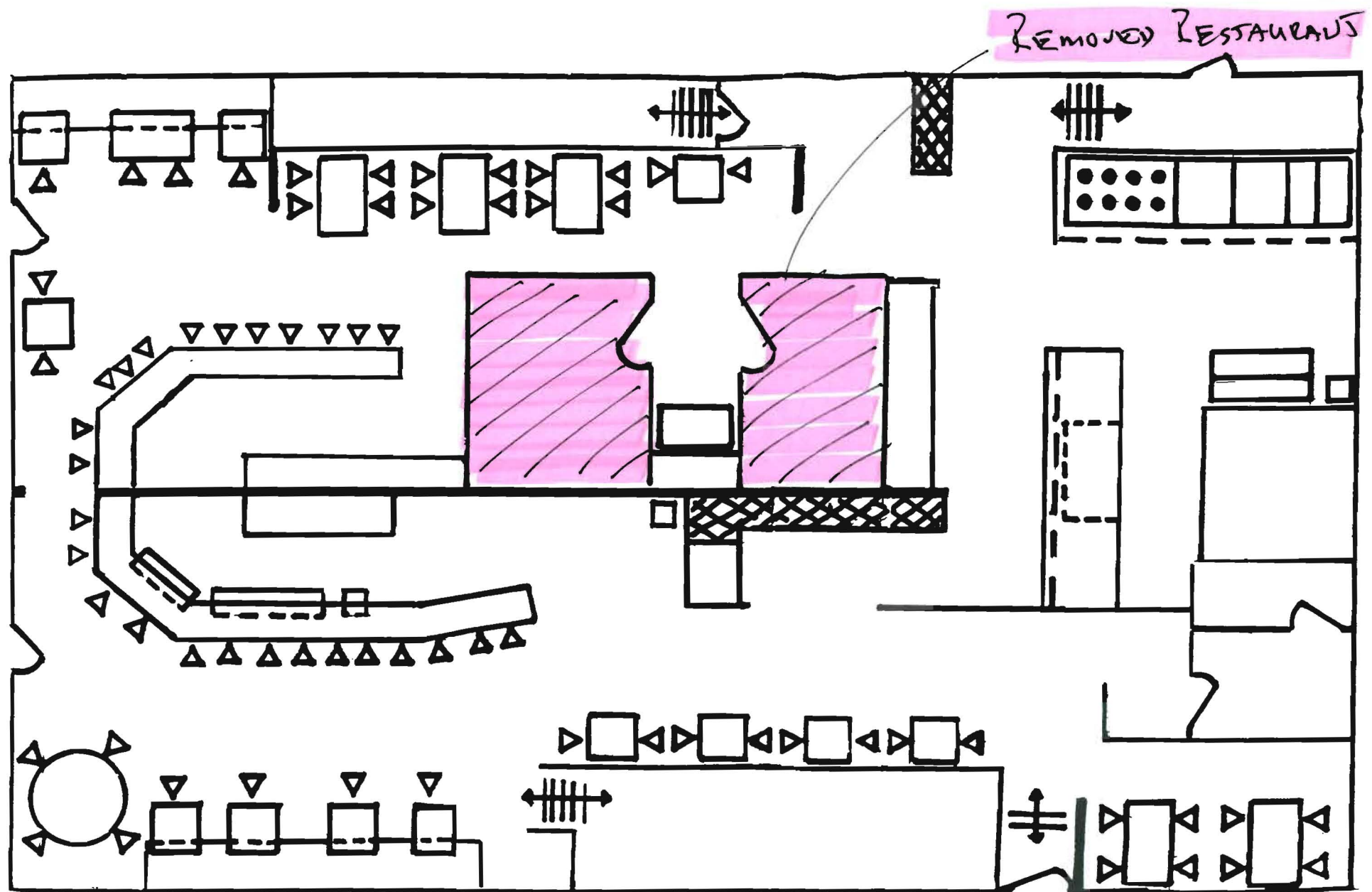




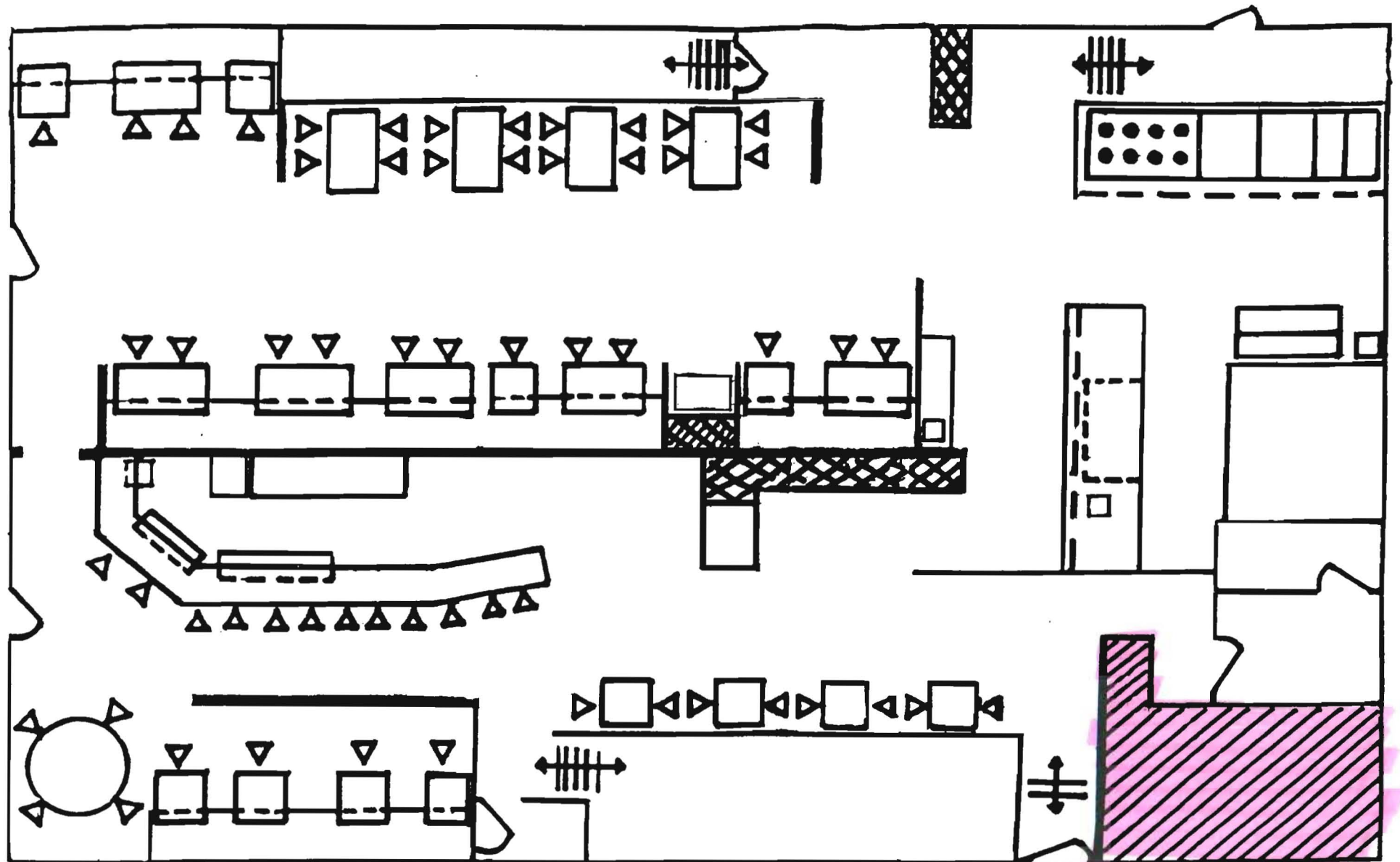
DOWN STAIRS (NO CHANGES)



CURRENT RESTAURANT (SIANO'S)

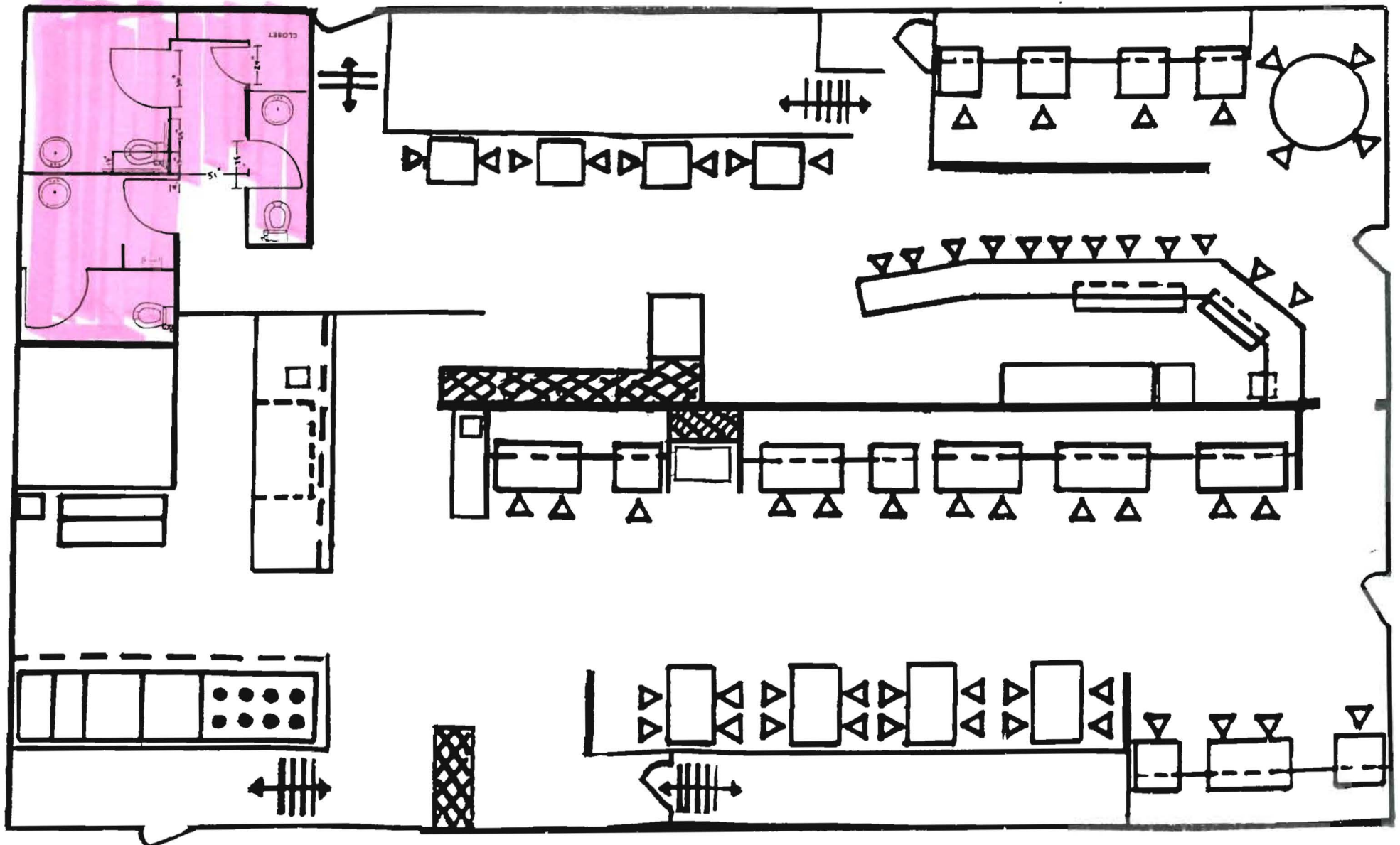


PROPOSED RESTROOM CHANGE AREA

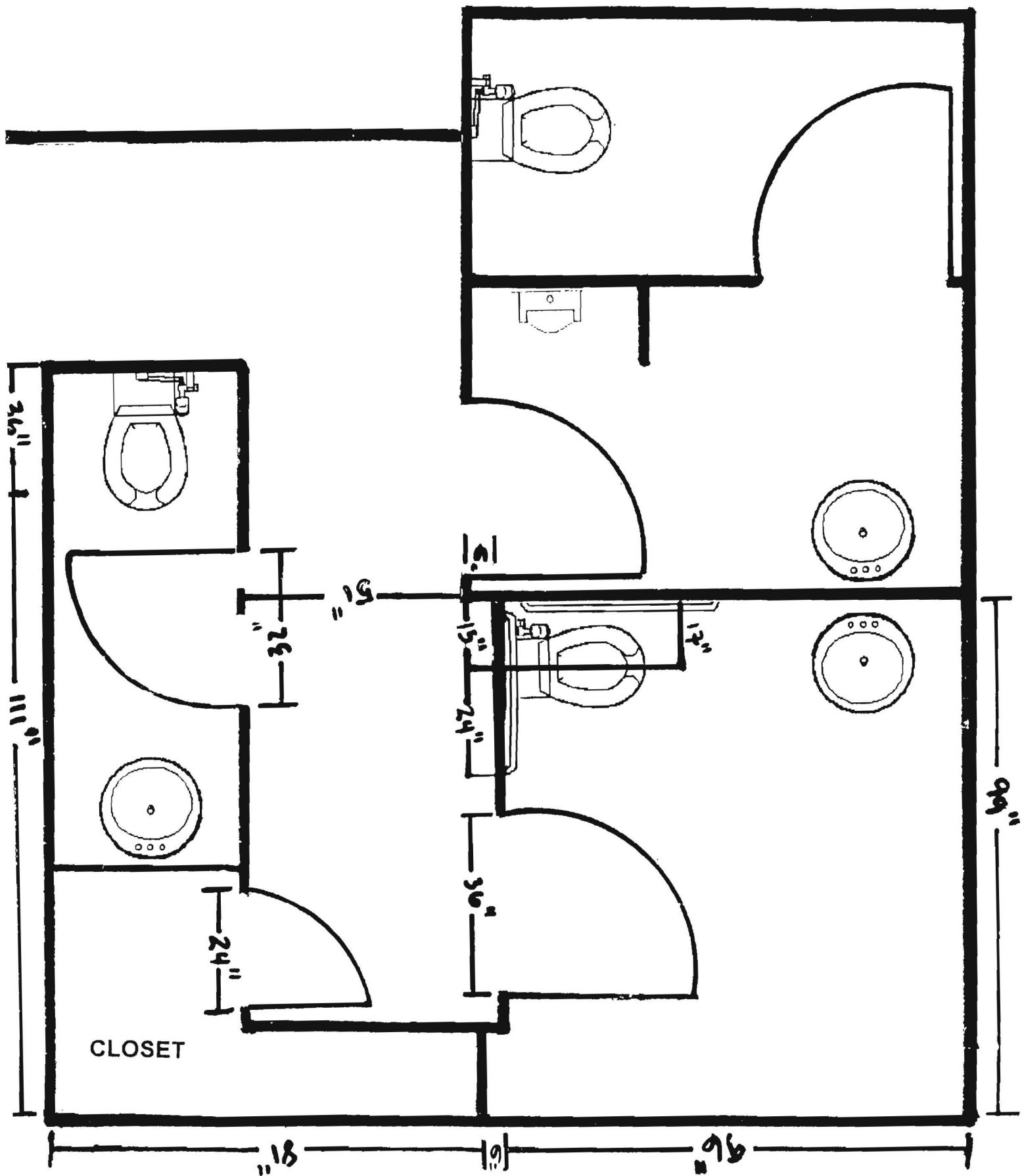


NEW LOCATION FOR RESTROOMS

FINAL WITH NEW REST ROOM

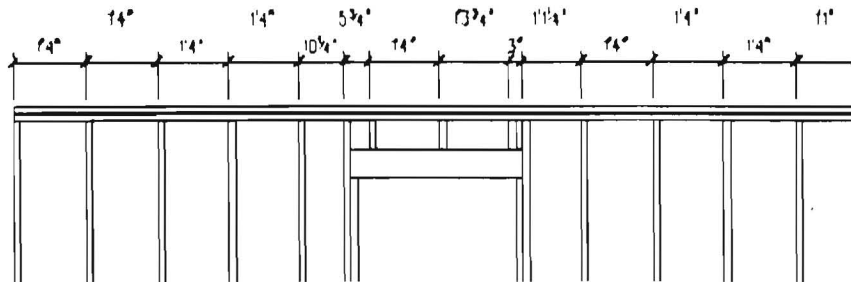


NEW RESTAURANT DETAIL

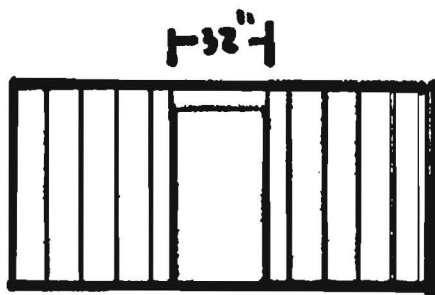


FRAMING DETAILS

STANDARD WALL DETAIL

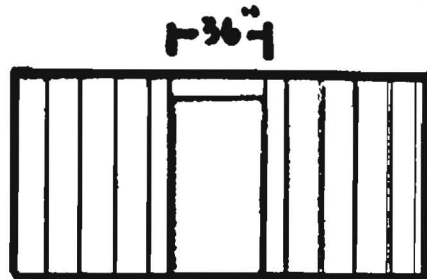


RESTROOM DOOR DETAIL

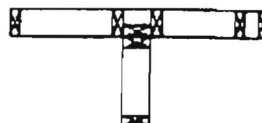


CLOSET DOOR

ADA RESTROOM DOOR DETAIL



CORNER FRAMING DETAIL



Double Stud

COMMERCIAL LEASE (NET LEASE)

1. PARTIES Cotton Street Holdings LLC, a Maine limited liability company with a mailing address of 72 Commercial St Portland, Maine 04101 ("LANDLORD"), hereby leases to Bard Enterprises, LLC d/b/a Zapoteca Restaurant, a Maine limited liability company with a mailing address of 28 Dane Street Kennebunk, Maine 04043 ("TENANT"), and the TENANT hereby leases from LANDLORD the below-described leased premises:
2. LEASED PREMISES The leased premises are deemed to contain 2,996 square feet of first floor commercial space and 2,700 square feet of basement storage space. The leased premises are located at 503 and 505 Fore Street, Portland, Maine, as depicted on **Exhibit A** attached hereto. The leased premises are accepted in "as is" condition.
3. TERM The term of this lease shall be for ten (10) years, unless sooner terminated as herein provided, commencing on the date this Lease is executed by LANDLORD and TENANT (the "Commencement Date") and expiring on the tenth (10th) anniversary of the Commencement Date. In the event that TENANT is unable to obtain a liquor license for the operation of its restaurant in the leased premises, TENANT may terminate this lease by written notice to LANDLORD delivered within five (5) business days of issuance of the denial of TENANT'S application for such license, which written notice shall include a copy of TENANT'S application of for such license and evidence of the denial of such application. In the event that TENANT fails to deliver such termination notice to LANDLORD within such 5 business day period, the foregoing termination right shall be deemed waived by TENANT. TENANT shall use its best efforts to obtain such liquor license.

Rights Act, Maine Food Code, and other applicable laws, regulations, ordinances and codes and in accordance with the terms of this Lease; and (iii) not involve alterations or modifications to the structure, windows, store front or exterior of the building. Under no circumstance shall TENANT cover up or paint any exposed brick walls. TENANT acknowledges that the receipt of a certificate of occupancy by TENANT for alterations and improvements shall not be deemed satisfaction of provision (ii) above. TENANT shall provide to LANDLORD copies of reasonably detailed plans and specification for all of TENANT'S Work prior to seeking LANDLORD'S approval for such work.

35. RIGHT OF FIRST REFUSAL

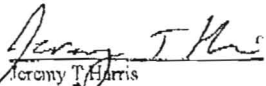
Provided that TENANT is not in default of this Lease, TENANT (but not any assignee or subtenant of Bard Enterprises, LLC) shall have a right of first refusal to purchase either (i) the leased premises (but not including the right to use the patio areas or any parking rights granted by this Lease) in the event that LANDLORD declares the building of which leased premises is a part a condominium with the leased premises identified as a whole unit within such condominium or (ii) the building containing only the leased premises located on Fore Street (not including the building on the other side of the party wall currently occupied by Rivalries (the "Building"), such right conditioned as follows: in the event that LANDLORD receives a third party offer to purchase the leased premises or Building which LANDLORD intends to accept, LANDLORD shall forward a copy of such offer to TENANT and TENANT shall have five (5) business days to agree in writing that TENANT will purchase the leased premises or Building on the same terms and conditions as the third-party offer. In the event that LANDLORD does not receive such written agreement from TENANT with said 5-business day period, TENANT'S right of first refusal on the leased premises or Building automatically shall be deemed waived and forever released if LANDLORD subsequently sells the leased premises or Building to the third-party who made the offer on substantially similar terms as said offer, but shall otherwise continue. The foregoing right of first refusal shall not apply to any offer received by LANDLORD to all or any portion of LANDLORD'S property greater than the leased premises or Building, whether or not such portion contains the leased premises or Building. The foregoing first right of refusal shall not apply to foreclosure sales by a mortgage lender, deeds in lieu of foreclosure, and conveyance by LANDLORD to an affiliate with the same controlling principal(s) or by LANDLORD for purposes of estate planning by its principals. LANDLORD shall endeavor to notify TENANT when LANDLORD lists the leased premises (if it is a condominium unit) or the Building for sale, along with the initial listing price.

WITNESS the execution hereof, under seal, in any number of counterpart copies, each of which counterpart copies shall be deemed an original for all purposes.

LANDLORD: Cotton Street Holdings LLC

Dated: March 20, 2011

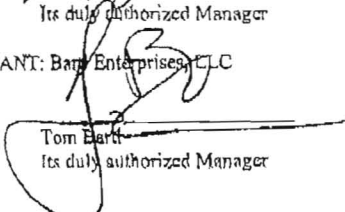
By:


Jeremy T. Harris
Its duly authorized Manager

TENANT: Bard Enterprises, LLC

Dated: March 20, 2011

By:


Tom Bart
Its duly authorized Manager

4/20/1

Plumbing test

Fire Chalkings

More wall to 36"

6-11-11

Seal basement ceiling, Check into Bulex Run + HUB
Permit, light in Hallway, Seal holes in Ceiling
Storage under stairs, Garden Hose, Door Closers, Duct tape
Outlet Covers, Panel Schedules, Vent Bathroom Fans,
Sign Permit seal ceiling above suspended ceiling.
Flat top Cord, Cap elec Plug by Burners, Knee Box
Hangers for Fire Extinctors. Temp CO ???
899-6201 Tom



Certificate of Occupancy

CITY OF PORTLAND, MAINE
Department of Planning and Urban Development
Building Inspections Division



Issued to: Cotton Street Holdings LLC

Date Issued: 6/15/2011

Location: 505 Fore St.

CBL: 008 C016001

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. 2011-04-720, has had a final inspection, has been found to conform substantially to the requirements of the Building Code and the Land Use Code of the City of Portland, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTRION OF BUILDING OR PREMISES

First Floor Entire

APPROVED OCCUPANCY

Restaurant

Use Group A-2

Type 3B

IBC-2009

Limiting Conditions: This is a temporary occupancy permit which expires June 30, 2011. See attached memo.

Approved:

Inspector

Inspections Division Director

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



Certificate of Occupancy

CITY OF PORTLAND, MAINE

Department of Planning and Urban Development

Building Inspections Division



Issued to: Cotton Street Holdings LLC

Date Issued: 9/20/2011

Location: 505 Fore St.

CBL: 038 C016001

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. 2011-04-720, has had a final inspection, has been found to conform substantially to the requirements of the Building Code and the Land Use Code of the City of Portland, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

First Floor Entire

APPROVED OCCUPANCY

Restaurant

Use Group A-2

Type 3B

IBC-2009

Limiting Conditions: None

Approved: 9/20/11

Inspector

Inspections Division Director

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



PO Box 2551
2257 West Broadway
South Portland, ME 04106

1.800.370.3473
fax 207.879.0540

www.norrisinc.com

September 29, 2011

Trish Weimer
JB Brown & Sons
36 Danforth Street
Portland, ME 04101

Subject: 30 Danforth Street Renovations

Dear Trish,

As requested, I am writing to confirm the fire alarm system add for the above mentioned subject, was inspected and tested and at the time of inspection the system was found to be 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,

A handwritten signature in black ink, appearing to read 'D. W. Driesen', written in a cursive style.

Douglas W. Driesen
Service Manager

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: Augusta 31, 2011

Time of inspection or test: 07:00 Hrs

1. PROPERTY INFORMATION

Name of property: 26 - 30 Danforth Street

Address: 26 - 30 Danforth Street Portland, Maine

Description of property: Three Story Brick

Occupancy type: Multiple business occupancy

Name of property representative: Trish Weimer

Address: 36 Danforth Street

Phone: 207-774-5908

Fax:

E-mail:

Authority having jurisdiction over this property: Portland Fire Department

Phone:

Fax:

E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

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

Address: 2257 West Broadway So Portland, Maine

Phone: 207-883-3473

Fax: 207-879-0540

E-mail: www.norrisic.com

Service technician or tester: Tim Johnson

Qualifications of technician or tester: Master Electrician

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: Protection One

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:

Phone:

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: Fire Warden 100

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: Electrical Room at fire panel

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: 120 Volts

Control panel amps: 3.0 amperes

4.1.2 Engine-Driven Generator

☒ This system does not have a generator.

Location of generator:

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: inside fire panel Type: sealed Nominal voltage: 12 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): 120 volts Power extender panel amps: 3 2 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): 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: 30 Danforth Street Maine entrance

Annunciator 2: York Street lower level entrance

Annunciator 3:

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization

Contact: Protection One

Time: 07:00

Building management

Contact: J B. Brown Assoc

Time: 07:00

Building occupants

Contact:

Time:

Authority having jurisdiction

Contact: Portland Fire Dept

Time: 07:00

Other, if required

Contact:

Time:

7. TESTING RESULTS

7.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This test was for added and or relocated horns and strobes as well as one pull station in renovation areas on the second and third floors
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Local annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Power extender panels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Isolation modules	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS *(continued)*

7.2 Control Unit Power Supplies

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

7.3 In-Building Fire Emergency Voice Alarm Communications Equipment

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

7. TESTING RESULTS (continued)

7.4 Notification Appliance Power Extender Panels

Description	Visual Inspection	Functional Test	Comments
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7.5 Mass Notification Equipment

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

7. TESTING RESULTS *(continued)*

7.5 Mass Notification Equipment *(continued)*

Description	Visual Inspection	Functional Test	Comments
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	
Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient dBA Alarm dBA (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7.6 Two-Way Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in signal	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
System audibility	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	
Area of refuge communication system	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator emergency communications system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.7 Combination Systems

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

7.8 Special Hazard Systems

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

7.9 Emergency Communications System

- ☐ Visual
- ☐ Functional
- ☐ Simulated operation
- ☐ Ensure predischage 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	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	
Special suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (*continued*)

7.11 Auxiliary Functions

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

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	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact:	Protection One	Time:
Building management	Contact:	J.B. Brown Mngt Company	Time:
Building occupants	Contact:		Time:
Authority having jurisdiction	Contact:	Portland Fire	Time:
Other, if required	Contact:	Mgnt kept system on test for other work	Time:

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: 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:	Tim Johnson	Date:	8-31-11	
Organization:	Norris Inc	Title:	Technician	Phone:	2-7-883-3473

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
Manual Pull Station	1M011	2 nd fl. fire exit	OK
Horn / Strobe		2 nd fl. fire exit	OK
Horn / Strobe		2 nd fl hall entry to suite	OK
Horn Strobe		inside 2 nd fl suite at stairs	OK
Strobe		3 rd fl conf room	OK
Horn / Strobe		3 rd floor hall	OK
Horn / Strobe		3 rd floor Danforth side Hall	OK
Horn / Strobe		inside 3 rd fl entry to suite	OK
Strobe		3 rd floor kitchen	OK
Horn / Strobe		3 rd fl by spiral stair	OK
Horn / Strobe		3 rd fl rear hall by bath	OK