

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 081067

PERMIT ISSUED

OCT 26 2009

Please Read
Application And
Notes, If Any,
Attached

This is to certify that MAINE EMPLOYERS' MUTUAL INSURANCE COMPANY
has permission to Tenant fit-up in existing business occupancies 500 sq ft
AT 245 COMMERCIAL ST CE 038 F006001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

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

Notification of inspection must be given and written permission procured before this building or part thereof is lath or other work is placed-in. 24 HOURS NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS
Fire Dept. CAPT. R. Stanton
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 021067

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OCT 26 2009

Please Read Application And Notes, If Any, Attached

This is to certify that MAINE EMPLOYERS' MUTUAL INSURANCE COMPANY

has permission to Tenant fit-up in existing business occupancy 500 sq

AT 245 COMMERCIAL ST CP 038 F006001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

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

Notification of inspection must be given and written permission procured before this building or part thereof is lath or other work closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. R. Stanton

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Signature]
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: 09-1067	Issue Date:	CBL: 038 F006001
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Location of Construction: 245 COMMERCIAL ST <i>2nd floor</i>	Owner Name: MAINE EMPLOYERS' MUTUAL I	Owner Address: PO BOX 11409	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone 2077975141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: <i>B-3</i>

Past Use: Commercial - Office	Proposed Use: Commercial - Office - Tenant fit-up in existing business occupancy 2500 sq ft <i>"ABJUS" 2nd floor</i>	Permit Fee: \$470.00	Cost of Work: \$45,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>* See Conditions</i>	INSPECTION: Use Group: <i>B</i> Type: <i>2</i> <i>IBC 2003</i>	

Proposed Project Description:
Tenant fit-up in existing business occupancy 2500 sq ft

Signature: *(KG)*
Signature: *(Signature)*
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
2nd floor
Action: Approved Approved w/Conditions Denied
Signature: _____ Date: _____

Permit Taken By: Ldobson	Date Applied For: 09/25/2009	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<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
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>9/28/09</i>	Date: _____	Date: <i>Any exterior work requires a separate review and approval</i>

PERMIT ISSUED

OCT 26 2009

City of Portland

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

11-6-09

OK - research in West. Zone (Water road & rights in. bathroom & kitchen, bed & fire

12-4-09

OK - Final: E-dights included and some fire & sprinkler work. [unclear] [unclear]

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-1067	Date Applied For: 09/25/2009	CBL: 038 F006001
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Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone (207) 797-5141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - Office - Tenant fit-up in existing business occupancy 2500 sq ft -on 2nd floor "Abilis"	Proposed Project Description: Tenant fit-up in existing business occupancy 2500 sq ft
---	---

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 09/28/2009**Note:** **Ok to Issue:**

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 2) Separate permits shall be required for any new signage.
- 3) 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:** 10/26/2009**Note:** **Ok to Issue:**

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 10/07/2009**Note:** **Ok to Issue:**

- 1) Fire extinguishers required. Installation per NFPA 10
- 2) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit.
- 3) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 4) All construction shall comply with NFPA 101

PERMIT ISSUED**OCT 26 2009**

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

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

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

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

Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Signature of Inspections Official

Date

10.26.09

Date

PERMIT ISSUED

OCT 26 2009

City of Portland

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-1067	Issue Date:	CBL: 038 F006001
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Location of Construction: 245 COMMERCIAL ST <i>2nd floor</i>	Owner Name: MAINE EMPLOYERS' MUTUAL I	Owner Address: PO BOX 11409	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: 2077975141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: <i>B-3</i>

Past Use: Commercial - Office	Proposed Use: Commercial - Office - Tenant fit-up in existing business occupancy 2500 sq ft <i>"ABUs" 2nd floor</i>	Permit Fee: \$470.00	Cost of Work: \$45,000.00	CEO District: 1
Proposed Project Description: Tenant fit-up in existing business occupancy 2500 sq ft		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>* See Conditions</i>	INSPECTION: Use Group: <i>B</i> Type: <i>2</i> <i>IBC 2003</i>	

Signature: <i>(KG)</i>		Signature: <i>(Signature)</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) <i>2nd floor</i>			
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
Signature:		Date:	

Permit Taken By: Ldobson	Date Applied For: 09/25/2009	Zoning Approval	
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.. 	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>9/28/09</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>A separate review and approval</i>
	<p>PERMIT ISSUED</p> <p>OCT 26 2009</p> <p>City of Portland</p>		

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

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

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-1067	Issue Date:	CBL: 038 F006001
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Signature:	Date:

Permit Taken By: Ldobson	Date Applied For: 09/25/2009	Zoning Approval		
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<p>Zoning Appeal</p> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<p>Historic Preservation</p> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
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OCT 26 2009

City of Portland

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SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

*Any exterior work requires
A separate permit
and approval*

City of Portland, Maine - Building or Use Permit Application

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

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Proposed Project Description: Tenant fit-up in existing business occupancy 2500 sq ft	Signature: <i>(KG)</i>	Signature: <i>(Signature)</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) <i>2nd floor</i>		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: Ldobson	Date Applied For: 09/25/2009	Zoning Approval		
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>9/28/09</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p><i>Any exterior work requires a separate review and approval</i></p> <p>Date:</p>
	<p>PERMIT ISSUED</p> <p>OCT 26 2009</p> <p>City of Portland</p>		

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SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		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>245-253 COMMERCIAL STREET 2nd Floor</u>		
Total Square Footage of Proposed Structure/Area <u>2500</u>	Square Footage of Lot	Number of Stories <u>5</u>
Tax Assessor's Chart, Block & Lot Chart# <u>38</u> Block# <u>F</u> Lot# <u>6</u>	Applicant *must be owner, Lessee or Buyer* Name <u>MEMIC (CATHERINE LAMSON)</u> Address <u>261 COMMERCIAL ST. #</u> City, State & Zip <u>PORTLAND, ME 04101</u>	Telephone: <u>207.791.3304</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>MEMIC</u> Address City, State & Zip	Cost Of Work: \$ <u>45,000</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>BUSINESS</u> Number of Residential Units <u>N/A</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>BUSINESS - NO CHANGE</u> Is property part of a subdivision? <u>No</u> If yes, please name _____ Project description: <u>TENANT FIT-UP IN EXISTING BUSINESS OCCUPANCY (2500 SF)</u>		
Contractor's name: <u>LANGFOLD + LOW</u> Address: <u>248 WARREN AVENUE</u> City, State & Zip <u>PORTLAND, ME 04103</u> Telephone: <u>207.797.5141</u> Who should we contact when the permit is ready: <u>GABRIELLE RUSSELL</u> Telephone: <u>207.797.7562</u> Mailing address: <u>248 WARREN AVE, PORTLAND ME 04103</u> <u>756.2179</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.

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 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.

RECEIVED

SEP 25 2009

Inspections
Dept. of Building
City of Portland

Signature: [Handwritten Signature] Date: 9.25.09

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-1067	Date Applied For: 09/25/2009	CBL: 038 F006001
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Proposed Use: Commercial - Office - Tenant fit-up in existing business occupancy 2500 sq ft -on 2nd floor "Abilis"	Proposed Project Description: Tenant fit-up in existing business occupancy 2500 sq ft
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 09/28/2009

Note: **Ok to Issue:**

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 2) Separate permits shall be required for any new signage.
- 3) 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:** 10/26/2009

Note: **Ok to Issue:**

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 10/07/2009

Note: **Ok to Issue:**

- 1) Fire extinguishers required. Installation per NFPA 10
- 2) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit.
- 3) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 4) All construction shall comply with NFPA 101

PERMIT ISSUED

OCT 26 2009

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

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

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

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By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

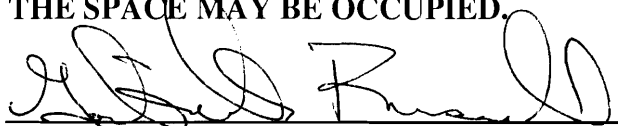
 X **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

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

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

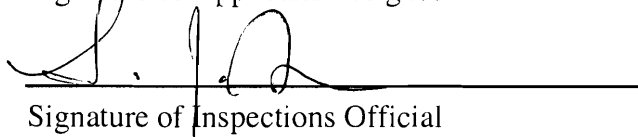
CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



Signature of Applicant/Designee

 10.26.09

Date



Signature of Inspections Official

 10.26.09

Date

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date _____
 Permit # 2009-4634
 CBL# 38 F4

LOCATION: 245 Commercial ST METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER MEMIC
 TENANT MEMIC PHONE # 791-3317 Jerry Dobransky

TOTAL EACH FEE

OUTLETS	<u>20</u>	Receptacles	<u>12</u>	Switches		Smoke Detector		.20
FIXTURES		Incandescent	<u>6</u>	Fluorescent		Strips		.20
SERVICES		Overhead		Underground		TTL AMPS <800		15.00
		Overhead		Underground		>800		25.00
Temporary Service		Overhead		Underground		TTL AMPS		25.00
								25.00
METERS		(number of)						1.00
MOTORS		(number of)						2.00
RESID/COM		Electric units						1.00
HEATING		oil/gas units		Interior		Exterior		5.00
APPLIANCES		Ranges		Cook Tops		Wall Ovens		2.00
		Insta-Hot		Water heaters		Fans		2.00
		Dryers		Disposals		Dishwasher		2.00
		Compactors		Spa		Washing Machine		2.00
		Others (denote)						2.00
MISC. (number of)		Air Cond/win						3.00
		Air Cond/cent				Pools		10.00
		HVAC		EMS		Thermostat		5.00
		Signs						10.00
		Alarms/res						5.00
		Alarms/com						15.00
		Heavy Duty(CRKT)						2.00
		Circus/Carnv						25.00
		Alterations						5.00
		Fire Repairs						15.00
	E Lights						1.00	
	E Generators						20.00	
PANELS		Service		Remote		Main		4.00
TRANSFORMER		0-25 Kva						5.00
		25-200 Kva						8.00
		Over 200 Kva						10.00
							TOTAL AMOUNT DUE	
							MINIMUM FEE/COMMERCIAL 55.00	MINIMUM FEE 45.00

RECEIVED

OCT 28 2009

Dept. of Building Inspections
 City of Portland Maine

CONTRACTORS NAME J.T. Hayman Electrical MASTER LIC. # MS60003077
 ADDRESS P.O. Box 232 Wingham Me LIMITED LIC. # _____
 TELEPHONE 892-3314

SIGNATURE OF CONTRACTOR _____

FIRE ALARM TEST/INSTALLATION ACKNOWLEDGEMENT

BOOK #	SEQ. #
CALL #	

DISTRICT		SERVICE AT CUSTOMER NUMBER		SITE AND PROJECT NO.		TR ARRIVAL DATE		TR COMP. DATE		NON-BILL		SVC. CODE		MIN		TRACT			
NAME				INSP. DATE		CUSTOMER P.O.		AND/OR		CUSTOMER CONTACT NAME (PRINT)									
ADDRESS (OR ATTN. OF)				SERVICE CODE		LBR - REG.		TRAV - REG.		LBR - OT		TRAV - OT		MILES					
ADDRESS				WARRANTY CODE		LBR - REG.		TRAV - REG.		LBR - OT		TRAV - OT		ARRIVAL					
CITY				STATE		ZIP		TLP CODE		LBR - REG.		TRAV - REG.		LBR - OT		TRAV - OT		DEPARTURE	
RESOLUTION CODE																			

CONTROL PANEL																																																																							
MANUFACTURER				MODEL NO.				SERIAL NO.				WIRING DIAG. NO.				SEQUENCE NO.																																																							
TYPE OF SIGNALING						POWER SOURCE						CIR. BRKR. LOCATION						NO.						LOCKED CIR. BRKR.						THRU						DEDICATED CIR.																																			
<input type="checkbox"/> GENERAL ALARM						<input type="checkbox"/> SELECTIVE SIGNALS						<input type="checkbox"/> CODED						<input type="checkbox"/> PRE-SIGNAL						<input type="checkbox"/> Y						<input type="checkbox"/> N						<input type="checkbox"/> Y						<input type="checkbox"/> N																													
BATTERIES						VOLTAGE WITH CHARGER						<input type="checkbox"/> NORM						VOLTS						TROUBLE CONDITIONS						RESPONSE TO: ZONE TROUBLE						SIGNAL TROUBLE						AC/OP POWER LOSS						EARTH GROUND																							
<input type="checkbox"/> NOTE #						VOLT WITHOUT CHARGER						<input type="checkbox"/> N/A						% CHARGED						<input type="checkbox"/> NORM						<input type="checkbox"/> NOTE #						<input type="checkbox"/> NORM						<input type="checkbox"/> NOTE #						<input type="checkbox"/> NORM						<input type="checkbox"/> NOTE #						<input type="checkbox"/> NORM						<input type="checkbox"/> NOTE #					
CUSTOMER OPERATING INSTRUCTIONS PROVIDED TO:																		STR TR 1 SIGNATURE						TR #																																															
CUSTOMER SIGNATURE																		FIRE ALARM LICENSE NO. - STATE CERTIFICATION NO.																																																					
SEE NOTATION NO.				THE SIMPLEXGRINNELL-SUPPLIED EQUIPMENT FOR THIS SYSTEM WAS TESTED AND FOUND OPERATIONAL. THE WARRANTY BEGINS ON										MONTH				DAY				YEAR				SIGNALS SOUNDED PER CUSTOMER REQUEST						<input type="checkbox"/> Y						<input type="checkbox"/> N						CUST. INIT.																											

AUXILIARY FUNCTIONS																																																																							
ANNUNCIATOR						MFR.						SERIAL						DOOR HOLDERS						DOOR RELEASE DEVICES, INCLUDING CLOSERS AND LATCHES																																															
MODEL						WIRING DIAGRAM						<input type="checkbox"/> NORM						<input type="checkbox"/> QTY.						<input type="checkbox"/> NOTE #						<input type="checkbox"/> N/A																																									
TYPE						<input type="checkbox"/> INCAND.						<input type="checkbox"/> GRAPHIC						<input type="checkbox"/> CRT						RECALL TO PRIMARY FLOOR						<input type="checkbox"/> NORM						<input type="checkbox"/> NOTE #						<input type="checkbox"/> N/A																													
<input type="checkbox"/> LED						<input type="checkbox"/> DROP						VOLTAGE						NO. OF ZONES						UNUSED PTS.						RECALL TO ALTERNATE FLOOR						<input type="checkbox"/> NORM						<input type="checkbox"/> NOTE #						<input type="checkbox"/> N/A						ELEVATORS RESTART FROM FIRE SVC SHUTDOWN AUTOMATICALLY						<input type="checkbox"/> Y						<input type="checkbox"/> N					
AUX FUNCTIONS						<input type="checkbox"/> LAMP TEST						<input type="checkbox"/> REMOTE RESET						ADDITIONAL NOTES:						HVAC SHUTDOWN						AIR HANDLER SHUTDOWN						<input type="checkbox"/> NORM						<input type="checkbox"/> NOTE #						<input type="checkbox"/> QTY.						AIRHANDLER(S) RESTART FROM SHUTDOWN AUTOMATICALLY						<input type="checkbox"/> Y						<input type="checkbox"/> N					
<input type="checkbox"/> DRILL SW						<input type="checkbox"/> REMOTE ACK.						SPECIAL LIST ANY UNIQUE FUNCTIONS CONSIDERATIONS TO BE AWARE OF BEFORE TESTING																																																											
CITY CONNECTION OR						CITY RESPONSE TO ALARM						OFFICIAL CONTACTED						1.																																																					
<input type="checkbox"/> NORM						<input type="checkbox"/> NOTE #						CITY RESPONSE TO TROUBLE						TIME OF DAY						2.																																															
CENTRAL STATION MONITORING						<input type="checkbox"/> NORM						<input type="checkbox"/> NOTE #						OUT OF SERVICE						IN SERVICE						3.																																									
LOCAL FIRE DEPT./CENTRAL STATION						F.D. BUS. PHONE NO./CENTRAL STATION																																																																	

MPX/TPR CHECKLIST								PERIPHERAL/PARTS USED								THE NUMBER OF PERIPHERAL DEVICES TESTED IS:		
MODEL NO.	THE FOLLOWING TRANSPONDERS FAILED THE TEST							ITEM	PRODUCT I.D.	QTY.	INV. LOC./SEQ.	NC	USG.	UNIT PRICE	STATIONS	TOTAL NO. OF DEVICES	No. Tested	I okay X See below
NO. OF XPNDRS TESTED	LOCATION	NOTE #	1															
POWER SUPPLY VOLTAGE NOTE #	LOCATION	NOTE #	2															
<input type="checkbox"/> NORM	CHARGER VOLTAGE NOTE #	LOCATION	NOTE #	3														
<input type="checkbox"/> NORM	GROUND FAULT	NOTE #	LOCATION	NOTE #	4													
<input type="checkbox"/> Y <input type="checkbox"/> N	BATTERIES VOLTAGE NOTE #	LOCATION	NOTE #	5														
<input type="checkbox"/> NORM	POINTS TESTED	NOTE #	LOCATION	NOTE #	6													
<input type="checkbox"/> NORM	OTHER	NOTE #	LOCATION	NOTE #	7													
<input type="checkbox"/> Y <input type="checkbox"/> N	PRINTFRS	NOTE #	CRT'S	NOTE #	OTHER	NOTE #	8											
<input type="checkbox"/> Y <input type="checkbox"/> N																		

FAILURES AND SYSTEM DEVIATIONS FROM NFPA STANDARDS:																		<input type="checkbox"/> None						<input type="checkbox"/> As Follows (describe fully)																							
																		RELATED TR						RELATED CALL #																							
																		PROBLEM CODE						CORRECTIVE ACTION						CLOSE DATE						SERV. COMPL.						RSN					

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A Tyco International Company

TR #

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TASK/CALL #

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LICENSE #

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PROJECT #

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NAME					
ADDRESS (OR ATTENTION OF)					
ADDRESS					
CITY		STATE		ZIP	
TR ARRIVAL DATE	BILL.	NON-BILL.	SERV. COMPL.	ACE CODE	NAT. ACCT.

NAME (BILL TO)					
ADDRESS					
CITY		STATE		ZIP	

CUSTOMER PURCHASE ORDER		
LABOR - REG.	LABOR - OT	LABOR - DT
TRAVEL - REG.	TRAVEL - OT	TRAVEL - DT
MIN.		INSP. MONTH
PHONE		MILES

"PUT CUSTOMER STAMP ON ALL 3 PAGES"

WE STRONGLY RECOMMEND IMMEDIATE CORRECTION OF ANY DEFICIENCIES/IMPAIRMENTS IDENTIFIED. WE URGE YOU TO NOTIFY THE LOCAL AUTHORITY HAVING JURISDICTION AND YOUR INSURANCE CARRIER WITHOUT DELAY.
SimplexGrinnell, proposes to furnish the work, and/or materials hereinafter described, subject to the terms and conditions outlined below.

I authorize SimplexGrinnell to proceed with the work as agreed to and outlined below:

Customer signature

Date

PAYMENT TERMS <input type="checkbox"/> Time and Material		<input type="checkbox"/> Price Not to Exceed \$ _____	IMMEDIATE <input type="checkbox"/>	COD <input type="checkbox"/>	NET 10 <input type="checkbox"/>
DEPOSIT \$ _____	BALANCE DUE \$ _____	<input type="checkbox"/> Fixed Price of \$ _____	<input type="checkbox"/> BILLABLE	<input type="checkbox"/> NON-BILLABLE	

SCOPE OF WORK / PROBLEM CODE

WORK PERFORMED / RESOLUTION CODE

GRP	PRODUCT I.D.	SERIAL # / DESCRIPTION	QTY.	COST	NO. USG.	UNIT PRICE

SYSTEM TYPE/LOCATION	CONTACT NAME	TOTALS
----------------------	--------------	--------

IMPORTANT NOTICE TO CUSTOMER
Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

CUSTOMER ACCEPTANCE

(Customer Acceptance)

(Print Name)

SIMPLEXGRINNELL LP

(SimplexGrinnell Representative)

(Print Name)

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A Tyco International Company

TR #

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TASK/CALL #

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LICENSE #

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PROJECT #

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NAME						
ADDRESS (OR ATTENTION OF)						
ADDRESS						
CITY		STATE			ZIP	
TR ARRIVAL DATE	BILL.	NON-BILL.	SERV. COMPL.	ACE CODE	NAT. ACCT.	

NAME (BILL TO)						
ADDRESS						
CITY		STATE			ZIP	

CUSTOMER PURCHASE ORDER					
LABOR - REG.	LABOR - OT	LABOR - DT			
TRAVEL - REG.	TRAVEL - OT	TRAVEL - DT			
MIN.		INSP. MONTH			
PHONE		MILES			

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Customer signature

Date

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<input type="checkbox"/> Time and Material	<input type="checkbox"/> Price Not to Exceed \$ _____	<input type="checkbox"/> Fixed Price of \$ _____	
DEPOSIT \$ _____	BALANCE DUE \$ _____	<input type="checkbox"/> BILLABLE	<input type="checkbox"/> NON-BILLABLE

SCOPE OF WORK / PROBLEM CODE

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CUSTOMER ACCEPTANCE

(Customer Acceptance)

(Print Name)

SIMPLEXGRINNELL LP

(SimplexGrinnell Representative)

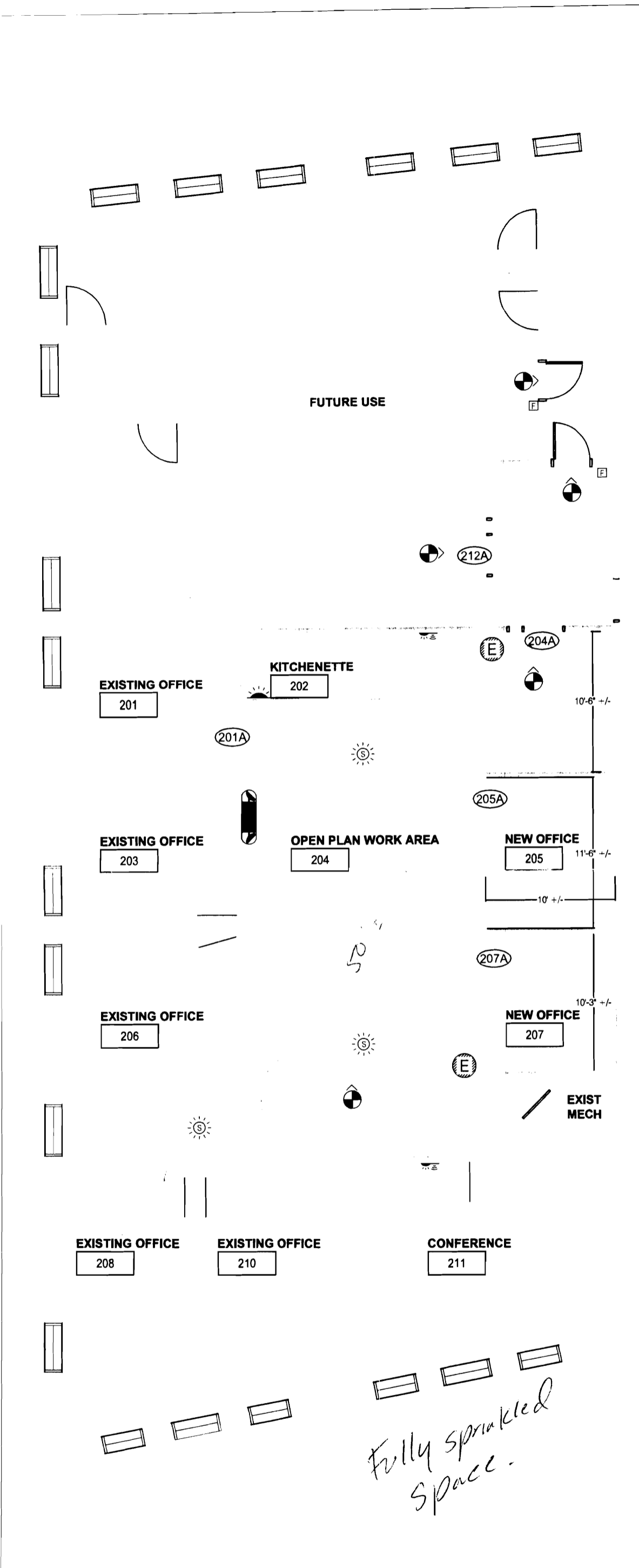
(Print Name)

GENERAL DESIGN INTENT + NOTES:

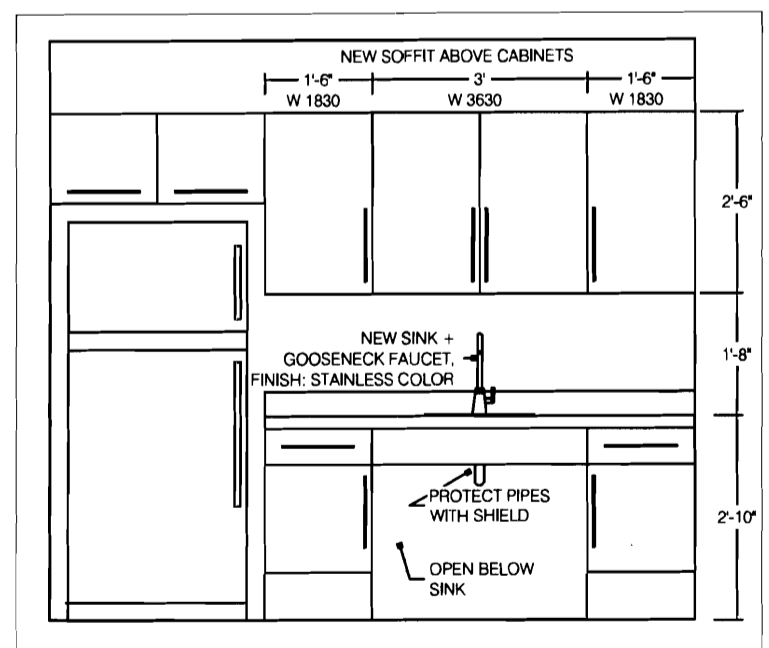
- DESIGN BUILD APPROACH FOR ELECTRICAL, MECHANICAL, SPRINKLER
- SELECTED NEW LIGHTING
- MODIFIED MECHANICAL + SPRINKLER

LIFE SAFETY SYMBOLS:

- = SMOKE DETECTOR - INTERCONNECTED
- = HORN / STROBE UNIT
- = VISUAL STROBE UNIT
- = EMERGENCY LIGHT (2 lamp) INTERCONNECTED W/ BATTERY BACK-UP
- = EMERGENCY LIGHT (1 lamp) INTERCONNECTED W/ BATTERY BACK-UP
- = FIRE ALARM PULL STATION
- = FIRE EXTINGUISHER
- = EXIT SIGN (with direction indicator)
- = KNOX BOX
- = MAGNETIC HOLD OPEN (device for rated doors)
- = ELECTRIC DOOR OPENER (mounted to building)



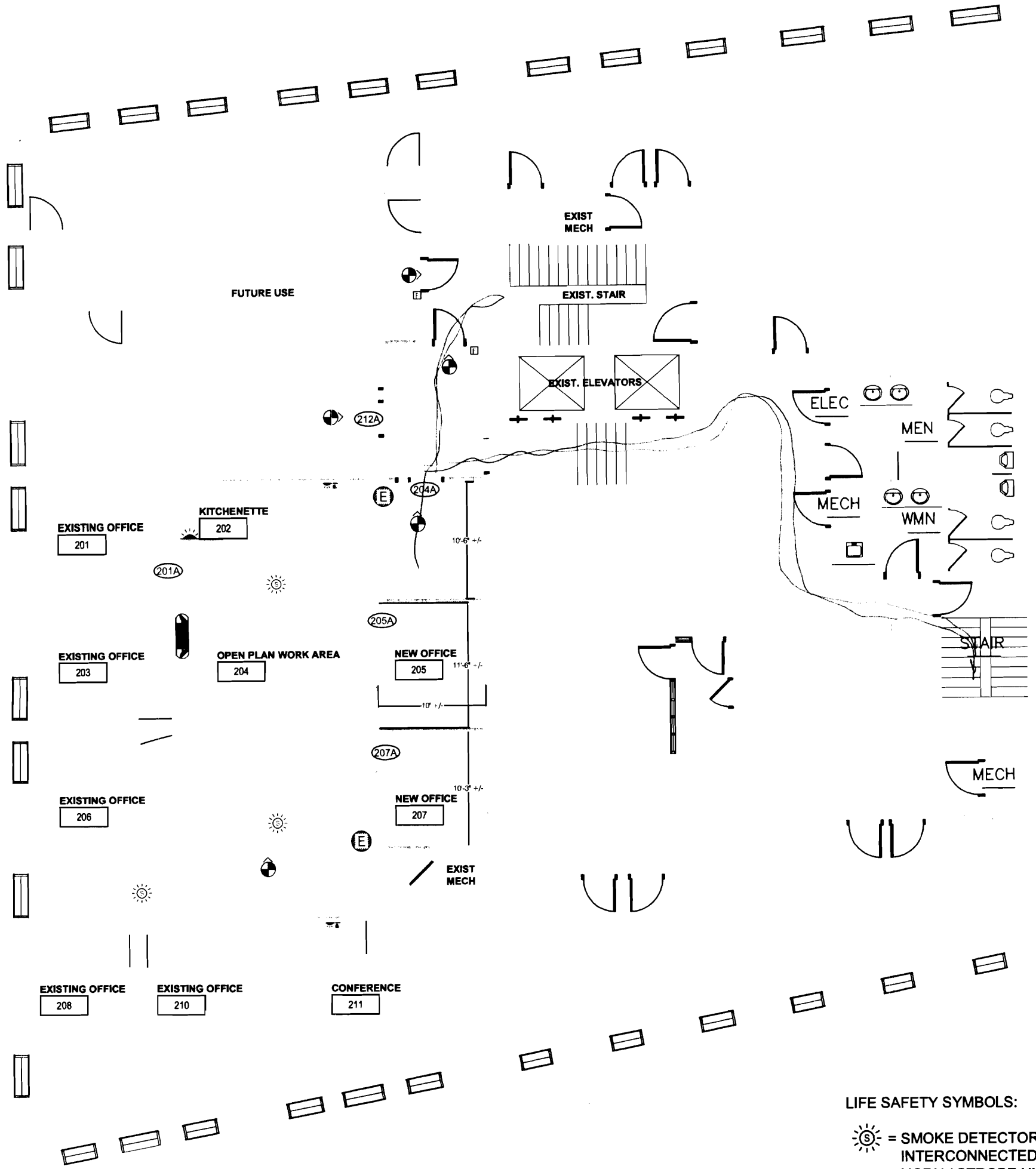
DOORS				
DOOR #	DOOR SIZE	FRAME TYPE	DOOR MAT.	NOTES
201A	3'0"x6'8"	HOLLOW METAL	WOOD /GLASS	REUSE EXISTING DOOR, NEW ADA LEVER HARDWARE
204A	3'0"x6'8"	HOLLOW METAL	WOOD /GLASS	24'X60' TEMPERED GLAZING IN DOOR + 12"X72" SIDELITE, NEW ADA LEVER HARDWARE
205A	3'0"x6'8"	HOLLOW METAL	WOOD /GLASS	24'X60' TEMPERED GLAZING, ADA LEVER HARDWARE
207A	3'0"x6'8"	HOLLOW METAL	WOOD /GLASS	24'X60' TEMPERED GLAZING, ADA LEVER HARDWARE
212A	3'0"x6'8"	HOLLOW METAL	WOOD /GLASS	24'X60' TEMPERED GLAZING IN DOOR + 12"X72" SIDELITE, NEW ADA LEVER HARDWARE



Scale 3/8"=1'
Kitchen Elevation

*3 1/2 Steel Studs -
non-bearing walls -
5/8" Type X*

LANGFORD AND LOW GENERAL CONTRACTOR	CONSULTANTS STRUCTURAL: LANDSCAPE: MECHANICAL: CODE: ELECTRICAL: DESIGN:	REGISTERED PROFESSIONAL'S SEAL	REVISIONS REVISION # DATE DESCRIPTION REVISION # DATE DESCRIPTION REVISION # DATE DESCRIPTION	DATE SEPTEMBER 25, 2009	DRAWING TITLE PLAN
	DRAWING STATUS <input type="checkbox"/> OFFICE REVIEW <input type="checkbox"/> CLIENT REVIEW <input checked="" type="checkbox"/> PERMIT SET <input type="checkbox"/> BID / ESTIMATING SET <input type="checkbox"/> CONTRACT DRAWINGS <input type="checkbox"/> CONSTRUCTION SET			PROJECT NAME & LOCATION MEMIC / TILSON TENANT FIT-OUT 245-253 COMMERCIAL ST. 2nd FLOOR PORTLAND, ME 04101	SHEET NUMBER A1.1
DRAWN BY: GABRIELLE RUSSELL, LEED AP PROJECT DESIGNER / PROJECT COORDINATOR LANGFORD AND LOW MASTER OF ARCHITECTURE, TULANE UNIVERSITY BACHELOR OF ARCHITECTURE, TULANE UNIVERSITY		REVIEWED BY:	JOB NUMBER 0922	SCALE 1/8"=1'	



- LIFE SAFETY SYMBOLS:**
- = SMOKE DETECTOR - INTERCONNECTED
 - = HORN / STROBE UNIT
 - = VISUAL STROBE UNIT
 - = EMERGENCY LIGHT (2 lamp) INTERCONNECTED W/ BATTERY BACK-UP
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 - = MAGNETIC HOLD OPEN (device for rated doors)
 - = ELECTRIC DOOR OPENER (mounted to building)

LANGFORD AND LOW GENERAL CONTRACTOR	CONSULTANTS STRUCTURAL: _____ MECHANICAL: _____ ELECTRICAL: _____	REGISTERED PROFESSIONAL'S SEAL 	REVISIONS REVISION # _____ DATE: _____ DESCRIPTION: _____ REVISION # _____ DATE: _____ DESCRIPTION: _____ REVISION # _____ DATE: _____ DESCRIPTION: _____	DATE SEPTEMBER 25, 2009	DRAWING TITLE PLAN
	DRAWN BY: GABRIELLE RUSSELL, LEED AP PROJECT DESIGNER / PROJECT COORDINATOR LANGFORD AND LOW MASTER OF ARCHITECTURE, TULANE UNIVERSITY BACHELOR OF ARCHITECTURE, TULANE UNIVERSITY	DRAWING STATUS <input type="checkbox"/> OFFICE REVIEW <input type="checkbox"/> CLIENT REVIEW <input checked="" type="checkbox"/> PERMIT SET <input type="checkbox"/> BID / ESTIMATING SET <input type="checkbox"/> CONTRACT DRAWINGS <input type="checkbox"/> CONSTRUCTION SET	REVIEWED BY 	JOB NUMBER 0922	SCALE 3/32"=1'
<small>© 2009 LANGFORD AND LOW. DESIGN, DRAWINGS, ELECTRONIC FILES AND RELATED INFORMATION ARE PROPERTY OF LANGFORD AND LOW, INC. AND SHALL NOT BE REPLICATED OR COPIED WITHOUT THE OWNER'S WRITTEN CONSENT.</small>		SHEET NUMBER <h1>A1.2</h1>			

MEMIC / NATHAN WINSLOW BLOCK
TENANT FIT-OUT - ABILIS
 245-253 COMMERCIAL STREET
 RENOVATION TO 2nd FLOOR
 PORTLAND, MAINE 04101



LIST OF DRAWINGS:

- A 0.1 COVER SHEET
- A 1.1 2nd Floor Plan
- A 1.2 2nd Floor Tenant Fit-Up Life Safety Plan

PROJECT TEAM:

Design: Langford and Low
 Construction: Langford and Low

NO CHANGE OF USE PROPOSED
 NO PROPOSED MODIFICATIONS TO STRUCTURE, EGRESS
 COMPONENTS, FIRE AND / OR SMOKE PARTITION RATINGS,
 OR ADA ACCESSIBILITY

OCCUPANCY: BUSINESS (EXISTING)
 ALLOWABLE = 100 sf / PERSON
 AFFECTED SQUARE FOOTAGE OF TENANT FIT-UP = 2500
 MAXIMUM NUMBER OF OCCUPANTS ALLOWED = 25

GENERAL SYMBOLS:

- ROOM NAME**
 [ROOM #] = ROOM TAG
 (101A) = DOOR TAG
 # = WINDOW TAG
 [W-#] = WALL / PARTITION TYPE
 — = CENTER LINE
 # = REVISION TAG
 — = BREAK LINE
 ↑ = NORTH ARROW
 MATCH LINE
 cont on SHEET # = MATCH LINE
 # = DETAIL TAG
 # = SECTION TAG
 #DWG = ELEVATION TAG
 ① = NOTE TAG (same page)

RECEIVED
 SEP 25 2009
 Dept. of Building Inspections
 City of Portland Maine

LANGFORD AND LOW GENERAL CONTRACTOR		CONSULTANTS STRUCTURAL: LANDSCAPE: MECHANICAL: CODE: ELECTRICAL: DESIGN:		REGISTERED PROFESSIONAL'S SEAL	REVISIONS REVISION #, DATE, DESCRIPTION REVISION #, DATE, DESCRIPTION REVISION #, DATE, DESCRIPTION	DATE SEPTEMBER 25, 2009	DRAWING TITLE PLAN
DRAWN BY: GABRIELLE RUSSELL, LEED AP PROJECT DESIGNER / PROJECT COORDINATOR LANGFORD AND LOW MASTER OF ARCHITECTURE, TULANE UNIVERSITY BACHELOR OF ARCHITECTURE, TULANE UNIVERSITY		DRAWING STATUS <input type="checkbox"/> OFFICE REVIEW <input type="checkbox"/> CLIENT REVIEW <input checked="" type="checkbox"/> PERMIT SET <input type="checkbox"/> BID / ESTIMATING SET <input type="checkbox"/> CONTRACT DRAWINGS <input type="checkbox"/> CONSTRUCTION SET		REVIEWED BY	JOB NUMBER 0922	SCALE N/A	PROJECT NAME & LOCATION MEMIC / TILSON TENANT FIT-OUT 245-253 COMMERCIAL ST. 2nd FLOOR PORTLAND, ME 04101
DESIGN DRAWING. ELECTRONIC FILES AND RELATED INFORMATION ARE PROPERTY OF LANGFORD AND LOW, INC. AND SHALL NOT BE REPLICATED OR COPIED WITHOUT THE OWNER'S WRITTEN CONSENT.							SHEET NUMBER A0.1