

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that J.B. BROWN & SONS

Located At 20 DANFORTH ST

Job ID: 2012-04-3692-ALTCOMM

CBL: 040- D-001-001

has permission to Renovate 3rd floor office space for tenant fit up  
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**

*[Signature]* 4/25/12  
\_\_\_\_\_  
**Code Enforcement Officer / Plan Reviewer**

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD



# Certificate of Occupancy



## CITY OF PORTLAND, MAINE

Department of Planning and Urban Development

Building Inspections Division

Location: 20 DANFORTH ST

CBL: 040- D-001-001

Issued to: BROWN J B & SONS

Date Issued: 6/15/2012

**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. 2012-04-3692-ALTCOMM, 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

SUITE 304

APPROVED OCCUPANCY

USE GROUP B, OFFICE  
TYPE 2-B  
IBC 2009

**Limiting Conditions:** This Temporary Certificate of Occupancy expires on, July 13 2012.

Approved:

June 15, 2012

(Date)

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.

**City of Portland, Maine - Building or Use Permit Application**

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

|   |   |   |   |
|---|---|---|---|
| Job No:<br>2012-04-3692-ALTCOMM                         | Date Applied:<br>4/4/2012   | CBL:<br>040- D-001-001  |   |
| Location of Construction:<br>20 DANFORTH ST - suite 304 | Owner Name:<br>J.B.BROWN & SONS   | Owner Address:<br>36 DANFORTH STREET<br>PORTLAND, ME 04101  | Phone:  |
| Business Name:  | Contractor Name:<br>PC CONSTRUCTION   | Contractor Address:<br>131 PRESUMPCOT STREET, PORTLAND,<br>ME 04103   | Phone:<br>874-2323  |
| Lessee/Buyer's Name:<br>Big Room Studios - suite<br>304 | Phone:  | Permit Type:<br>BLDG ALT  | Zone:<br>B-3  |
| Past Use:<br><b>Offices</b>                             | Proposed Use:<br><b>Same: Offices - tenant fit-up<br/>with alterations as per plans<br/>3rd Floor</b> | Cost of Work:<br>\$25,000.00  | CEO District:   |
|   |   | Fire Dept:<br><input checked="" type="checkbox"/> Approved w/ conditions<br><input type="checkbox"/> Denied<br><input type="checkbox"/> N/A | Inspection:<br>Use Group: B<br>Type: 2B<br>DB-2009<br>Signature: <i>[Signature]</i> |
| Proposed Project Description:<br>construct 2 offices    |   | Signature: <i>[Signature]</i> (58)  | 4/25/12   |
| Permit Taken By: Gayle                                  | <b>Zoning Approval</b>  |   |   |

|   |   |  |  |
|---|---|--|--|
| <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 informatin may invalidate a building permit and stop all work.</p> | <p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>___ Maj ___ Min ___ MM</p> <p>Date: <i>OK with conditions</i><br/><i>4/11/12</i></p> | <p><b>Zoning Appeal</b></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><b>Historic Preservation</b></p> <p><i>- within -</i></p> <p><input type="checkbox"/> Not in Dist 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>Date: <i>any exterior changes</i><br/><i>require a separate review</i><br/><i>and approval</i></p> |
|   | <b>CERTIFICATION</b>  |  |  |

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 |

5-15-12 DWM/BKL Eric 615-4974 close-in

6-6-12 DWM/BKL/Lru Wallace Eric Final Elect. Fail

Fire Fall Seal: ~~thr~~ <sup>n/A</sup> Mech Rm, Exit stair enclosure; Sprinkler compliance br.

Bldg Fail Fire stop plumbing, Plans + Report for structural work  
combustion air to Mech Rm.

6-13-12 DWM/BKL/John Marshall Joel Bldg, Fire, + Elec Fail. Bldg Firestop  
plumbing. Fire Sprinkler compliance br.

## BUILDING PERMIT INSPECTION PROCEDURES

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

or email: [buildinginspections@portlandmaine.gov](mailto: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.**

Close In Elec/Plmb/Frame prior to insulate or gyp

Final 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.



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life* • [www.portlandmaine.gov](http://www.portlandmaine.gov)

Acting Director of Planning and Urban Development  
Gregory Mitchell

Job ID: 2012-04-3692-ALTCOMM

Located At: 20 DANFORTH ST

CBL: 040- D-001-001

## **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.

### **Fire**

1. All construction shall comply with City Code Chapter 10.
2. This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval.
3. Any Fire alarm or Sprinkler systems shall be reviewed by a licensed contractor(s) for code compliance. Compliance letters are required.
4. A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model. This review does not include approval of fire alarm system design or installation.
5. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads. This review does not include approval of sprinkler system design or installation.
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 and on the same circuit as the lighting for the area they serve.
7. Any cutting and welding done will require a Hot Work Permit from Fire Department.

### **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 E 814 or UL 1479, per IBC 2009 Section 713.
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.

2012 04 369 2

68



# 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.

B-3  
Historic

|   |   |  |
|---|---|--|
| Location/Address of Construction: <u>20 Danforth Street, Suite 304</u>  |   |  |
| Total Square Footage of Proposed Structure/Area   | Square Footage of Lot<br><u>22086 sf</u>  |  |
| Tax Assessor's Chart, Block & Lot<br>Chart# <u>40</u> Block# <u>D</u> Lot# <u>1</u>   | Applicant * <u>must</u> be owner, Lessee or Buyer*<br>Name <u>J. B. Brown &amp; Sons</u><br>Address <u>36 Danforth St.</u><br>City, State & Zip <u>Portland, Me 04101</u>                     | Telephone:<br><u>774-5908</u>  |
| Lessee/DBA (If Applicable)<br><u>Big Room Studios</u>   | Owner (if different from Applicant)<br>Name<br>Address<br>City, State & Zip<br><u>RECEIVED</u><br><u>APR 04 2012</u><br><u>Dept. of Building Inspections</u><br><u>City of Portland Maine</u> | Cost Of Work: \$ <u>25,000</u><br>C of O Fee: \$ _____<br>Total Fee: \$ <u>270</u> |
| Current legal use (i.e. single family) <u>office</u><br>If vacant, what was the previous use? <u>office</u><br>Proposed Specific use: <u>office</u><br>Is property part of a subdivision? <u>NO</u> If yes, please name _____<br>Project description: <u>remove one interior wall (32'+x), construct 2 offices, one conference room, 3 closets, and kitchenette area.</u> |   |  |
| Contractor's name: <u>PC Construction</u><br>Address: <u>131 Presumpscot Street</u><br>City, State & Zip <u>Portland, Me 04103</u> Telephone: <u>874-2323</u><br>Who should we contact when the permit is ready: <u>Vin Veronneau</u> Telephone: <u>774-5908</u><br>Mailing address: <u>J. B. Brown &amp; Sons, 36 Danforth St, Portland, Me 04101</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](http://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: [Signature] Date: 4/4/2012

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

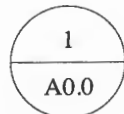
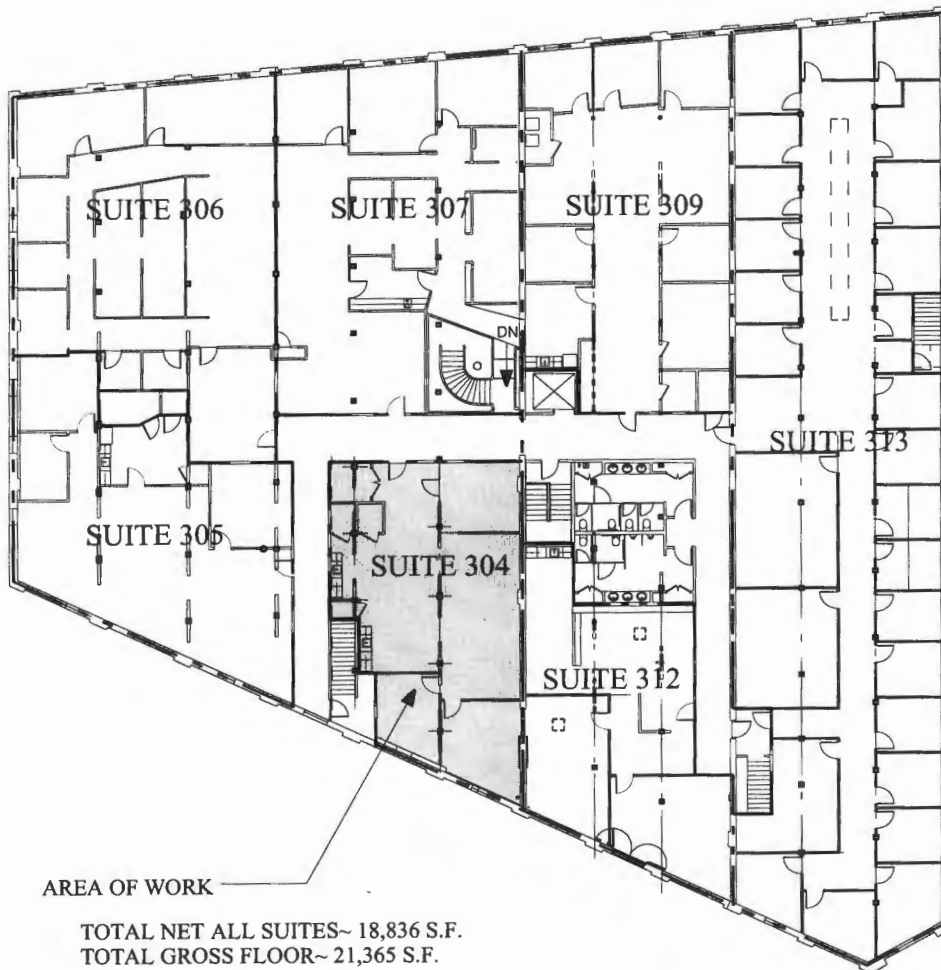
# Suite 304

TENANT SPACE  
30 DANFORTH STREET  
PORTLAND ME 04101

OWNER: J.B. BROWN & SONS  
36 DANFORTH ST.  
PORTLAND ME 04101

## LIST OF DRAWINGS:

- A0.0 TITLE, KEY PLAN
- A0.1 GENERAL NOTES
- A0.2 DOORS, PARTITIONS, ETC.
- A1.3 THIRD FLOOR PARTIAL PLAN



## THIRD FLOOR KEY PLAN

SCALE: 1/32" = 1'-0"

### BUILDING PERMIT SET

|   |  |  |  |   |  |                               |  |
|---|--|--|--|---|--|-------------------------------|--|
| Project Title<br>Suite 304 Tenant Space |  | J.B. Brown & Sons, Inc.<br>36 Danforth Street<br>Portland ME 04101 |  | Drawing Title<br><b>TITLE, KEY PLAN</b> |  | Drawing Number<br><b>A0.0</b> |  |
| Date: 4/02/12                           |  | Scale: 1/32" = 1'-0"   |  | Project Number: 12.02                   |  | Reference: NONE               |  |




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61 Pleasant Street Portland ME 04101 (207)874-7668  
www.michaelbelleau.com



GENERAL NOTES:

1. These drawings are property of Michael Belleau Architect and not to be copied or reproduced in part or whole. Copyright 2012 Michael Belleau Architect
2. Do not scale these drawings; these drawings are approximate; contractor to verify all dimensions in field; **all dimensions shown are clear dimensions-** not to studs.
3. Codes  
 Zone: B3  
 Construction: existing 4 story building Type II B (brick exterior bearing walls with heavy timber posts, beams, joists) from IBC table 601 so no fire resistance rating requirements for building elements.  
 Occupancy: Business  
 Adjacent Occupancies: Business; no fire separation required from table NFPA 6.1.14.4.1(b)  
 Above Occupancies: Business; no fire separation required from table NFPA 6.1.14.4.1(b)  
 Below Occupancies: Business; no fire separation required from table NFPA 6.1.14.4.1(b)  
 Hallway fire separation: NFPA 38.3.6.1(3) no requirement because building is sprinkled. Also follows 7.1.3.1 exceptions both (1) and (2). Also, IBC table 1016.1 says 0 rating corridor if sprinkled. Existing condition appears to be smoke barrier only between tenants and halls with some 20 min. rated doors. Doors to hall to be smokeproof.  
 Occupant load: 100 s.f./person from NFPA table 7.3.1.2 & ~1,640 s.f. so less than 50 person occupancy (17). Therefore doors from tenant space swing in per 7.2.1.4.2.  
 Accessibility requirements: This **project should meet ADAAG requirements** for access. Electrician responsible for all ADAAG requirements for signage, alarms, etc.
4. These drawings are for obtaining building permit. Architect not liable for any structural, mechanical, plumbing, electrical, etc. work.
6. Electrician to wire per tenant needs and to do so per all local, state, and national relevant codes including life safety (egress lighting and signs, etc.).
7. All elec., plumbing, sprinkler, fire alarm, hvac systems of any kind , etc. to be per all local, state, and federal laws and codes, etc. and each trade to submit to city for any and all permits.
8. Demolition: contractor to shore and brace all relevant areas prior to any demolition and is responsible for all safety issues. All materials to be disposed of according to all applicable laws local, state and federal. Contractor to verify with owner regarding saving any removed items.
9. See owner for base, floor, paint, etc. finishes.

BUILDING PERMIT SET

|   |  |                                       |                 |                               |
|---|--|---------------------------------------|-----------------|-------------------------------|
| Project Title<br>Suite 304 Tenant Space   | J.B. Brown & Sons, Inc.<br>36 Danforth Street<br>Portland ME 04101   | Drawing Title<br><b>GENERAL NOTES</b> |                 | Drawing Number<br><b>A0.1</b> |
|  | Copyright 2012 Michael Belleau Architect<br>61 Pleasant Street Portland ME 04101 (207)874-7668<br>www.michaelbelleau.com | Date: 4/02/12                         | Scale: AS NOTED |                               |
|   |  | Project Number: 12.02                 | Reference: NONE |                               |



# PORTLAND MAINE

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## Receipts Details:

**Tender Information:** Check , BusinessName: JB Brown & Sons, Check Number: 4584  
**Tender Amount:** 270.00

## Receipt Header:

**Cashier Id:** gguertin  
**Receipt Date:** 4/4/2012  
**Receipt Number:** 42559

## Receipt Details:


|  |        |                |           |
|--|--------|----------------|-----------|
| Referance ID:  | 5948   | Fee Type:      | BP-Constr |
| Receipt Number:  | 0      | Payment Date:  |           |
| Transaction Amount:  | 270.00 | Charge Amount: | 270.00    |
| Job ID: Job ID: 2012-04-3692-ALTCOMM - construct 2 offices |        |                |           |
| Additional Comments: 20 Danfort                            |        |                |           |

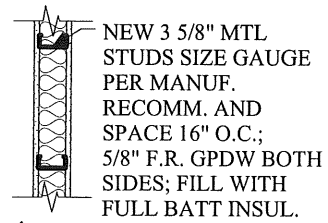
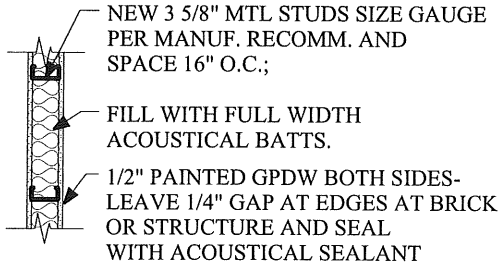
**Thank You for your Payment!**

GENERAL NOTES:

1. These drawings are property of Michael Belleau Architect and not to be copied or reproduced in part or whole. Copyright 2012 Michael Belleau Architect
2. Do not scale these drawings; these drawings are approximate; contractor to verify all dimensions in field; **all dimensions shown are clear dimensions**- not to studs.
3. Codes  
 Zone: B3  
 Construction: existing 4 story building Type II B (brick exterior bearing walls with heavy timber posts, beams, joists) from IBC table 601 so no fire resistance rating requirements for building elements.  
 Occupancy: Business  
 Adjacent Occupancies: Business; no fire separation required from table NFPA 6.1.14.4.1(b)  
 Above Occupancies: Business; no fire separation required from table NFPA 6.1.14.4.1(b)  
 Below Occupancies: Business; no fire separation required from table NFPA 6.1.14.4.1(b)  
 Hallway fire separation: NFPA 38.3.6.1(3) no requirement because building is sprinkled. Also follows 7.1.3.1 exceptions both (1) and (2). Also, IBC table 1016.1 says 0 rating corridor if sprinkled. Existing condition appears to be smoke barrier only between tenants and halls with some 20 min. rated doors. Doors to hall to be smokeproof.  
 Occupant load: 100 s.f./person from NFPA table 7.3.1.2 & ~1,640 s.f. so less than 50 person occupancy (17). Therefore doors from tenant space swing in per 7.2.1.4.2.  
 Accessibility requirements: This **project should meet ADAAG requirements** for access. Electrician responsible for all ADAAG requirements for signage, alarms, etc.
4. These drawings are for obtaining building permit. Architect not liable for any structural, mechanical, plumbing, electrical, etc. work.
6. Electrician to wire per tenant needs and to do so per all local, state, and national relevant codes including life safety (egress lighting and signs, etc.).
7. All elec., plumbing, sprinkler, fire alarm, hvac systems of any kind , etc. to be per all local, state, and federal laws and codes, etc. and each trade to submit to city for any and all permits.
8. Demolition: contractor to shore and brace all relevant areas prior to any demolition and is responsible for all safety issues. All materials to be disposed of according to all applicable laws local, state and federal. Contractor to verify with owner regarding saving any removed items.
9. See owner for base, floor, paint, etc. finishes.

BUILDING PERMIT SET

|  |                       |  |                 |                                       |  |                               |  |
|--|-----------------------|--|-----------------|---------------------------------------|--|-------------------------------|--|
| Project Title<br>Suite 304 Tenant Space  |                       | J.B. Brown & Sons, Inc.<br>36 Danforth Street<br>Portland ME 04101 |                 | Drawing Title<br><b>GENERAL NOTES</b> |  | Drawing Number<br><b>A0.1</b> |  |
|  Copyright 2012 Michael Belleau Architect<br>61 Pleasant Street Portland ME 04101 (207)874-7668<br>www.michaelbelleau.com | Date: 4/02/12         |  | Scale: AS NOTED |                                       |  |                               |  |
|  | Project Number: 12.02 |  | Reference: NONE |                                       |  |                               |  |

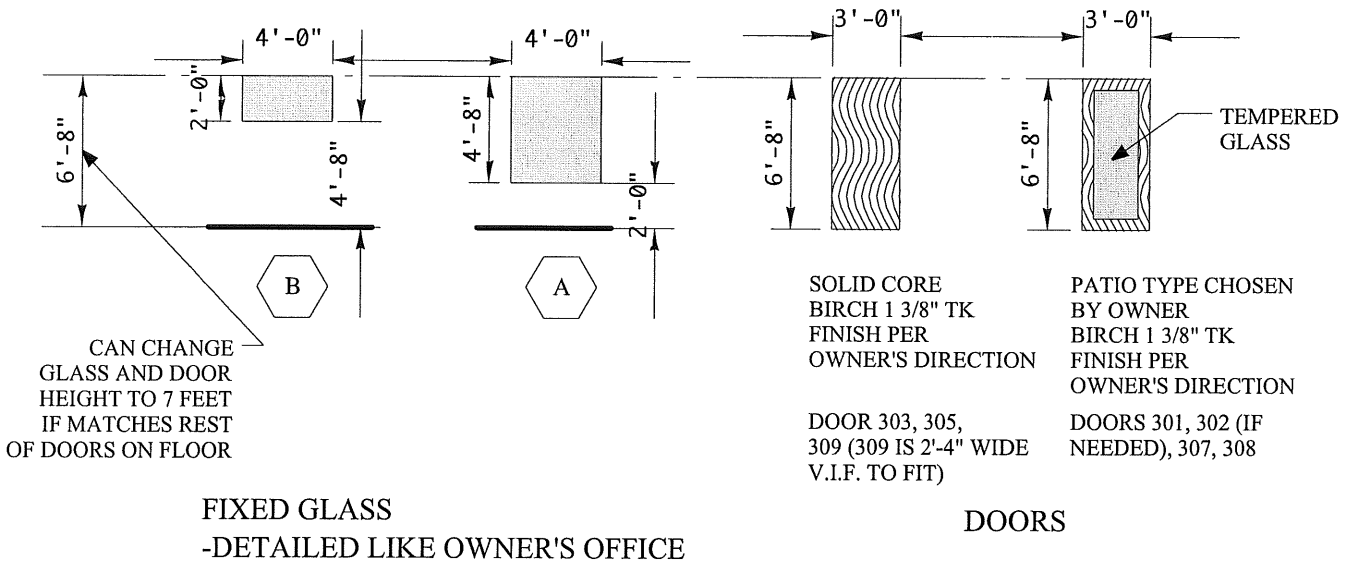


**X** ALL PARTITIONS U.O.N. SOUND PROOF- STAGGER OUTLETS ON OPP. SIDES, ETC. AND TEST AFTER INSTALLATION FOR SOUND PROOF.

**1HR** 1 HOUR FIRE RATED PARTITION  
(NOT USED UNLESS OWNER NEEDS TO PATCH MECHANICAL ROOM OR WALLS BETWEEN TENANT SPACES THEN USE THIS TYPE)

**PARTITION TYPES:**


NOTE: SEAL ALL WALLS AT COLUMNS, BEAMS & DECK TIGHT TO MAKE SMOKE PROOF. ALL WALLS TO GO UP TO DECK THEREFORE, INFILL BETWEEN JOISTS IF NECESSARY. USE ACOUSTICAL SEALANT IF NO FIRE RATING; USE FIRE RETARDANT SEALANT AT HALLS AND ANY RATED WALL.

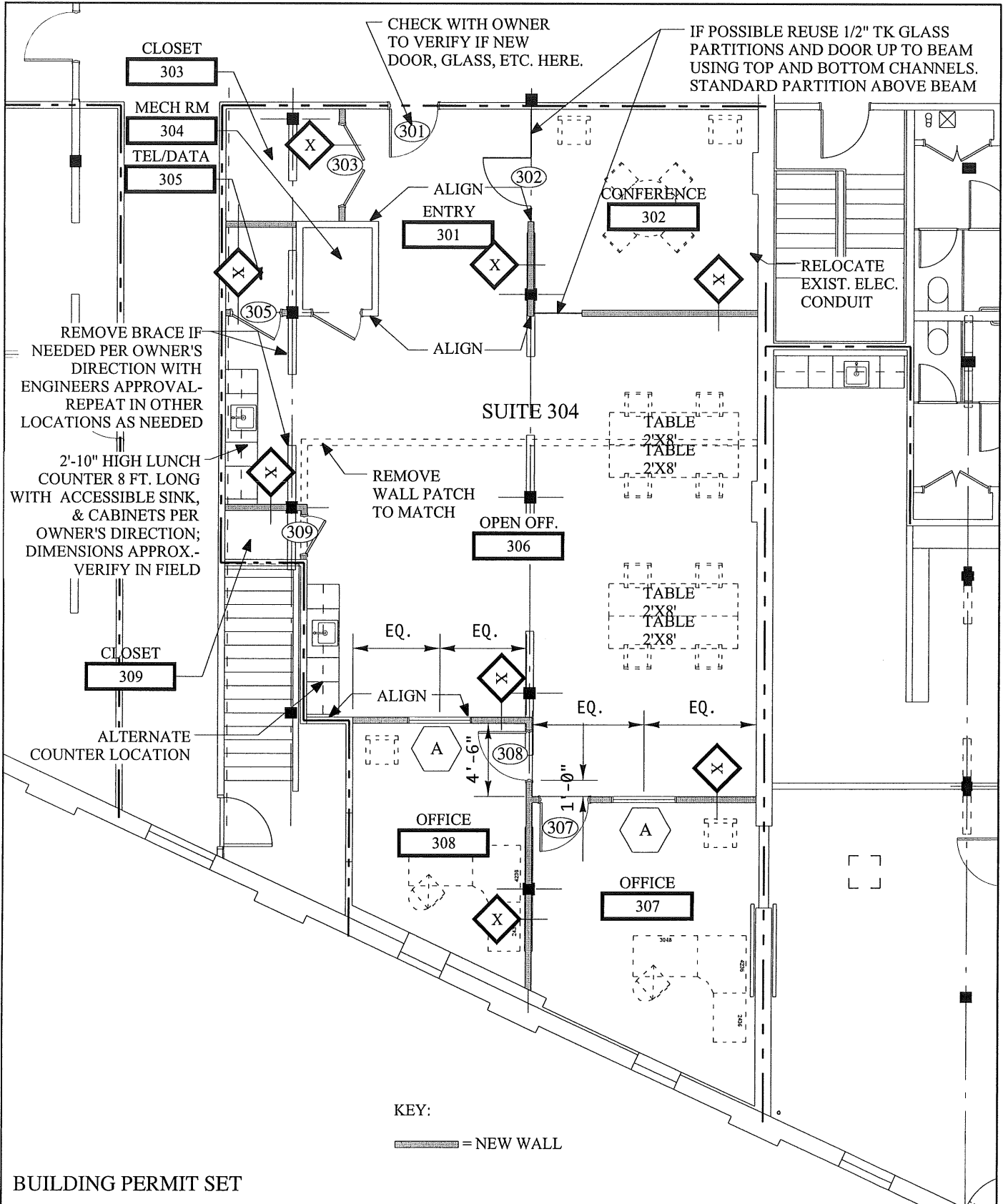


**DOOR AND FIXED GLASS NOTES:**

1. ALL DOORS IN HM FRAME (CHECK WITH OWNER FOR ENTRY DOOR 301 FRAME WHICH MAY BE WOOD FRAME & TRIM TO MATCH OTHERS IN HALLWAY).
2. DOOR 301 (ENTRY FROM HALL) MUST HAVE CLOSER.
3. ALL DOORS HARDWARE TO BE MATT SILVER FINISH; LEVER HANDLES; 3 BUTTS; LOCKSETS PER OWNERS DIRECTION; ALL DOORS CAN OPEN FROM INSIDE WITHOUT KEY EVEN WHEN LOCKED; ALL DOORS ARE 3' WIDE (EXCEPT 309- 2'-4\" V.I.F.).
4. ALL DOORS TO HAVE SOUND SEAL STRIPPING ALL EDGES (SMOKEPROOF STRIPPING AT DOORS TO HALLWAYS).
5. ANY GLAZING IS TO MATCH OWNERS OFFICES WITH SAME TRIM, ETC.
6. ALL THRESHOLDS TO BE ACCESSIBLE (1/2\" MAX.)
7. SEE OWNER FOR BASE, FLOOR, PAINT, ETC. FINISHES.

**BUILDING PERMIT SET**

|  |  |  |  |                               |
|--|--|--|--|-------------------------------|
| Project Title<br>Suite 304 Tenant Space  | J.B. Brown & Sons, Inc.<br>36 Danforth Street<br>Portland ME 04101 | Drawing Title<br><b>DOORS, WINDOWS, ETC.</b> |  | Drawing Number<br><b>A0.2</b> |
|  Copyright 2012 Michael Belleau Architect<br>61 Pleasant Street Portland ME 04101 (207)874-7668<br>www.michaelbelleau.com | Date: 4/02/12  | Scale: AS NOTED                              |  |                               |
|  | Project Number: 12.02  | Reference: NONE                              |  |                               |



CHECK WITH OWNER TO VERIFY IF NEW DOOR, GLASS, ETC. HERE.

IF POSSIBLE REUSE 1/2" TK GLASS PARTITIONS AND DOOR UP TO BEAM USING TOP AND BOTTOM CHANNELS. STANDARD PARTITION ABOVE BEAM

REMOVE BRACE IF NEEDED PER OWNER'S DIRECTION WITH ENGINEERS APPROVAL- REPEAT IN OTHER LOCATIONS AS NEEDED

2'-10" HIGH LUNCH COUNTER 8 FT. LONG WITH ACCESSIBLE SINK, & CABINETS PER OWNER'S DIRECTION; DIMENSIONS APPROX.- VERIFY IN FIELD

ALTERNATE COUNTER LOCATION

REMOVE WALL PATCH TO MATCH

RELOCATE EXIST. ELEC. CONDUIT

Project Title  
Suite 304 Tenant Space

J.B. Brown & Sons, Inc.  
36 Danforth Street  
Portland ME 04101

Drawing Title  
**PLAN SUITE 304 PROPOSED**

Drawing Number

**A1.3**



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61 Pleasant Street Portland ME 04101 (207)874-7668  
www.michaelbelleau.com

Date: 4/02/12

Scale: 1/8" = 1'-0"

Project Number: 12.02

Reference: NONE



# PORTLAND MAINE

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## Receipts Details:

**Tender Information:** Check , BusinessName: JB Brown & Sons, Check Number: 4584

**Tender Amount:** 270.00

## Receipt Header:

**Cashier Id:** gguertin

**Receipt Date:** 4/4/2012

**Receipt Number:** 42559

## Receipt Details:

|  |        |                |           |
|--|--------|----------------|-----------|
| Referance ID:  | 5948   | Fee Type:      | BP-Constr |
| Receipt Number:  | 0      | Payment Date:  |           |
| Transaction Amount:  | 270.00 | Charge Amount: | 270.00    |
| Job ID: Job ID: 2012-04-3692-ALTCOMM - construct 2 offices |        |                |           |
| Additional Comments: 20 Danfort                            |        |                |           |

Thank You for your Payment!

# 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: June 7, 2012

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: HSMC

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):

NFPA 72, Fig. 14.6.2.4 (p. 1 of 11)

**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: HSMC                | 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 type="checkbox"/>            | THIS TEST WAS FOR ( 2 ) HORN STROBE UNITS<br>INSTALLED IN SUITE 304 |
| 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<br>Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Ambient                      dBA<br>Alarm                         dBA<br>(attach report with locations, values,<br>and weather conditions) | <input type="checkbox"/> | <input type="checkbox"/> |          |
| System intelligibility<br><input type="checkbox"/> CSI <input type="checkbox"/> STI<br>(attach report with locations, values,<br>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 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<br>Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Ambient                    dBA<br>Alarm                      dBA<br>(attach report with locations, values,<br>and weather conditions) | <input type="checkbox"/> | <input type="checkbox"/> |          |
| System intelligibility<br><input type="checkbox"/> CSI <input type="checkbox"/> STI<br>(attach report with locations, values,<br>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<br>enhancement system  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Area of refuge communication<br>system      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Elevator emergency<br>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 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: HSMC                    | Time: 07:21 |
| Building management           | Contact: J.B. Brown Mngt Company | Time: 07:20 |
| Building occupants            | Contact:                         | Time:       |
| Authority having jurisdiction | Contact: Portland Fire           | Time: 07:22 |
| Other, if required            | Contact:                         | Time:       |

**9. SYSTEM RESTORED TO NORMAL OPERATION**

Date: June 7, 2012                      Time: 07:21

**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: 6-07-12       |
| Organization: Norris Inc | Title: Technician         | Phone: 207-883-3473 |

**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**

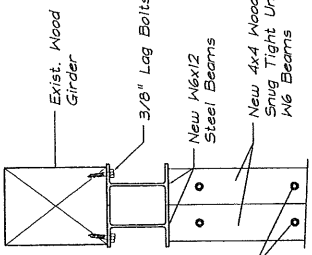
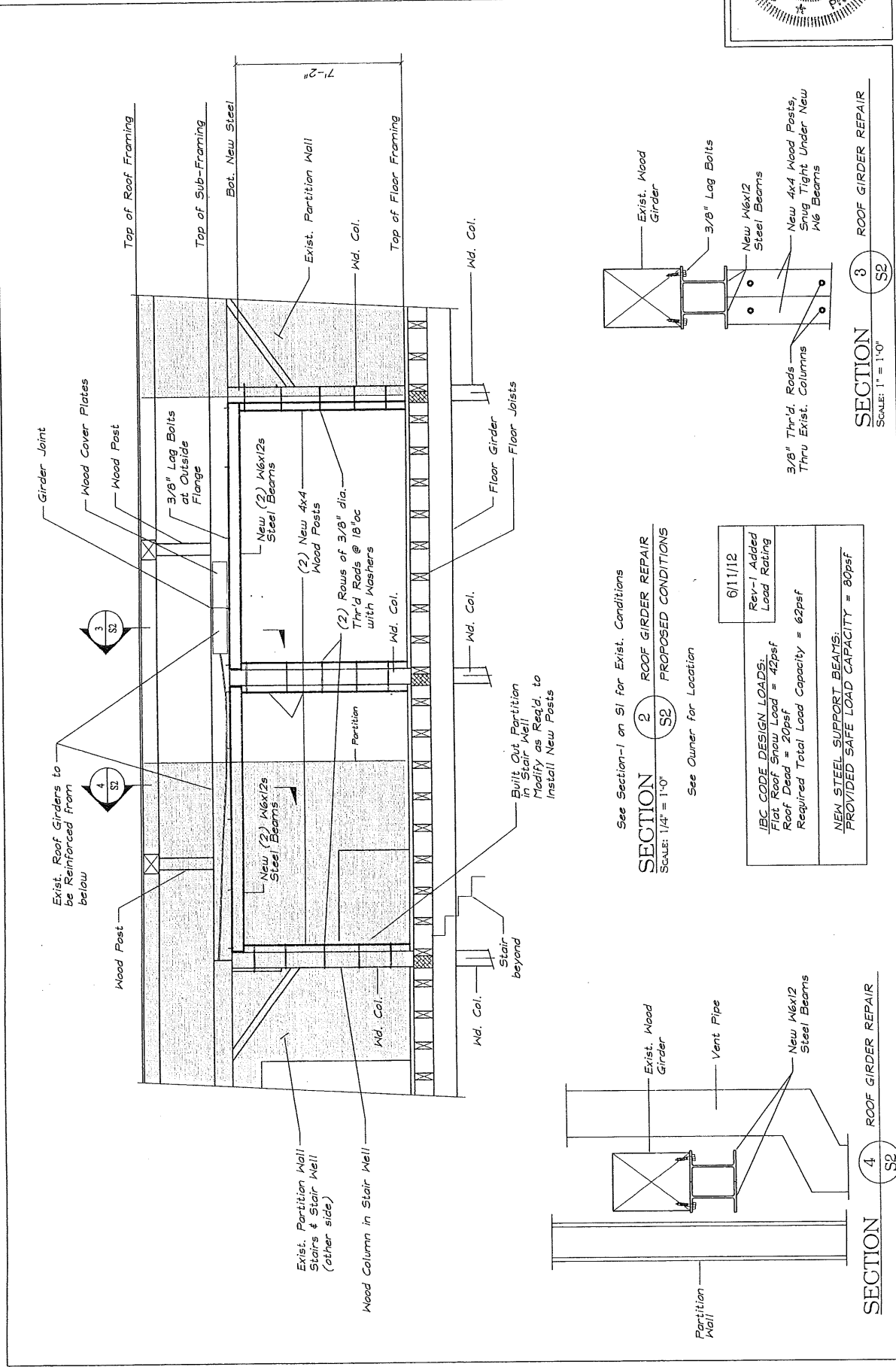
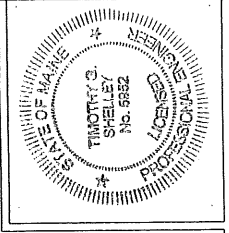
(Attach additional sheets if required)

| <b>Device Type</b> | <b>Address</b> | <b>Location</b>    | <b>Test Results</b> |
|--------------------|----------------|--------------------|---------------------|
| HORN / STROBE      |                | SUITE 304 CONF. RM | OK                  |
| HORN / STROBE      |                | SUITE 304 LOBBY    | OK                  |

30 DANFORTH STREET  
 SUITE 312 - GIRDER REPAIR  
 PORTLAND  
 MAINE

DATE: 4/22/12  
 DRAWN BY: TCS  
 SCALE: AS NOTED  
 JOB NO.: S2 OF 2  
 2012-043

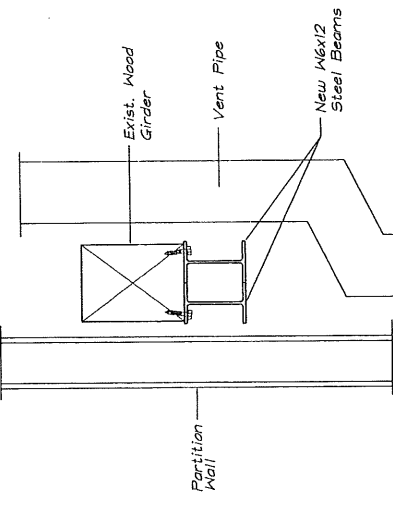
SHELLEY ENGINEERING, INC.  
 STRUCTURAL CONSULTANTS  
 P.O. Box 1030  
 GRAY, MAINE 04039  
 PHONE (207) 657-8031  
 WWW.SHELLEYENGINEERING.COM



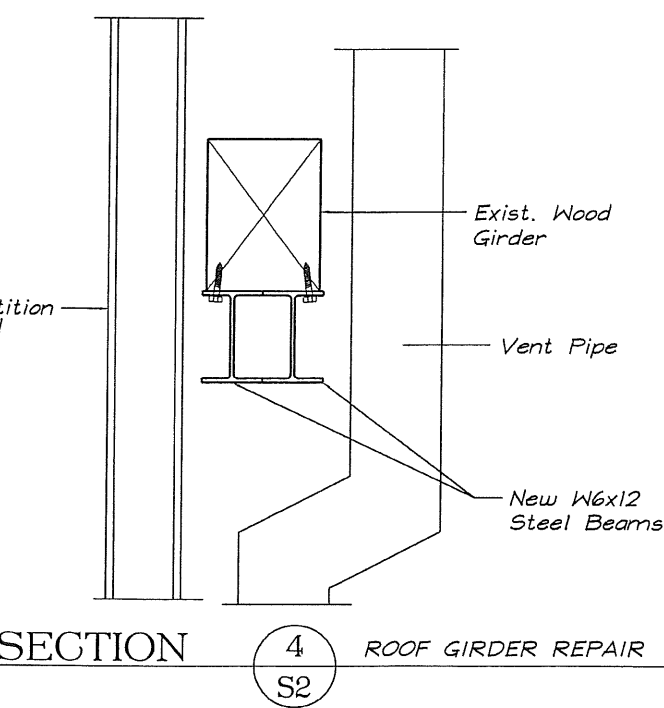
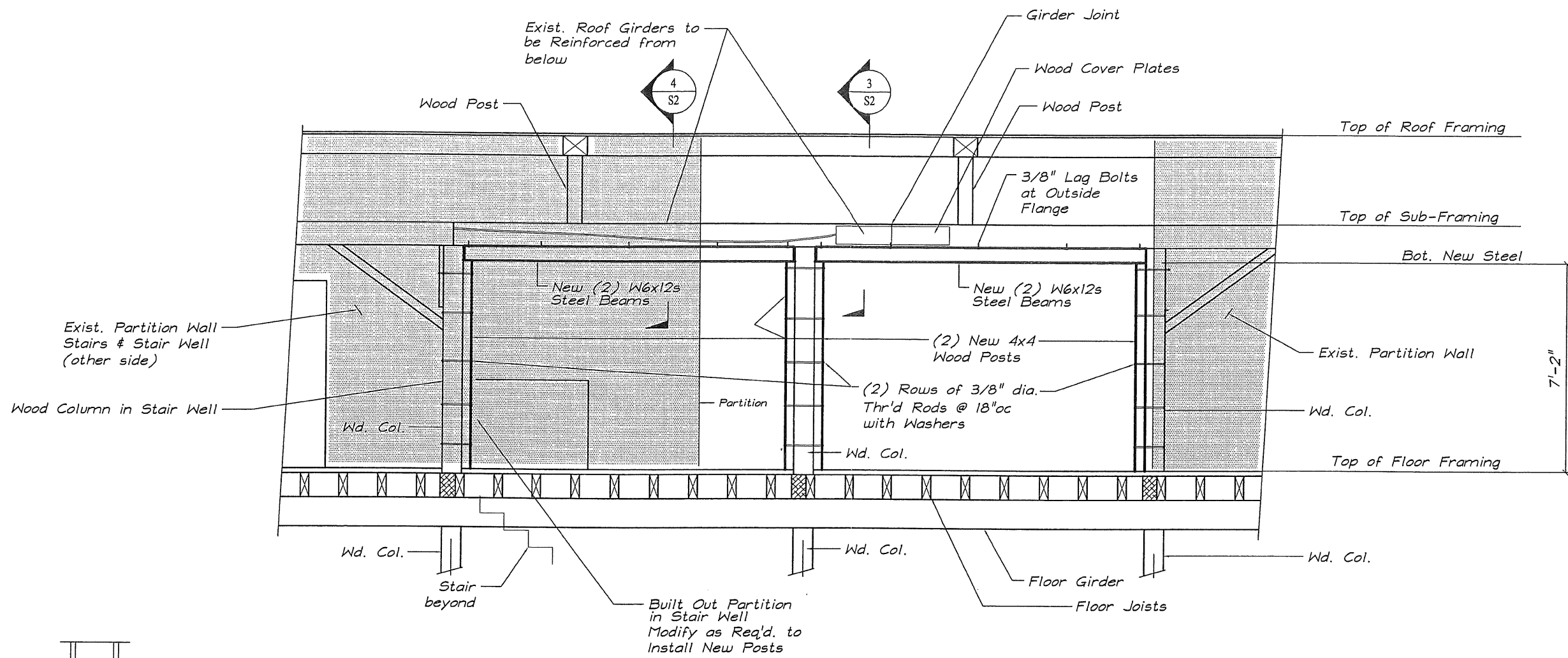
SECTION 3 ROOF GIRDER REPAIR  
 SCALE: 1" = 1'-0"

See Section-1 on SI for Exist. Conditions  
 SECTION 2 ROOF GIRDER REPAIR  
 SCALE: 1/4" = 1'-0" PROPOSED CONDITIONS  
 See Owner for Location

|   |                         |
|---|-------------------------|
| 6/11/12   | Rev-1 Added Load Rating |
| <b>IBC CODE DESIGN LOADS:</b><br>Flat Roof Snow Load = 42psf<br>Roof Dead = 20psf<br>Required Total Load Capacity = 62psf |                         |
| <b>NEW STEEL SUPPORT BEAMS:</b><br>PROVIDED SAFE LOAD CAPACITY = 80psf  |                         |

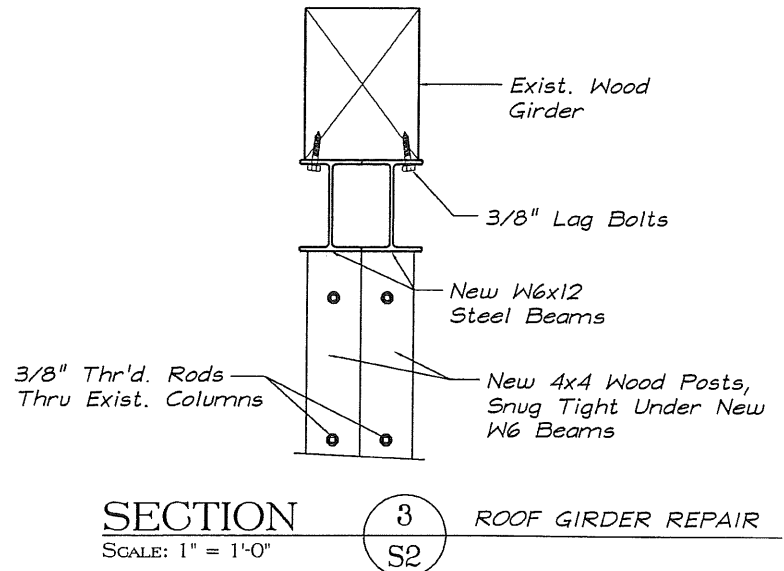


SECTION 4 ROOF GIRDER REPAIR  
 SCALE: 1" = 1'-0"



See Section-1 on S1 for Exist. Conditions  
**SECTION 2** ROOF GIRDER REPAIR  
 SCALE: 1/4" = 1'-0"  
**S2** PROPOSED CONDITIONS  
 See Owner for Location

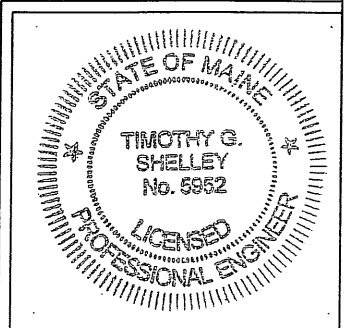
|  |                                    |
|--|------------------------------------|
| IBC CODE DESIGN LOADS:<br>Flat Roof Snow Load = 42psf<br>Roof Dead = 20psf<br>Required Total Load Capacity = 62psf | 6/11/12<br>Rev-1 Added Load Rating |
| NEW STEEL SUPPORT BEAMS:<br>PROVIDED SAFE LOAD CAPACITY = 80psf  |                                    |



**SECTION 3** ROOF GIRDER REPAIR  
 SCALE: 1" = 1'-0"  
**S2**

30 DANFORTH STREET  
 SUITE 312 - GIRDER REPAIR  
 PORTLAND  
 DRAWN BY: TGS  
 CHECKED BY: TGS  
 DATE: 4/22/12  
 SCALE: AS NOTED  
 MAIN  
 S2 OF 2  
 JOB No.: 2012-043

SEI  
 SHELLEY ENGINEERING, INC.  
 STRUCTURAL CONSULTANTS  
 P.O. Box 1030  
 GRAY, MAINE 04039  
 PHONE (207) 657-8031  
 WWW.SHELLEYENGINEERING.COM



# Suite 304

TENANT SPACE  
30 DANFORTH STREET  
PORTLAND ME 04101

OWNER: J.B. BROWN & SONS  
36 DANFORTH ST.  
PORTLAND ME 04101

## LIST OF DRAWINGS:

- A0.0 TITLE, KEY PLAN
- A0.1 GENERAL NOTES
- A0.2 DOORS, PARTITIONS, ETC.
- A1.3 THIRD FLOOR PARTIAL PLAN

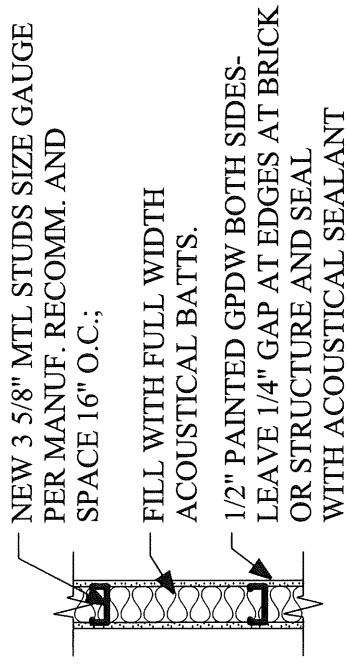


## 1 THIRD FLOOR KEY PLAN

A0.0 SCALE: 1/32" = 1'-0"

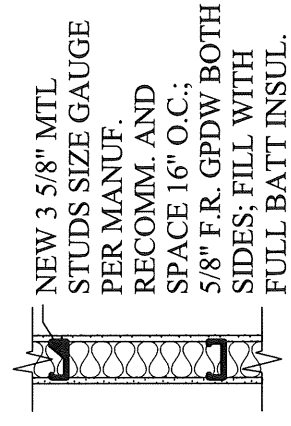
### BUILDING PERMIT SET

|  |   |                |                      |
|--|---|----------------|----------------------|
| Project Title<br>Suite 304 Tenant Space  | Drawing Title<br><b>TITLE, KEY PLAN</b> | Drawing Number |                      |
|  |   | Date: 4/02/12  | Scale: 1/32" = 1'-0" |
| <b>bell</b><br>eau<br>Copyright 2012 Michael Belleau Architect<br>61 Pleasant Street Portland ME 04101 (207)874-7668<br>www.michaelbelleau.com | Project Number: 12.02                   | Reference:     | NONE                 |



**X** ALL PARTITIONS U.O.N.

SOUND PROOF- STAGGER OUTLETS ON OPP. SIDES, ETC. AND TEST AFTER INSTALLATION FOR SOUND PROOF.

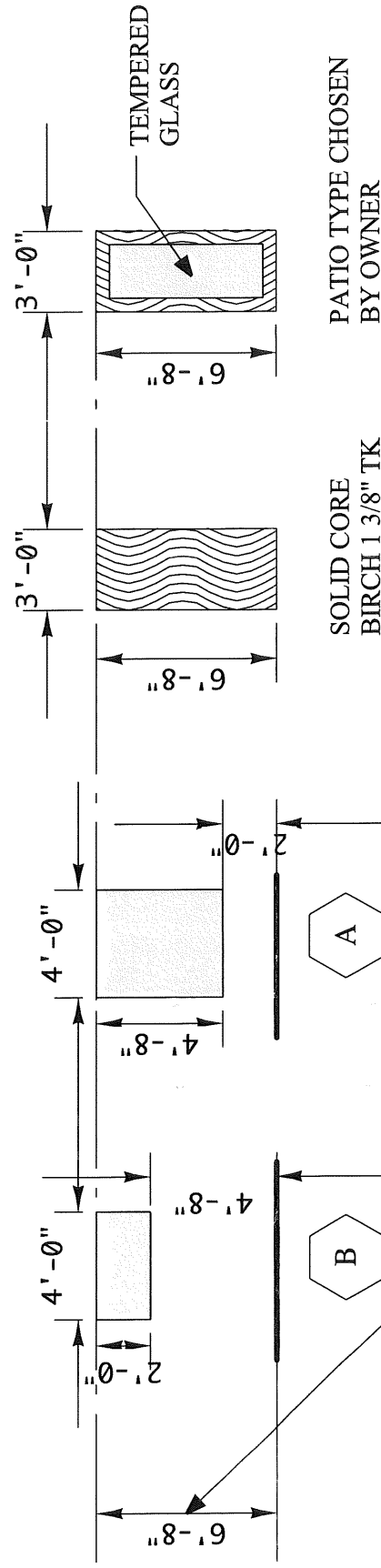


**1HR** 1 HOUR FIRE RATED PARTITION

(NOT USED UNLESS OWNER NEEDS TO PATCH MECHANICAL ROOM OR WALLS BETWEEN TENANT SPACES THEN USE THIS TYPE)

**PARTITION TYPES:**

NOTE: SEAL ALL WALLS AT COLUMNS, BEAMS & DECK TIGHT TO MAKE SMOKE PROOF. ALL WALLS TO GO UP TO DECK. THEREFORE, INFILL BETWEEN JOISTS IF NECESSARY. USE ACOUSTICAL SEALANT IF NO FIRE RATING; USE FIRE RETARDANT SEALANT AT HALLS AND ANY RATED WALL.



CAN CHANGE GLASS AND DOOR HEIGHT TO 7 FEET IF MATCHES REST OF DOORS ON FLOOR

**SOLID CORE**  
BIRCH 1 3/8" TK  
FINISH PER  
OWNER'S DIRECTION

**PATIO TYPE CHOSEN**  
BY OWNER  
BIRCH 1 3/8" TK  
FINISH PER  
OWNER'S DIRECTION

DOOR 303, 305,  
309 (309 IS 2'-4" WIDE  
V.I.F. TO FIT)

DOORS 301, 302 (IF  
NEEDED), 307, 308

**FIXED GLASS**  
**-DETAILED LIKE OWNER'S OFFICE**

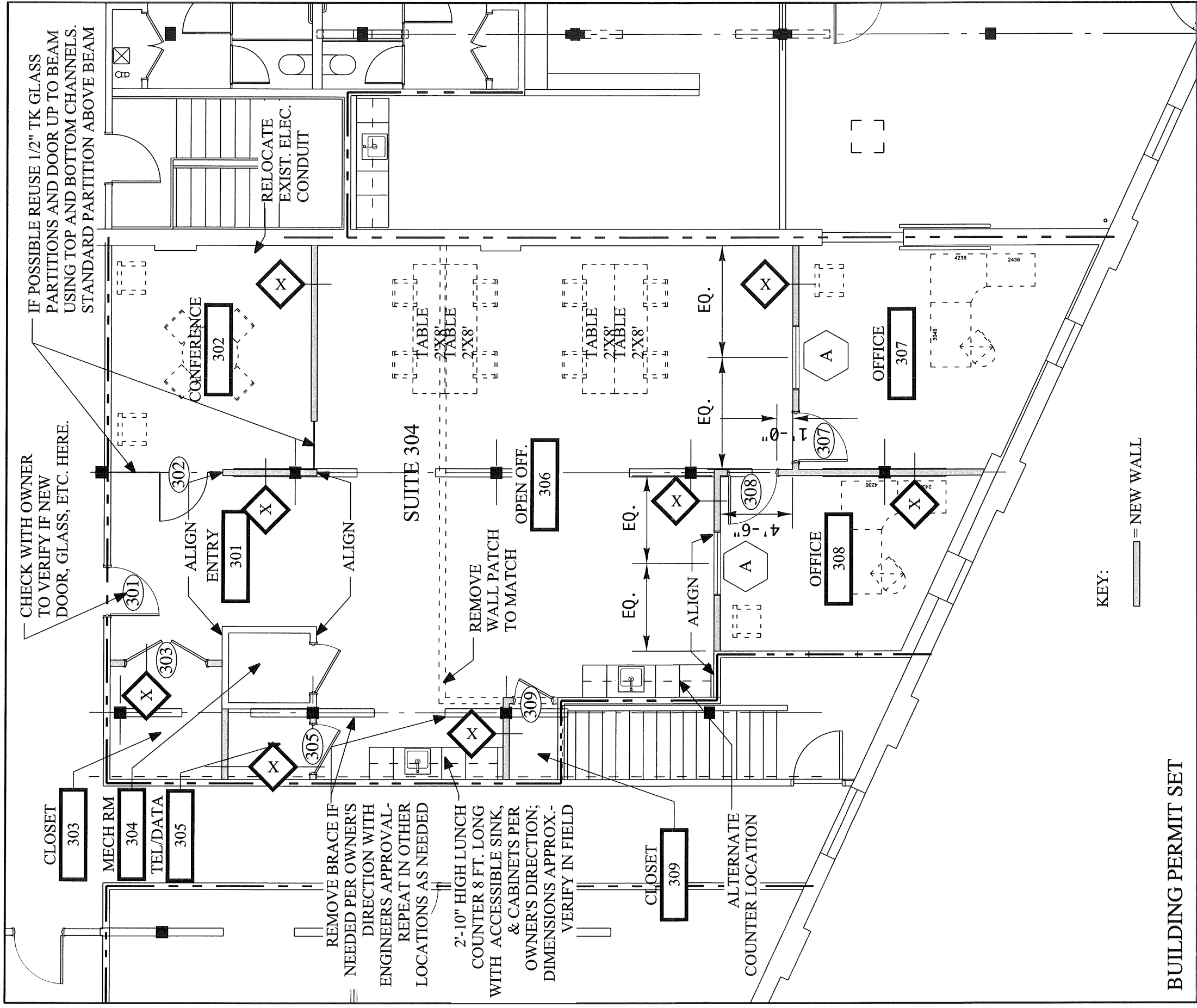
**DOORS**

**DOOR AND FIXED GLASS NOTES:**

- ALL DOORS IN HM FRAME (CHECK WITH OWNER FOR ENTRY DOOR 301 FRAME WHICH MAY BE WOOD FRAME & TRIM TO MATCH OTHERS IN HALLWAY).
- DOOR 301 (ENTRY FROM HALL) MUST HAVE CLOSER.
- ALL DOORS HARDWARE TO BE MATT SILVER FINISH; LEVER HANDLES; 3 BUTTS; LOCKSETS PER OWNERS DIRECTION; ALL DOORS CAN OPEN FROM INSIDE WITHOUT KEY EVEN WHEN LOCKED; ALL DOORS ARE 3' WIDE (EXCEPT 309- 2'-4" V.I.F.).
- ALL DOORS TO HAVE SOUND SEAL STRIPPING ALL EDGES (SMOKEPROOF STRIPPING AT DOORS TO HALLWAYS).
- ANY GLAZING IS TO MATCH OWNERS OFFICES WITH SAME TRIM, ETC.
- ALL THRESHOLDS TO BE ACCESSIBLE (1/2" MAX.)
- SEE OWNER FOR BASE, FLOOR, PAINT, ETC. FINISHES.

**BUILDING PERMIT SET**

|   |  |                 |                               |
|---|--|-----------------|-------------------------------|
| Project Title<br><b>Suite 304 Tenant Space</b>  | Drawing Title<br><b>DOORS, WINDOWS, ETC.</b> |                 | Drawing Number<br><b>A0.2</b> |
|   | Date: 4/02/12                                | Scale: AS NOTED |                               |
| <b>bell</b><br>Copyright 2012 Michael Belleau Architect<br>61 Pleasant Street Portland ME 04101 (207)874-7668<br>www.michaelbelleau.com | Project Number: 12.02                        | Reference: NONE |                               |



**BUILDING PERMIT SET**

|   |  |   |                               |
|---|--|---|-------------------------------|
| Project Title<br>Suite 304 Tenant Space   | J.B. Brown & Sons, Inc.<br>36 Danforth Street<br>Portland ME 04101 | Drawing Title<br><b>PLAN SUITE 304 PROPOSED</b> | Drawing Number<br><b>A1.3</b> |
| <b>beau</b><br>Copyright 2012 Michael Belleau Architect<br>61 Pleasant Street Portland ME 04101 (207)874-7668<br>www.michaelbelleau.com | Date:<br>4/02/12   | Scale:<br>1/8" = 1'-0"                          | Reference:<br>NONE            |
|   | Project Number:<br>12.02   |   |                               |