E Plans ✓

City of Portland, Maine - Building or Use Permit Application

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

Permit No:	Issue Date:	CBL:
2013-00270		040 D001001

Location of Construction:	Owner Name:	Owner Address:	Phone:
20 DANFORTH ST- suite 102	BROWN J B & SONS	PO BOX 207 PORTLAND, ME 04112	
Business Name:	**Contractor Name:**	**Contractor Address:**	**Phone**
Bendett & McHugh	Reagan & Company /Earl	106 Merrill Rd. Gray ME 04039	(207) 653-6353
Lessee/Buyer's Name	**Phone:**	**Permit Type:**	**Zone:**
		Alterations - Commercial	B3
Past Use:	**Proposed Use:**	**Permit Fee:** / **Cost of Work:**	**CEO District:**
Entire building has retail, storage and offices	Same: Entire building has retail, storage and offices	$440.00 / $41,735.00	2

FIRE DEPT: ☑ Approved ☐ Denied ☐ N/A — 3/18/13

INSPECTION: Use Group: B Type: 2B — IBC 2009 IRC 2009 — Signature: JMD 3/13/13

Proposed Project Description:
Tenant fit-up for suite 102 - 9 offices, conferer

CLOSED

STRICT (P.A.D.) ☐ Approved w/Conditions ☐ Denied

Date:

Permit Taken By:	Date Applied For:
LDOBSON	02/11/2013

roval

1. This permit application does not preclude Applicant(s) from meeting applicable State and Federal Rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

☐ Shoreland	☐ Variance	☐ Not in District or Landmark
☐ Wetland	☐ Miscellaneous	☐ Does Not Require Review
☐ Flood Zone	☐ Conditional Use	☐ Requires Review
☐ Subdivision	☐ Interpretation	☐ Approved
☐ Site Plan	☐ Approved	☐ Approved w/Conditions
Maj ☐ Minor ☐ MM ☐	☐ Denied	☐ Denied
Date: OK with Conditions 2/13/13	Date:	Date: Any extension of work requires a Separate review & Approval

Historic Preservation

COPY

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

Wallboard Supply Company

NH • ME • VT • MA

242 RIVERSIDE STREET
PORTLAND, ME 04103
TEL: 207-321-7625
FAX: 207-321-0037

WALLBOARD SUPPLY CO.

LONDONDERRY, NH 03053	TEL: 603-434-4597
WILLISTON, VT 05495	TEL: 802-863-8897
HERMON, ME 04401	TEL: 207-848-1700
BRAINTREE, MA 02184	TEL: 781-535-6771

SOLD TO

SHIP TO

A finance charge of 1½% per month (18% per annum) will be charged on all invoices not paid by due date. CUSTOMER ASSUMES ALL RESPONSIBILITY FOR ANY DAMAGES CAUSED BY TRUCKS DELIVERING BEYOND STREET PAVEMENT. 20% RESTOCKING CHARGE ON ITEMS RETURNED. $35 RETURNED CHECK FEE.

ACCOUNT #	CUSTOMER P.O. #	TERMS	ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE

ORDERED	BACK ORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT

FILLED BY	CHK'D BY	DRIVER		
			MERCHANDISE	
SHIP VIA			OTHER	
			TAX	
			FREIGHT	
			TOTAL	

HIGH TECH FIRE PROTECTION

PO Box 156 • Minot, ME 04258-0156
Phone: (207)998-2551 • Fax: (207)998-4187

Date: April 22, 2013

To: Reagan & Company

From: Richard Smith

Re: Guarantee/fire sprinklers

MSG: Jerric Corp. D/B/A High Tech Fire Protection hereby warranties and guarantees all materials and workmanship supplied by High Tech Fire Protection on the project entitled **30 Danforth Street, Suite 104** in **Portland**, Maine for a period of one year from the date of substantial completion (**March 12, 2013**).
We shall remove, replace and /or repair at our own expense and at the convenience of the owner any faulty, defective or improper work and / or materials completed / installed by High Tech Fire Protection or equipment discovered within one year from the date of acceptance of the Project as a whole by the architect and owner.
Our scope of work completed on the existing sprinkler system meets or exceeds all requirements necessary for an approved NFPA #13 commercial sprinkler system and the Local Authority.

Richard Smith, Treasurer
Jerric Corp. D/B/A High Tech Fire Protection

NORRIS INC

PO Box 2551
2257 West Broadway
South Portland, ME 04106

1.800.370.3473
fax 207.879.0540

www.norrisinc.com

April 18, 2013

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

Subject: Suite 104 – 30 Danforth

Dear Trish,

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

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

Sincerely,

Craig E. Elkanich
Service Manager

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM RECORD OF COMPLETION

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

1. PROPERTY INFORMATION

Name of property: J.B. BROWN

Address: 30 DANFORTH STREET PORTLAND,M AINE SUITE 104

Description of property: 4 STORY BRICK

Occupancy type: MULTIPLE BUISINESS OCCUPANCY

Name of property representative: TRISH WEIMER

Address: 36 DANFORTH STREET PORTLAND, MAINE

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

Installation contractor for this equipment: NORRIS INC

Address: 2257W BROADWAY

License or certification number:

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

Service organization for this equipment:

Address:

License or certification number:

Phone: Fax: E-mail:

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

Contracted testing company: NORRIS IN - ADDITIONS TO SUITE 104 ONLY

Address: 2257 WEST BROADWAY SO. PORTLAND, MAINE 04106

Phone: 207-883-3473 Fax: 207-879-0540 E-mail: nossisinc.com

Contract expires: Contract number: Frequency of routine inspections:

3. DESCRIPTION OF SYSTEM OR SERVICE

☒ Fire alarm system (nonvoice)

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

☐ Mass notification system (MNS)

☐ Combination system, with the following components:

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

☒ Other (specify): ** TESTING OF HORNS, STROBES IN NEW FIT UP SPACE SUITE 104 "

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

NFPA 72 edition: 2010 Additional description of system(s):

3.1 Control Unit

Manufacturer: NOTIFIER Model number:

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 autonomous control unit ☐ Wide-area MNS to regional national alerting interface

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

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

☐ Other (specify):

3.3 System Documentation

☒ An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the numbered record drawings are stored on site. Location: ELECTRICAL ROOM AT FIRE PANEL

3.4 System Software ☐ This system does not have alterable site-specific software.

Operating system (executive) software revision level: 3.4 B3

Site-specific software revision date: Revision completed by:

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

3.5 Off-Premises Signal Transmission ☐ This system does not have off-premises transmission.

Name of organization receiving alarm signals with phone numbers:

Alarm: HSMC Phone: 1-800-933-4762

Supervisory: SAME Phone: SAME

Trouble: SAME Phone: SAME

Entity to which alarms are retransmitted: Phone:

Method of retransmission:

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

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

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4. CIRCUITS AND PATHWAYS

4.1 Signaling Line Pathways

4.1.1 Pathways Class Designations and Survivability

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

4.1.2 Pathways Utilizing Two or More Media

Quantity: Description:

4.1.3 Device Power Pathways

☐ No separate power pathways from the signaling line pathway

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

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

4.1.4 Isolation Modules

Quantity:

4.2 Alarm Initiating Device Pathways

4.2.1 Pathways Class Designations and Survivability

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

4.2.2 Pathways Utilizing Two or More Media

Quantity: Description:

4.2.3 Device Power Pathways

☐ No separate power pathways from the initiating device pathway

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

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

4.3 Non-Voice Audible System Pathways

4.3.1 Pathways Class Designations and Survivability

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

4.3.2 Pathways Utilizing Two or More Media

Quantity: Description:

4.3.3 Device Power Pathways

☐ No separate power pathways from the notification appliance pathway

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

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

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5. ALARM INITIATING DEVICES

5.1 Manual Initiating Devices

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

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

Other (specify): N/A

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

Description: N/A

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

Other (specify):

5.2 Automatic Initiating Devices

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

Type and number of devices: Addressable: 1 Conventional:

Other (specify):

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

Other (specify):

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

Other (specify):

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

Type and number of devices: Addressable: Conventional:

Other (specify): N/A

Type of coverage:

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

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

Type and number of devices: Addressable: Conventional:

Other (specify): N/A

Type of coverage:

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

Type of detector(s): N/A

Number of devices: Addressable: Conventional:

Type of coverage:

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

Type and number of devices: Addressable: N/A Conventional:

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

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

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5. ALARM INITIATING DEVICES *(continued)*

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

Number of devices: N/A

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

Type and number of devices: Addressable: N/A Conventional: Coded: Transmitter:

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

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

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

Number of devices subject to presignal: N/A

Describe presignal functions:

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

Describe PAS: N/A

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

Describe: N/A

6. SUPERVISORY SIGNAL-INITIATING DEVICES

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

Type and number of devices: Addressable: N/A Conventional: Coded: Transmitter:

Other (specify):

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

Type fire pump: ☐ Electric pump ☐ Engine

Type and number of devices: Addressable: N/A Conventional: Coded: Transmitter:

Other (specify):

6.2.1 Fire Pump Functions Supervised

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

Other (specify): N/A

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

Type and number of devices: Addressable: N/A Conventional:

Other (specify):

Type of coverage:

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

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

Describe: N/A

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7. MONITORED SYSTEMS

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

7.1.1 Generator Functions Supervised

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

☐ Other (specify): N/A

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

Description of special hazard system(s): N/A

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

Description of special hazard system(s): N/A

8. ANNUNCIATORS ☐ This system does not have annunciators.

8.1 Location and Description of Annunciators

Location 1: N/A

Location 2:

Location 3:

9. ALARM NOTIFICATION APPLIANCES

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

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

Number of speakers: Number of speaker circuits:

Location of amplification and sound-processing equipment:

Location of paging microphone stations:

Location 1:

Location 2:

Location 3:

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

Horns: 2 With visible: 2 Bells: With visible:

Chimes: With visible:

Visible only: 2 Other (describe): 2

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

Quantity: N/A

Locations:

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

10.1 MNS Local Operating Consoles

Location 1:

Location 2:

Location 3:

10.2 High-Power Speaker Arrays

Number of HPSA speaker initiation zones:

Location 1:

Location 2:

Location 3:

10.3 Mass Notification Devices

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

Textual signs: Other (describe):

Supervision class:

10.3.1 Special Hazard Notification

☐ This system does not have special suppression predischarge notification.

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

11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS

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

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

Number of telephone handsets stored on site:

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

11.2 Two-Way Radio Communications Enhancement System

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

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

Amplification component locations:

Inbound signal strength: dBm Outbound signal strength: dBm

Donor antenna isolation is: dB above the signal booster gain

Radio frequencies covered:

Radio system monitor panel location:

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

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

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

Number of stations: Location of central control point:

Days and hours when central control point is attended:

Location of alternate control point:

Days and hours when alternate control point is attended:

11.4 Elevator Emergency Communications Systems

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

Number of elevators with stations: N/A Location of central control point:

Days and hours when central control point is attended:

Location of alternate control point:

Days and hours when alternate control point is attended:

11.5 Other Two-Way Communication Systems

Describe:

12. CONTROL FUNCTIONS

This system activates the following control fuctions:

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

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

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

Other (specify): N/A

12.1 Addressable Control Modules

☐ This system does not have control modules.

Number of devices: N/A

Other (specify):

13. SYSTEM POWER

13.1 Control Unit

13.1.1 Primary Power

Input voltage of control panel: N/A Control panel amps:

Overcurrent protection: Type: Amps:

Location (of primary supply panel board):

Disconnecting means location:

13.1.2 Engine-Driven Generator

☐ This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

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13. SYSTEM POWER *(continued)*

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

Equipment powered by a UPS system:

Location of UPS system:

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

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

13.1.4 Batteries

Location: Type: Nominal voltage: Amp/hour rating:

Calculated capacity of batteries to drive the system:

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

☐ Batteries are marked with date of manufacture ☐ Battery calculations are attached

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

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

13.2.1 Primary Power

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

Overcurrent protection: Type: Amps:

Location (of primary supply panel board):

Disconnecting means location:

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

Location of generator:

Location of fuel storage: Type of fuel:

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

Equipment powered by a UPS system:

Location of UPS system:

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

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

13.2.4 Batteries

Location: Type: Nominal voltage: Amp/hour rating:

Calculated capacity of batteries to drive the system:

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

☐ Batteries are marked with date of manufacture ☐ Battery calculations are attached

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13. SYSTEM POWER *(continued)*

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

13.3.1 Primary Power

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

Overcurrent protection: Type: Amps:

Location (of primary supply panel board):

Disconnecting means location:

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

Location of generator:

Location of fuel storage: Type of fuel:

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

Equipment powered by a UPS system:

Location of UPS system:

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

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

13.3.4 Batteries

Location: Type: Nominal voltage: Amp/hour rating:

Calculated capacity of batteries to drive the system:

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

☐ Batteries are marked with date of manufacture ☐ Battery calculations are attached

14. RECORD OF SYSTEM INSTALLATION

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

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

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

☐ *NFPA 72,* Edition:

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

☒ Manufacturer's published instructions

Other (specify):

System deviations from referenced NFPA standards:

Signed: Tim Johnson Printed name: TIM JOHNSON Date: 4-18-13

Organization: NORRIS INC Title: TECHNICIAN Phone: 207-883-3473

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15. RECORD OF SYSTEM OPERATIONAL ACCEPTANCE TEST

☐ New system

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

☒ Modifications to an existing system

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

☐ *NFPA 72,* Edition:

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

☒ Manufacturer's published instructions

Other (specify):

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

Signed:	Tim Johnson	Printed name:	TIM JOHNSON	Date:	3-26-12
Organization:	NORRIS INC	Title:	TECHNICIAN	Phone:	207-883-3473

16. CERTIFICATIONS AND APPROVALS

16.1 System Installation Contractor:

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

Signed:	Tim Johnson	Printed name:	TIM JOHNSON	Date:	4-18-13
Organization:	NORRIS INC	Title:	TECHNICIAN	Phone:	207-883-3473

16.2 System Service Contractor:

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

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

16.3 Supervising Station:

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

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

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16. CERTIFICATIONS AND APPROVALS *(continued)*

16.4 Property or Owner Representative:

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

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

16.5 Authority Having Jurisdiction:

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

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

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