

April 11, 2017

Laurie Leader  
Code Enforcement Officer/Plan Reviewer  
Inspections Department  
City of Portland  
389 Congress Street  
Portland, Maine 04101  
207-874-8714

**Re: 667 Congress Street Apartments**

Laurie,

We are writing this letter to request a partial occupancy of the 667 Congress Street mixed use project. The portion of the building we would like to gain occupancy for prior to the full building occupancy is the first floor retail tenant space on Congress Street which will be Joe's Super Variety.

Please see the attached letter from High Tech Fire Protection Co. indicating the Sprinkler system is complete within the Joe's Super Variety Space, and the attached record of completion from BH Milliken indicating the fire alarm system is complete within the Joe's Super variety Space.

Sincerely,



Ryan Senatore, AIA LEED-AP

Principal

## SYSTEM RECORD OF COMPLETION

*This form is 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.*

Form Completion Date: 4/7/17 Supplemental Pages Attached: \_\_\_\_\_

### 1. PROPERTY INFORMATION

Name of property: JOES SMOKE SHOP

Address: 667 CONGRESS

Description of property: RESTAURANT

Name of property representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: BH MILLIKEN

Address: 235 Presumpscot St c, Portland, ME 04103

Phone: 2078791877 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Service organization: SIMPLEX GRINNELL

Address: 20 THOMAS DRIVE WESTBROOK MAINE

Phone: 2078426440 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Testing organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Effective date for test and inspection contract: \_\_\_\_\_

Monitoring organization: N/A

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Account number: \_\_\_\_\_ Phone line 1: \_\_\_\_\_ Phone line 2: \_\_\_\_\_

Means of transmission: AES RADIO BOX

Entity to which alarms are retransmitted: PORTLAND FIRE DEPARTMENT Phone: 2078748576

### 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: FACP

### 4. DESCRIPTION OF SYSTEM OR SERVICE

This is a:  New system  Modification to existing system Permit number: \_\_\_\_\_

NFPA 72 edition: 2009

#### 4.1 Control Unit

Manufacturer: SIMPLEX Model number: 4100ES

#### 4.2 Software and Firmware

Firmware revision number: 3.05.02

#### 4.3 Alarm Verification

This system does not incorporate alarm verification.

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

## SYSTEM RECORD OF COMPLETION *(continued)*

### 5. SYSTEM POWER

#### 5.1 Control Unit

##### 5.1.1 Primary Power

Input voltage of control panel: 120V Control panel amps: 15

Overcurrent protection: Type: CIRCUIT BREAKER Amps: 20

Branch circuit disconnecting means location: GROUND FL ELECTRIC ROOM Number: 20

##### 5.1.2 Secondary Power

Type of secondary power: \_\_\_\_\_

Location, if remote from the plant: \_\_\_\_\_

Calculated capacity of secondary power to drive the system: \_\_\_\_\_

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

#### 5.2 Control Unit

This system does not have power extender panels

Power extender panels are listed on supplementary sheet A

### 6. CIRCUITS AND PATHWAYS

| Pathway Type           | Dual Media Pathway | Separate Pathway | Class | Survivability Level |
|------------------------|--------------------|------------------|-------|---------------------|
| Signaling Line         |                    | X                | B     | 1                   |
| Device Power           |                    | X                | B     | 1                   |
| Initiating Device      |                    | X                | B     | 1                   |
| Notification Appliance |                    | X                | B     | 1                   |
| Other (specify):       |                    |                  |       |                     |

### 7. REMOTE ANNUNCIATORS

| Type | Location |
|------|----------|
| N/A  |          |

### 8. INITIATING DEVICES

| Type                 | Quantity | Addressable or Conventional | Alarm or Supervisory | Sensing Technology |
|----------------------|----------|-----------------------------|----------------------|--------------------|
| Manual Pull Stations | 3        | ADDRESSABLE                 | ALARM                | TESTED 4/3/17      |
| Smoke Detectors      | 2        | ADDRESSABLE                 | ALARM                | TESTED 4/3/17      |
| Duct Smoke Detectors | 0        |                             |                      |                    |
| Heat Detectors       | 1        | ADDRESSABLE                 | ALARM                | TESTED 4/7/17      |
| Gas Detectors        | 1        | ADDRESSABLE                 | SUPERVISORY          | TESTED 4/7/17      |
| Waterflow Switches   | 1        | ADDRESSABLE                 | ALARM                | TESTED 4/7/17      |
| Tamper Switches      | 3        | ADDRESSABLE                 | SUPERVISORY          | TESTED 4/7/17      |

**SYSTEM RECORD OF COMPLETION (continued)**

**9. NOTIFICATION APPLIANCES**

| Type                            | Quantity | Description |
|---------------------------------|----------|-------------|
| Audible                         |          |             |
| Visible                         | 2        |             |
| Combination Audible and Visible | 4        |             |

**10. SYSTEM CONTROL FUNCTIONS**

| Type                             | Quantity     |
|----------------------------------|--------------|
| Hold-Open Door Releasing Devices | 0            |
| HVAC Shutdown                    | 0            |
| Fire/Smoke Dampers               | 0            |
| Door Unlocking                   | 0            |
| Elevator Recall                  | AVON ST ELEV |
| Elevator Shunt Trip              | 0            |
|                                  |              |
|                                  |              |

**11. INTERCONNECTED SYSTEMS**

- This system does not have interconnected systems.
- Interconnected systems are listed on supplementary sheet \_\_\_\_\_ .

**12. CERTIFICATION AND APPROVALS**

**12.1 System Installation Contractor**

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

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Organization: BH MILLIKEN Title: ELECTRICIAN Phone: \_\_\_\_\_

**12.2 System Operational Test**

This system as specified herein has tested according to all NFPA standards cited herein.

Signed: Broni Gorelov Printed name: BRONI GORELOV Date: 4/7/17  
 Organization: SIMPLEX Title: OPS TECH Phone: 2078426440

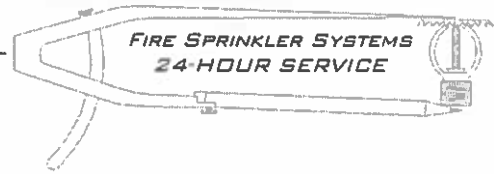
**12.3 Acceptance Test**

Date and time of acceptance test: 4/7/17  
 Installing contractor representative: MATT  
 Testing contractor representative: BRONI GORELOV  
 Property representative: PC CONSTRUCTION  
 AHJ representative: \_\_\_\_\_

# HIGH TECH FIRE PROTECTION

PO Box 156 • Minot, ME 04258-0156

Phone: (207)998-2551 • Fax: (207)998-4187



## Fire Sprinkler System Warranty & Letter of Compliance

Date: April 11, 2017

To: PC Construction

From: HTFP

Re: Warranty / compliance for Joes Variety Tenant Space 1<sup>st</sup> floor of 667 Congress.

High Tech Fire Protection hereby guarantees the design, materials and workmanship supplied by High Tech Fire Protection on the project entitled **Joe's Variety Tenant Space** located at 1<sup>st</sup> floor of 667 Congress Street Portland, Maine to meet the requirements necessary for an approved NFPA #13 2016 edition Fire Sprinkler System.

Our work carries a one year warranty from the date of substantial completion (April 13<sup>th</sup> 2017 to April 12<sup>th</sup> 2018). This pertains to only work included in our fire sprinkler system contract # **15015005**

We shall remove, replace and /or repair at our own expense and at the convenience of the owner any faulty, defective or improper work, material completed by High Tech Fire Protection or equipment discovered within one year from the date of acceptance of the project as a whole by the architect and owner.



Richard Smith  
High Tech Fire Protection  
207-998-2551  
Rsmith@htfp.me

# Contractor's Material and Test Certificate for Aboveground Piping

**PROCEDURE**

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job. A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractors. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME Joe's Variety DATE 4/11/17

PROPERTY ADDRESS 667 Congress Street 1st floor Portland, ME

ACCEPTED BY State of Maine Fire Marshal's Office  
 PLANS ADDRESS 45 Commerce Drive Suite 1 Augusta, ME 04330  
 Installation conforms to accepted plans  Yes  No  
 Equipment used is approved If no, explain deviations.  Yes  No

INSTRUCTIONS Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment?  Yes  No  
 If no, explain?  
 Has copies of the following been left on the premises?  
 1. System components instructions  Yes  No  
 2. Care and maintenance instructions  Yes  No  
 3. NFPA 25 (Owners Manual)  Yes  No

LOCATION OF SYSTEM Supplies buildings Joe's tenant space NFPA 13 WET

| SPRINKLERS | MAKE     | MODEL            | YEAR OF MANUFACTURE | ORIFICE/K-FACTOR | QUANTITY | TEMPERATURE RATING |
|------------|----------|------------------|---------------------|------------------|----------|--------------------|
|            | RELIABLE | F3QR DRY PENDENT | 2017                | K 5.6            | 7        | 155°               |
|            | RELIABLE | F1FR PENDENT     | 2017                | K 5.6            | 24       | 155°               |
|            |          |                  |                     |                  |          |                    |
|            |          |                  |                     |                  |          |                    |

PIPING & FITTINGS Type of pipe BLACK IRON  
 Type of fittings BLACK IRON

| ALARM VALVE OR FLOW INDICT. | Alarm Device |                      |       | Maximum time to operate through test connection. |         |
|-----------------------------|--------------|----------------------|-------|--|---------|
|                             | Type         | Make                 | Model | Minutes  | Seconds |
|                             | <u>WANE</u>  | <u>System Sensor</u> |       |  |         |

| DRY PIPE OPERATION TEST | Dry valve |       |            | Q.O.D. |       |            |
|-------------------------|-----------|-------|------------|--------|-------|------------|
|                         | Make      | Model | Serial no. | Make   | Model | Serial no. |
|                         |           |       |            |        |       |            |
|                         |           |       |            |        |       |            |
|                         |           |       |            |        |       |            |
|                         |           |       |            |        |       |            |

Operation  Pneumatic  Electric  Hydraulic  
 Piping supervised  Yes  No  
 Does valve operate from the manual trip, remote, or both control stations?  Yes  No  
 Is there an accessible facility in each circuit for testing?  Yes  No If no, explain.  

| Make | Model | Does each circuit operate supervision loss alarm? |    | Does each circuit operate valve release? |    | Maximum time of operate release |         |
|------|-------|---|----|--|----|---------------------------------|---------|
|      |       | Yes   | No | Yes                                      | No | Minutes                         | Seconds |
|      |       |   |    |  |    |                                 |         |

| PRESSURE REDUCING VALVES | Location and floor | Make & Model | Setting | Static Pressure |              | Residual Pressure (flowing) |              | Flow rate  |
|--------------------------|--------------------|--------------|---------|-----------------|--------------|-----------------------------|--------------|------------|
|                          |                    |              |         | inlet (psi)     | outlet (psi) | inlet (psi)                 | outlet (psi) | Flow (gpm) |
|                          |                    |              |         |                 |              |                             |              |            |

1 Measured from time inspector's test connection is opened.

**TEST DESCRIPTION**  
 Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.  
 Pneumatic: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1 1/2 psi (0.1 bar) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1 1/2 psi (0.1 bar) in 24 hours.

**TEST**

|   |  |   |
|---|--|---|
| All piping hydrostatically tested at <u>225</u> psi (13.8 bar) for <u>2</u> hours   |  | If no, state reason   |
| Dry piping pneumatically tested<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Equipment operates properly<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | <u>No dry Piping</u>  |
| Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems of stopping leaks?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| Drain test  | Reading of gauge located near water supply test connection: <u>66</u> psi (___ bar). | Residual pressure with valve in test connection open wide: <u>52</u> psi (___ bar). |
| Underground mains and lead in connections to system riser flushed before connection made to sprinkler piping?   |  |   |
| Verified by copy of the U Form No. 85B flushed by installer of underground sprinkler piping?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Other Explain<br><u>By others</u>   |
| If power-driven fasteners are used in concrete, has representative sample testing be satisfactorily completed?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | If no, explain  |

**BLANK TESTING GASKETS**

|                         |                       |                            |
|-------------------------|-----------------------|----------------------------|
| Number used<br><u>0</u> | Locations<br><u>—</u> | Number removed<br><u>0</u> |
|-------------------------|-----------------------|----------------------------|

**WELDING**

Welding piping  Yes  No  
 If Yes...

Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1?  
 Yes  No

Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1?  
 Yes  No

Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that the internal diameters of piping are not penetrated?  
 Yes  No

**CUTOUTS (DISCS)**  
 Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved?  
 Yes  No

**HYDRAULIC DATA NAMEPLATE**  
 Nameplate provided  Yes  No  
 If no, explain

**REMARKS**  
 Date left in service with all control valves open 4/17/17 Joe's

**SIGNATURES**

Name of sprinkler contractor High Tech Fire Protection

Test witnessed by

|  |                            |                     |
|--|----------------------------|---------------------|
| For property owner (signed)                          | Title                      | Date                |
| For sprinkler contractor (signed) <u>[Signature]</u> | Title <u>Inspector 310</u> | Date <u>4/11/17</u> |

Additional Explanations and notes

|            |  |  |  |  |  |
|------------|--|--|--|--|--|
| SPRINKLERS |  |  |  |  |  |
|------------|--|--|--|--|--|