



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 449 Forest Ave CBL 111 A016002

Issued to Forest Avenue Plaza Llc/Landry Construction Corp /Denis Lan Date of Issue 12/09/2009

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. 09-0260 has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

1st Floor - Left side

APPROVED OCCUPANCY

Commerical Bank
Use Group : B Type : 3B
IBC 2003

Limiting Conditions: None

This certificate supersedes
certificate issued

Approved:

12-9-09 *[Signature]*

(Date)

Inspector

[Signature]
Inspector of Buildings

[Signature] 2009

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 090260

Please Read Application And Notes, If Any, Attached

This is to certify that FOREST AVENUE PLAZA L.../Landry...tion Corp./... has permission to Interior renovation of existing...ch bank...minor ex...for cosmetic work AT 449 FOREST AVE... 111 A016002

PERMIT ISSUED APR 23 2009

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

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

Notification of inspection must be given and written permission procured before this building or part thereof is lath... or other...sed-in. 2... HO... NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. [Signature] Health Dept. Appeal Board Other Department Name

[Signature] 4/22/09 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

| | | |
|-----------------------|-------------|---------------------|
| Permit No: 09-0260 | Issue Date: | CBL: 111 A016002 |
|-----------------------|-------------|---------------------|

| | | | |
|---|--|---|----------------------|
| Location of Construction: 449 FOREST AVE | Owner Name: FOREST AVENUE PLAZA LLC | Owner Address: 715 BOYLSTON ST | Phone: |
| Business Name: | Contractor Name: Landry Construction Corp /Denis La | Contractor Address: P.O. Box 1039 Lewiston | Phone: 2077821909 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | Zone: B-6 |

| | | | | |
|--|---|---|---|--------------------|
| Past Use: Commercial TD Bank | Proposed Use: Commercial TD Bank - Interior renovation of existing branch bank, minor exterior cosmetic work | Permit Fee: \$2,570.00 | Cost of Work: \$255,000.00 | CEO District: 1 |
| Proposed Project Description: Interior renovation of existing branch bank, minor exterior cosmetic work | | FIRE DEPT: w/conditions 4/1/09 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>Bycawast</i> | INSPECTION: Use Group: B Type: 3B IBC 2003 Signature: <i>[Signature]</i> | |

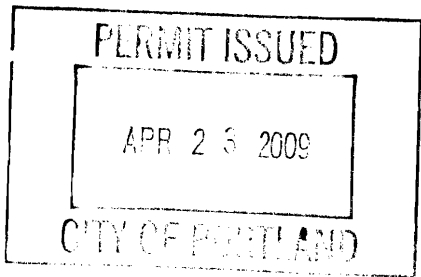
| | |
|--|------------------------------|
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied | Signature: _____ Date: _____ |

| | |
|-----------------------------|---------------------------------|
| Permit Taken By: Ldobson | Date Applied For: 04/01/2009 |
|-----------------------------|---------------------------------|

Zoning Approval

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

| | | |
|---|---|--|
| Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>4/1/09</i> | Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____ | Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____ |
|---|---|--|



SCANNED

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 |

1-15-09 OK - rough in elec framing by E W

1-17-09 See list: label on stencil glass, notification of service co + central station by fire alarm, keys in knobs box, E-light label + add E-lights in bathroom, sign on elec. room door, label panel at fire box # 1182 by E W

1-19-09 list completed - OK to issue CO by E W

City of Portland, Maine - Building or Use Permit

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

| | | |
|------------------------------|--|----------------------------|
| Permit No: 09-0260 | Date Applied For: 04/01/2009 | CBL: 111 A016002 |
|------------------------------|--|----------------------------|

| | | | |
|--|---|--|--------------------------------|
| Location of Construction: 449 FOREST AVE | Owner Name: FOREST AVENUE PLAZA LLC | Owner Address: 715 BOYLSTON ST | Phone: |
| Business Name: | Contractor Name: Landry Construction Corp /Denis La | Contractor Address: P.O. Box 1039 Lewiston | Phone (207) 782-1909 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | |

| | |
|--|---|
| Proposed Use: Commercial TD Bank - Interior renovation of existing branch bank, minor exterior cosmetic work | Proposed Project Description: Interior renovation of existing branch bank, minor exterior cosmetic work |
|--|---|

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 04/01/2009

Note: **Ok to Issue:**

- 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.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 04/22/2009

Note: **Ok to Issue:**

- 1) Interior finishes shall be classified in accordance with ASTM E 84 for flame spread and smoke-developed indexes.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
- 3) Separate Permits shall be required for any new signage.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Ben Wallace Jr. **Approval Date:** 04/01/2009

Note: **Ok to Issue:**

- 1) Application requires State Fire Marshal approval.
- 2) Fire alarm and sprinkler systems require separate permit.
- 3) Rear corridor and exit requires exit signs.
- 4) Must comply with NFPA 101-2006 edition for existing business.

BUILDING PERMIT INSPECTION PROCEDURES

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

to schedule your inspections as agreed upon

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

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

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

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


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

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

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

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

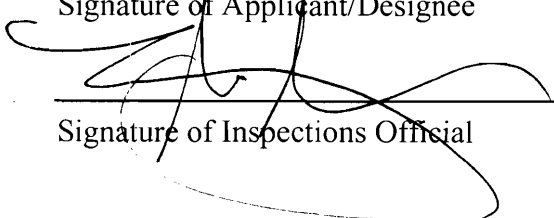
CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



Signature of Applicant/Designee

 4/25/09

Date



Signature of Inspections Official

 4/22/09

Date



General Building Permit Application

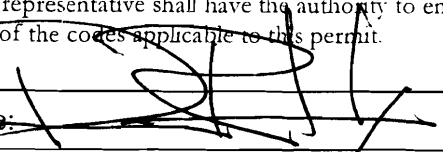
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

| | | |
|---|---|--|
| Location/Address of Construction: 449 FOREST AVE | | |
| Total Square Footage of Proposed Structure/Area 4400 SF | | Square Footage of Lot N/A |
| Tax Assessor's Chart, Block & Lot Chart# 111 Block# A Lot# 16 | Applicant * must be owner, Lessee or Buyer* Name TD BANK Address ONE PORTLAND SQ. City, State & Zip PORTLAND, ME | Telephone: 207-317-5103 |
| Lessee/DBA (If Applicable) | Owner (if different from Applicant) Name FOREST AVE PLAZA LLC Address 715 BOYLSTON ST City, State & Zip | Cost Of Work: \$ 255,000.⁰⁰ C of O Fee: \$ _____ Total Fee: \$ 2570 |
| Current legal use (i.e. single family) <u>BANK</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>REMAINS BANK</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: INTERIOR RENOVATION OF EXISTING BRANCH BANK, MINOR EXTERIOR COSMETIC WORK. | | |
| Contractor's name: <u>LANDRY CONSTRUCTION CORPORATION</u> Address: <u>P.O. BOX 1039</u> City, State & Zip <u>LEWISTON, ME 04243</u> Telephone: <u>838-2792</u> Who should we contact when the permit is ready: <u>DENIS LANDRY</u> Telephone: <u>838-2792</u> Mailing address: <u>P.O. BOX 1039, LEWISTON, ME 04243 (WILL PICK UP)</u> | | |

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

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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

| | | |
|--|---------------------|------|
| Signature:  | Date: 4/1/09 | 2009 |
|--|---------------------|------|

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



Certificate of Design Application

From Designer: SYMMES MAINI & MCKEE ASSOCIATES
 Date: 3/25/09
 Job Name: TD BANK
 Address of Construction: 449 FOREST AVE, PORTLAND, ME 04101-2029

2003 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year IBC 2003 Use Group Classification (s) B

Type of Construction EXISTING CONSTRUCTION, 3B UNPROTECTED

~~Is there a fire suppression system in accordance with Section 903.3.1 of the 2003 IBC?~~ Supervisory alarm system

Is the Structure mixed use? _____ If yes, separated or non separated or non separated (section 302.3) _____

Geotechnical/Soils report required? (See Section 1802.2) _____

Structural Design Calculations

_____ Submitted for all structural members (106.1 - 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

| Floor Area Use | Loads Shown |
|----------------|-------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- _____ Live load reduction
- _____ Roof *live* loads (1603.1.2, 1607.11)
- _____ Roof snow loads (1603.7.3, 1608)
- _____ Ground snow load, P_g (1608.2)
- _____ If $P_g > 10$ psf, flat-roof snow load P_f
- _____ If $P_g > 10$ psf, snow exposure factor, C_e
- _____ If $P_g > 10$ psf, snow load importance factor, I_s
- _____ Roof thermal factor, C_t (1608.4)
- _____ Sloped roof snowload, P_s (1608.4)
- _____ Seismic design category (1616.3)
- _____ Basic seismic force resisting system (1617.6.2)
- _____ Response modification coefficient, R_d and
- _____ deflection amplification factor C_d (1617.6.2)
- _____ Analysis procedure (1616.6, 1617.5)
- _____ Design base shear (1617.4, 1617.5.1)

Flood loads (1803.1.6, 1612)

- _____ Flood Hazard area (1612.3)
- _____ Elevation of structure

Other loads

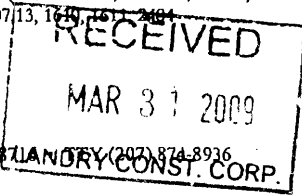
- _____ Concentrated loads (1607.4)
- _____ Partition loads (1607.5)
- _____ Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1607.16.1, 1607.16.2)

Wind loads (1603.1.4, 1609)

- _____ Design option utilized (1609.1.1, 1609.6)
- _____ Basic wind speed (1809.3)
- _____ Building category and wind importance Factor, I_w table 1604.5, 1609.5
- _____ Wind exposure category (1609.4)
- _____ Internal pressure coefficient (ASCE 7)
- _____ Component and cladding pressures (1609.1.1, 1609.6.2.2)
- _____ Main force wind pressures (7603.1.1, 1609.6.2.1)

Earth design data (1603.1.5, 1614-1623)

- _____ Design option utilized (1614.1)
- _____ Seismic use group ("Category")
- _____ Spectral response coefficients, S_D & S_{D1} (1615.1)
- _____ Site class (1615.1.5)





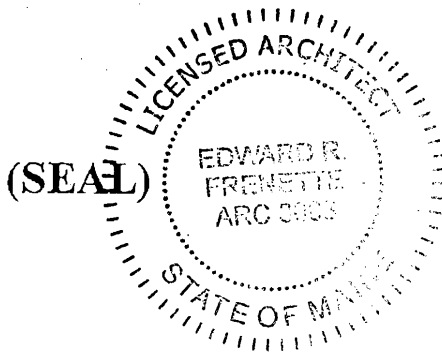
Accessibility Building Code Certificate

Designer: SYMMES MAINI & MCKEE ASSOCIATES

Address of Project: 449 FOREST AVE, PORTLAND, ME 04101-2029

Nature of Project: INTERIOR RENOVATION W/ EXTERIOR
WINDOW

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



Signature: Edward R. Frenette, AIA

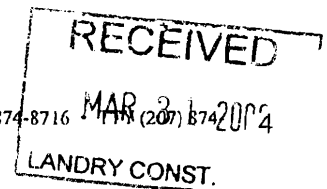
Title: Sr. Vice President

Firm: SYMMES MAINI & MCKEE ASSOCIATES

Address: 1000 MASSACHUSETTS AVE
CAMBRIDGE, MA 02138

Phone: 617. 547. 5400

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov





Certificate of Design

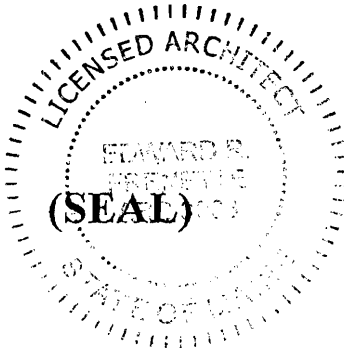
Date: 3/25/09

From: SYMMES MAINI & MCKEE ASSOCIATES

These plans and / or specifications covering construction work on:

449 FOREST AVE, PORTLAND, ME 04101 -2029

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2003 International Building Code* and local amendments.



Signature: Edward R. Fayette, AIA

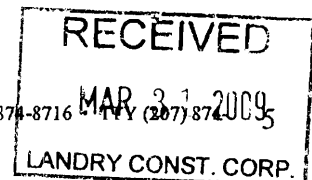
Title: Sr. Vice President

Firm: SYMMES MAINI & MCKEE ASSOCIATES

Address: 1000 MASSACHUSETTS AVE
CAMBRIDGE, MA 02138

Phone: 617.547.5400

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FIRE ALARM SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.

1. Protected Property Information

Name of property: 449 Forest Ave \ TD Bank North *** ADD TO EXISTING SYSTEM***
Address: 449 Forest Ave Portland Maine
Description of property: Strip Mall
Occupancy type: Commercial
Name of property representative: *Stuart Collins*
Address: *715 Bayston St. Boston, MA 02116*
Phone: *207-615-3680* Fax: E-mail: *stusox33@AOL.com*
Authority having jurisdiction over this property: Portland Fire Department
Phone: 874-8576 Fax: E-mail:

2. Fire Alarm System Installation, Service, and Testing Information

Installation contractor for this equipment: EMI
Address: *Stevens Ave Portland Maine*
Phone: *938-5000* Fax: E-mail:
Service organization for this equipment: Norris Inc
Address: 2257 West Broadway South Portland ME 04106
Phone: 207-883-3473 Fax: E-mail:
Location of as-built drawings: At fire panel Location of Historical Test Reports:
Location of system operation and maintenance manuals: At Fire Panel
A contract for test and inspection in accordance with NFPA standards is in effect as of
Contracted testing company:
Address:
Phone: Fax: E-mail:
Contract expires: Contract number: Frequency of routine inspections:

3. Type of Fire Alarm System or Service

NFPA 72*, Chapter Reference of System Type:
Name of organization receiving alarm signals with phone numbers (if applicable):
Alarm: Protection One Phone: 1-877-357-1808
Supervisory: Protection One Phone: 1-877-357-1808
Trouble: Protection One Phone: 1-877-357-1808
Entity to which alarms are retransmitted: Phone:
Method of retransmission of alarms to that organization or location:

NFPA 72, Fig. 4.5.2.1 (p. 1 of 5)

If Chapter 8, note the means of transmission from the protected premises to the central station:

Digital alarm communicator McCulloh Multiplex 2-way radio 1-way radio N/A

If Chapter 9, note the type of connection: Local energy Shunt N/A

3.1 System Software

Operating system (executive) software revision level: Firelite 9200UDLS

Site-specific software revision date: Revision completed by:

4. Signaling Line Circuits

Characteristics of signaling line circuits connected to this system (see NFPA 72[®], Table 6.6.1):

Quantity: 1 Style: 4 Class: b

5. Alarm-Initiating Devices and Circuits

Characteristics of initiating device circuits connected to this system (see NFPA 72[®], Table 6.5):

Quantity: 1 Style: 4 Class: b

5.1 Manual Initiating Devices

5.1.1 Manual Pull Stations Number of manual pull stations: 3

Type of devices: Addressable Conventional Coded Transmitter N/A

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors Number of smoke detectors: 10

Type of coverage: Complete area Partial area Nonrequired partial area N/A

Type of devices: Addressable Conventional Coded Transmitter N/A

Type of smoke detector sensing technology: Ionization Photoelectric

5.2.2 Duct Smoke Detectors Number of duct smoke detectors: 0

Type of coverage:

Type of devices: Addressable Conventional Coded Transmitter N/A

Type of smoke detector sensing technology: Ionization Photoelectric

5.2.3 Heat Detectors Number of heat detectors: 0

Type of coverage: Complete area Partial area Nonrequired partial area N/A

Type of devices: Addressable Conventional Coded Transmitter N/A

5.2.4 Sprinkler Waterflow Detectors Number of waterflow detectors: 1

Type of devices: Addressable Conventional Coded Transmitter N/A

5.2.5 Alarm Verification Number of devices subject to alarm verification:

Alarm verification on this system is: Enabled Disabled Set for _____ seconds

6. Supervisory Signal-Initiating Devices and Circuits

6.1 Sprinkler System Number of valve supervisory switches: 1

Type of devices: Addressable Conventional Coded Transmitter N/A

6.2 Fire Pump

Type of fire pump: Electric Diesel

Type of fire pump supervisory devices: Addressable Conventional Coded Transmitter N/A

Fire Pump Functions Supervised

Fire pump power Fire pump running Fire pump phase reversal Selector switch not in auto

Engine or control panel trouble Low fuel

Other:

6.3 Engine-Driven Generator

Type of generator supervisory devices: Addressable Conventional Coded Transmitter N/A

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

Other:

7. Annunciators

7.1 Annunciator 1 Local Remote

Type: Addressable Directory Graphic N/A Location:

7.2 Annunciator 2 Local Remote

Type: Addressable Directory Graphic N/A Location:

7.3 Annunciator 3 Local Remote

Type: Addressable Directory Graphic N/A Location:

8. Alarm Notification Devices and Circuits

8.1 Emergency Voice Alarm Service

Number of single voice alarm channels: 0

Number of multiple voice alarm channels: 0

Number of speakers: 0

Number of speaker zones: 0

8.2 Telephone Jacks

Number of telephone jacks installed: 0

Number of telephone handsets stored on site: 0

Type of telephone system installed: Electrically powered Sound powered N/A

8.3 Nonvoice Audible System

Characteristics of notification device circuits connected to this system (see NFPA 72, Table 6.5):*

Quantity: 1 Style: 4 Class: b

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

Bells: 0 With visual device: 0 Horns: 10 With visual device: 10

Chimes: 0 With visual device: 0 Bells: 0 With visual device: 0

Visual devices without audible devices: 6 Other (describe): 0

9. Emergency Control Functions Activated

- Hold-open door releasing devices
- Smoke management or smoke control
- Door unlocking
- Elevator recall
- Other

10. System Power Supply

10.1 Primary Power

Nominal voltage: 120VAC Amps:
 Overcurrent protection: Type: Breaker Amps:
 Location (of primary supply panelboard): Main Panel
 Disconnecting means location:

10.2 Secondary Power

Location: Fire Panel Type: Battery Nominal voltage: 24VDC Current rating:
 Number of standby batteries: 2 Amp hour rating: 7AH
 Location of emergency generator:
 Location of fuel storage:
 Calculated capacity of secondary power to drive the system
 In standby mode: In alarm mode:

11. 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.

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

- NFPA 72*
- NFPA 70*, Article 760
- Manufacturer's published instructions
- Other (please specify):

System deviations from referenced NFPA standards:

Signed: *Tarain L. Beaudet* Printed name: *TARAIN BEAUDET* Date: *11-19-09*
 Organization: EMI Title: *Electrician* Phone: *838-5000*

12. Record of System Operation

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 of:

- NFPA 72*
- NFPA 70*, Article 760
- Manufacturer's published instructions
- Other (please specify):
- Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3 of NFPA 72*) is attached

Signed: *Craig Elkanich* Printed name: Craig Elkanich Date: 11-12-09
 Organization: Norris Inc Title: Technician Phone: 883-3473

13. Certifications and Approvals

13.1 System Installation Contractor

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

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

13.2 System Service Contractor

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

Signed: Signed Original Printed name: Craig Elkanich Date: 11-12-09
Organization: Norris Inc Title: Technician Phone: 883-3473

13.3 Central Station

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

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

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

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

13.5 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, its approved sequence of operations, and with all NFPA standards cited herein.

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

Record of Completion

Name of Protected Property: TD Bank

Address: 449 Forest Ave

Rep. of Protected Property (Name/Phone): _____

Authority Having Jurisdiction: Portland Fire

Address/Phone Number: 874-8576 Portland, ME

1. Type(s) of System or Service:

NFPA 72, Chapter 3 - Local

If alarm is transmitted to location(s) off premise, list where received:

Pelmae Security, 1-800-244-5916 Acct # 6951

____ NFPA 72, Chapter 3 - Emergency Voice/Alarm Service

Quantity of voice/alarm channels: _____ Single: _____ Multiple: _____

Quantity of speakers installed: _____ Quantity of speaker zones: _____

Quantity of telephones or telephone jacks included in system: _____

____ NFPA 72, Chapter 4 - Auxiliary

Indicate type of connection:

Local energy: _____ Shunt: _____ Parallel telephone: _____

Location and telephone number for receipt of signals:

____ NFPA 72, Chapter 4 - Remote Station

Alarm signal received at: _____

Supervisory signal received at: _____

____ NFPA 72, Chapter 4 - Proprietary

If alarms are retransmitted to public fire service communications center or others, indicate location and telephone number of the organization receiving alarm:

Indicate how alarm is retransmitted:

____ NFPA 72, Chapter 4 - Central Station

The Prime Contractor:

Central Station Location:

Means of transmission of signals from the protected premise to the central station:

____ McCulloh _____ Multiplex _____ One-Way Radio

____ Digital Alarm Communicator _____ Two-Way Radio _____ Others

Means of transmission of alarm to the public fire service communications center:

a. _____

b. _____

System location: _____

Local System



www.norrisinc.com

- 2257 Broadway, S. Portland, ME 04106 800-370-FIRE (3473)
- 54 Perry Rd., Bangor, ME 04401 888-312-FIRE (3473)
- 1 Bayside Rd, Greenland, NH 03840 877-577-FIRE (3473)
- PO Box 633, Middlebury, VT 05753 802-388-FIRE(3473)

INSPECTION AND TESTING FORM

DATE: 9/9/09

TIME: 7:43a.

IF APPLICABLE:
 State ID# _____
 Sticker # _____
 TQP# _____

BUILDING Mail report to this address
 Leave Report at Building

PROPERTY OWNER Mail report to this address

Building Name: TD Bank Name of Property Owner: Gould + Co.

Address: 449 Forest Ave Address: 715 Boylston st

City: Portland State Me Zip City: Boston State MA Zip 02116

Building Contact: Stuart Collins Owner Contact: James Gould

Telephone: 615-3680 Telephone: 1-617-266-4040

MONITORING ENTITY

APPROVING AGENCY

Contact: _____
Telephone: _____
Monitoring Account Ref. No.: _____

Contact: _____
Telephone: _____

TYPE TRANSMISSION

SERVICE

- Master Box Radio (Specify) _____
- Digital Com Reverse Priority _____
- IP Com Other (Specify) _____

- Monthly Quarterly
- Annually Semiannually
- Other (Specify) _____

Control Unit Manufacturer:Notifier
Initiating Circuit Styles: 4 Qty: 1

Model No.: _____
NAC Styles: _____ Qty: _____

ALARM INITIATING DEVICES (see end for List of Alarm Initiating Devices)

| Quantity of Devices Installed | Quantity of Devices Tested | | All Tested OK | Deficiencies |
|-------------------------------|----------------------------|-----------------------|-------------------------------------|--------------|
| 2 10 | | Manual Fire Alarm Box | <input checked="" type="checkbox"/> | |
| | | Ion Detectors | <input checked="" type="checkbox"/> | |
| | | Photo Detectors | <input type="checkbox"/> | |
| | | Duct Detectors | <input type="checkbox"/> | |
| | | Heat Detectors | <input type="checkbox"/> | |
| | | Waterflow Switches | <input type="checkbox"/> | |
| | | Supervisory Switches | <input type="checkbox"/> | |
| | | Other (Specify) | <input type="checkbox"/> | |

Alarm verification feature is disabled enabled _____

ALARM NOTIFICATION APPLIANCES

| Quantity of Appliances Installed | Quantity of Appliances Tested | | All Tested OK | Deficiencies |
|----------------------------------|-------------------------------|--------------------|-------------------------------------|--------------|
| 10 8 | 10 8 | Bells/Chimes/Horns | <input checked="" type="checkbox"/> | |
| | | Strobes | <input checked="" type="checkbox"/> | |
| | | Speakers | <input type="checkbox"/> | |
| | | Other (Specify) | <input type="checkbox"/> | |

Does not include sound volume or light intensity testing unless noted

13. CERTIFICATIONS AND APPROVALS

13.1 System Installation Contractor

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

Signed: Tarvin L. Beaudet Printed name: TARVIN L. BEAUDET Date: 9-10-09
Organization: EMI Title: Electrician Phone: 415-7481

13.2 System Service Contractor

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

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

13.3 Central Station

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

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

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: [Signature] Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

13.5 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, its approved sequence of operations, and with all NFPA standards cited herein.

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

Sprinkler Systems, Inc.

184 Read Street

Portland, ME 04103

Ph. (207) 775-1521 Fax (207) 879-1387

Fire Protection Professionals Since 1973

October 6, 2009

Landry Construction
P.O. Box 1039
Lewiston, ME 04243-1039

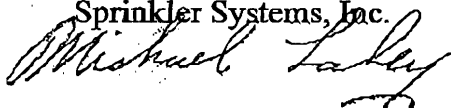
Re: TD Bank Forest Ave
Portland, ME

Gentlemen:

This letter is to certify that the sprinkler system in the aforementioned location is active and is designed and installed in accordance with NFPA #13 and all other state and local codes.

If there are any questions or concerns please do not hesitate to call.

Very truly yours,
Sprinkler Systems, Inc.



Michael Lahey
General Manager

Sprinkler Systems, Inc.

Contractor's Material & Test Certificate for Aboveground Pipe

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 contractor. It is understood the owner's representative 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 TD Bank | Date |
|---------------------------------|-------------|

Property Address
Forest Ave

| | | |
|--------------|--|--|
| Plans | Accepted by approving authorities (Names) Address Installation conforms to accepted plans Equipment used is approved, if no, explain deviations | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|--------------|--|--|

| | | |
|---------------------|---|---|
| Instructions | Has person in charge of fire equipment been instructed as to location of control valve and care and maintenance of this new equipment? If no, explain: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Have copies of the following been left on the premises? 1. System components instructions 2. Care and maintenance instructions 3. NFPA 25 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Location of System
Supplies Buildings: Entire Building

| | Make | Model | Year of Mfg. | Orifice Size | Quantity | Temp Rating |
|-------------------|----------|-------|--------------|--------------|----------|-------------|
| Sprinklers | Reliable | FIFR | 2009 | 1/2" | 49 | 155° |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | |
|--------------------------|------------------------------------|--|
| Pipe and Fittings | Type of pipe As Per N.F.P.A.-13 | Type of fittings As Per N.F.P.A.-13 |
|--------------------------|------------------------------------|--|

| | | | | | |
|--------------------------------------|---------------------|---------------|-------|--|-----|
| Alarm Valve or Flow Indicator | Alarm Device | | | Maximum time to operate through connection | |
| | Type | Make | Model | Min | Sec |
| | Flow Switch | System Sensor | WFD | | |

| | | | | | | | |
|---|--------------------------------------|------------|----------------|--------------|-------------------------|--------------------------------|-------------------------|
| Dry Pipe Operating Test NA | Dry Valve | | | QOD | | | |
| | Make | Model | Serial # | Make | Model | Serial # | |
| | | | | | | | |
| | Time to trip through test connection | | Water Pressure | Air Pressure | Trip Point Air Pressure | Time Water Reached Test Outlet | Alarm Operated Properly |
| | With QOD | MIN SEC | PSI | PSI | PSI | MIN SEC | YES NO |
| | W/O QOD | MIN SEC | PSI | PSI | PSI | MIN SEC | YES NO |
| If no, explain: | | | | | | | |

| | | | | |
|-------------------|-------------|-----------|----------|-----------|
| Operation: | Circle One: | Pneumatic | Electric | Hydraulic |
|-------------------|-------------|-----------|----------|-----------|

| | | | | | | | | |
|--|--|--------------|---|--|--|--|---------------------------------|-------------------------|
| Deluge & Preaction Valve NA | Piping Supervised Yes No | | Detecting Media 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? If no, explain. | | | | | Yes | No | |
| | Make | Model | Does each circuit operate supervision loss alarm? | | Does each circuit operate valve release? | | Maximum time to operate release | |
| | | Yes | No | Yes | No | Min ____ Sec ____ | | |
| Pressure Reducing Valve NA | Location & Floor | Make & Model | Setting | Static Pressure Inlet (psi) Outlet (psi) | | Residual Pressure Inlet (psi) Outlet (psi) | | Flow Rate Flow (gpm) |
| | | | | | | | | |
| Test Description | HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars for 2 hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) 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 bars) air pressure and drop, which will not exceed 1 1/2 psi (.01 bars) 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 (.01 bars) in 24 hours. | | | | | | | |
| Tests | All piping hydrostatically tested at <u>200</u> psi (____ bars) for <u>2</u> hours Dry piping pneumatically tested (<i>check one</i>) NA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Equipment operates properly (<i>check one</i>) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | If no, state reason: | | |
| | Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives or sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks? | | | | | <i>Check one:</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| | Drain Test: Reading of gauge located near water supply test connection: _____ psi (____ bars) | | | | | Residual pressure with valve in test connection open wide: _____ psi (____ bars) | | |
| Hydraulic Data Nameplate | Nameplate provided: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | If no, explain: | | | | | |
| Remarks | Date left in service with all control valves open: | | | | | | | |
| Signatures | Sprinkler Contractor: Sprinkler Systems, Inc. P.O. Box 1285 Lewiston, Maine 04243-1285 Phone: 207-782-0104 Fax: 207-783-4865 | | | | | | | |
| | Property Owner Signature | | | Title | | Date | | |
| | Sprinkler Contractor Signature | | | Title | | Date | | |

Additional Explanations and Notes:

ELECTRICAL PERMIT

City of Portland, Me.



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

Date June 8, 2009
 Permit # 2009-4314
 CBL# 11 A/B

LOCATION: 449 Forest Ave METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT TD Bank North PHONE # _____

111 A 016

TOTAL EACH FEE

| | | | | | | | | |
|------------------------------|----|------------------|----|---------------|--|-----------------|-------------------|-----|
| OUTLETS | 30 | Receptacles | 20 | Switches | | Smoke Detector | .20 | 10 |
| FIXTURES | | Incandescent | 60 | Fluorescent | | Strips | .20 | 12 |
| SERVICES | | Overhead | | Underground | | TTL AMPS <800 | 15.00 | |
| | | Overhead | | Underground | | >800 | 25.00 | |
| Temporary Service | | Overhead | | Underground | | TTL AMPS | 25.00 | |
| | | | | | | | 25.00 | |
| METERS | | (number of) | | | | | 1.00 | |
| MOTORS | | (number of) | | | | | 2.00 | |
| RESID/COM | | Electric units | | | | | 1.00 | |
| HEATING | | oil/gas units | | Interior | | Exterior | 5.00 | |
| | | | | | | | | |
| APPLIANCES | | Ranges | | Cook Tops | | Wall Ovens | 2.00 | |
| | | Insta-Hot | | Water heaters | | Fans | 2.00 | |
| | | Dryers | | Disposals | | Dishwasher | 2.00 | |
| | | Compactors | | Spa | | Washing Machine | 2.00 | |
| | | Others (denote) | | | | | 2.00 | |
| | | | | | | | | |
| | | | | | | | | |
| MISC. (number of) | | Air Cond/win | | | | | 3.00 | |
| | | Air Cond/cent | | | | Pools | 10.00 | |
| | | HVAC | | EMS | | Thermostats | 5.00 | |
| | | Signs | | | | | 10.00 | |
| | | Alarms/res | | | | | 5.00 | |
| | | Alarms/com | | | | | 15.00 | |
| | | Heavy Duty(CRKT) | | | | | 2.00 | |
| | | Circus/Carnv | | | | | 25.00 | |
| | | Alterations | | | | | 5.00 | 5 |
| | | Fire Repairs | | | | | 15.00 | |
| | 10 | E Lights | | | | 1.00 | 10 | |
| | | E Generators | | | | 20.00 | | |
| PANELS | | Service | | Remote | | Main | 4.00 | |
| TRANSFORMER | | 0-25 Kva | | | | | 5.00 | |
| | | 25-200 Kva | | | | | 8.00 | |
| | | Over 200 Kva | | | | | 10.00 | |
| TOTAL AMOUNT DUE | | | | | | | | |
| MINIMUM FEE/COMMERCIAL 55.00 | | | | | | | MINIMUM FEE 45.00 | 55- |

SCANNED

JUN - 2009

CONTRACTORS NAME Electrical Maintenance Inst MASTER LIC. # MC 600175471
 ADDRESS 798 Stevens Ave Portland, ME LIMITED LIC. # _____
 TELEPHONE 207-878-5000

SIGNATURE OF CONTRACTOR [Signature]

ELECTRICAL INSTALLATIONS

Permit Number _____

Location _____

Owner _____

Date of Permit _____

Final Inspection _____

By Inspector _____

INSPECTION: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

DATE:

REMARKS:

6-15-09

OK - rough-in *YEM*

**Landry Construction Corp
Denis Landry
449 Forest Ave**

111 A016002

Permit # 090260

**Interior renovation of existing
branch bank, minor exterior
cosmetic work**