

Department of Planning & Development  
Lee D. Urban, Director



CITY OF PORTLAND

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Planning

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Economic Development

August 10, 2004

David Earley, Director  
Facilities Management  
University of Southern Maine  
96 Falmouth Street  
Portland ME 04102

RE: USM BioScience Landscaping; 96 Falmouth Street  
CBL #114A-A-001

Dear: Mr. Earley:

This letter is to confirm the revision to the approved plan of the project located at 96 Falmouth Street. The approved revision is to the landscaping plan. The revised plan has been reviewed and approved by the project review staff including representatives of the Planning, Public Works, Building Inspections, Fire and Parks Departments

If you have any questions regarding the revision please contact Sarah Hopkins, Development Review Services Manager at 874-8720.

Sincerely,

Alexander Jaegerman  
Planning Division Director

cc: Lee D. Urban, Planning and Development Department Director  
Sarah Hopkins, Development Review Services Manager  
Jay Reynolds, Development Review Coordinator  
Marge Schmuckal, Zoning Administrator  
Inspections Division  
Michael Bobinsky, Public Works Director  
Traffic Division  
Eric Labelle, City Engineer  
Jeff Tarling, City Arborist  
Penny Littell, Associate Corporation Counsel  
Lt. Gaylen McDougall, Fire Prevention  
Assessor's Office  
Approval Letter File

CBL: 114-A-A-001  
#96 Falmouth

**Record of Completion**

Name of Protected Property: USM Science building  
Address: 70 Falmouth Portland  
Rep. of Protected Property (Name/Phone): \_\_\_\_\_  
Authority Having Jurisdiction: Portland Fire Dept  
Address/Phone Number: \_\_\_\_\_

1. Type(s) of System or Service:

NFPA 72, Chapter 3 - Local

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

\_\_\_\_\_ 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:

Installer \_\_\_\_\_  
 Supplier \_\_\_\_\_  
 Service Organization \_\_\_\_\_  
 Location of Record (As-Built) Drawings: w/ installer

Organization Name/Phone  
Crithen Elec.  
Norris, Inc.

Representative Name/Phone  
 \_\_\_\_\_  
 \_\_\_\_\_

Location of Owner's Manuals: \_\_\_\_\_

Location of Test Reports: \_\_\_\_\_

A contract, dated \_\_\_\_\_, for test and inspection in accordance with NFPA Standards No.(s) \_\_\_\_\_, dated \_\_\_\_\_, is in effect.

2. Record of System Installation. (Fill out after installation is complete and wiring checked for opens, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA Standards as listed below, was inspected by Robert L. Powell on 1/19/05, includes the devices listed below and has been in service since 1/19/05.

- NFPA 72, Chapters 1 (3) 4 5 6 7 (circle all that apply)
- NFPA 70, National Electrical Code, Article 760
- Manufacturer's Instructions
- Other (specify): \_\_\_\_\_

Signed: Robert L. Powell Date: 1/19/05

Organization: Crithen Elec. Norris, Inc.

3. Record of System Operation:

All operational features and functions of this system were tested by Chris on 3-18-05 and found to be operating properly in accordance with the requirements of:

- NFPA 72, Chapters 1 (3) 4 5 6 7 (circle all that apply)
- NFPA 70, National Electrical Code, Article 760
- Manufacturer's Instructions
- Other (specify): \_\_\_\_\_

Signed: Chris Date: 3-18-05

Organization: Norris Inc.

4. Alarm Initiating Devices and Circuits (Use blanks to indicate quantity of devices.)

MANUAL

- a) \_\_\_\_\_ Manual Stations \_\_\_\_\_ Noncoded, Activating \_\_\_\_\_ Transmitters \_\_\_\_\_ Coded
- b) \_\_\_\_\_ Combination Manual Fire Alarm and Guard's Tour Coded Stations

AUTOMATIC

Coverage: Complete: \_\_\_\_\_ Partial: ✓

- a) 1 Smoke Detectors \_\_\_\_\_ Ion 11 Photo
- b) 2 Duct Detectors \_\_\_\_\_ Ion ✓ Photo
- c) \_\_\_\_\_ Heat Detectors \_\_\_\_\_ FT \_\_\_\_\_ RR \_\_\_\_\_ FT/RR \_\_\_\_\_ RC
- d) 1 Sprinkler Water Flow Switches: \_\_\_\_\_ Transmitters \_\_\_\_\_ Noncoded, Activating \_\_\_\_\_ Coded
- e) \_\_\_\_\_ Other (list): \_\_\_\_\_

5. Supervisory Signal Initiating Devices and Circuits (Use blanks to indicate quantity of devices.)

GUARD'S TOUR:

- a) \_\_\_\_\_ Coded Stations
- b) \_\_\_\_\_ Noncoded Stations \_\_\_\_\_ Transmitters
- c) \_\_\_\_\_ Compulsory Guard Tour System Comprised of \_\_\_\_\_ Transmitter Stations and \_\_\_\_\_ Intermediate Stations

Note: Combination devices recorded under 4(b) and 5(a).

SPRINKLER SYSTEM:

- a) \_\_\_\_\_ Coded Valve Supervisory Signaling Attachments
- b) \_\_\_\_\_ Valve Supervisory Switches \_\_\_\_\_ Transmitters
- c) \_\_\_\_\_ Building Temperature Points
- d) \_\_\_\_\_ Site Water Temperature Points
- e) \_\_\_\_\_ Site Water Supply Level Points

ELECTRIC FIRE PUMP:

- a) \_\_\_\_\_ Fire Pump Power
- b) \_\_\_\_\_ Fire Pump Running
- c) \_\_\_\_\_ Phase Reversal

ENGINE-DRIVEN FIRE PUMP:

- a) \_\_\_\_\_ Selector in Auto Position
- b) \_\_\_\_\_ Engine or Control Panel Trouble
- c) \_\_\_\_\_ Fire Pump Running

ENGINE-DRIVEN GENERATOR:

- a) \_\_\_\_\_ Selector in Auto Position
- b) \_\_\_\_\_ Control Panel Trouble
- c) \_\_\_\_\_ Transfer Switches
- d) \_\_\_\_\_ Engine Running

OTHER SUPERVISORY FUNCTION(S) (SPECIFY) \_\_\_\_\_

6. Alarm Notification Appliances and Circuits

Quantity of notification appliance circuits connected to the system: \_\_\_\_\_

Types and quantities of alarm notification appliances installed:

- a) \_\_\_\_\_ Bells \_\_\_\_\_ Inch
- b) \_\_\_\_\_ Speakers
- c) \_\_\_\_\_ Horns
- d) \_\_\_\_\_ Chimes
- e) \_\_\_\_\_ Other: \_\_\_\_\_
- f) 16 Visible Signals Type: whistle 1 with audible 5 without audible
- g) \_\_\_\_\_ Local Annunciator

7. Signaling Line Circuits:

Quantity and Style (See NFPA 72, Table 3-6) of signaling line circuits connected to System:

Quantity: \_\_\_\_\_ Style: \_\_\_\_\_

8. System Power Supplies

a) Primary (Main): Nominal Voltage: 110 AC Current Rating: \_\_\_\_\_  
Overcurrent Protection: Type: Breaker Current Rating: \_\_\_\_\_  
Location: OS1a

b) Secondary (Standby):  
\_\_\_\_\_ Storage Battery: Amp-Hour Rating \_\_\_\_\_  
Calculated capacity to drive system, in hours: 24 \_\_\_\_\_ 60  
\_\_\_\_\_ Engine-driven generator dedicated to fire alarm system:  
Location of fuel storage: \_\_\_\_\_

c) Emergency or Standby System used as backup to Primary Power Supply, instead of using a Secondary Power Supply:  
\_\_\_\_\_ Emergency System described in NFPA 70, Article 700  
\_\_\_\_\_ Legally Required Standby System described in NFPA 70, Article 701  
\_\_\_\_\_ Optional Standby System described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

9. System Software

a) Operating System Software Revision Level(s): \_\_\_\_\_  
b) Application Software Revision Level(s): \_\_\_\_\_  
c) Revision Completed by: \_\_\_\_\_  
(name) (firm)

10. Comments:

\_\_\_\_\_  
\_\_\_\_\_  
(signed) for Central Station or Alarm Service Company (title) (date)

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA Standard(s):

\_\_\_\_\_  
\_\_\_\_\_  
System deviations from the referenced NFPA standard(s) are:

\_\_\_\_\_  
\_\_\_\_\_

(signed) for Central Station or Alarm Service Company (title) (date)  
Upon completion of the system(s) satisfactory test(s) witnessed (if required by Authority Having Jurisdiction):

\_\_\_\_\_  
(signed) Representative of the Authority Having Jurisdiction (title) (date)

**PRIOR TO ANY TESTING**

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<u>900 am</u>
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

**SYSTEM TESTS AND INSPECTIONS**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
INTERFACE EQ.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

**SECONDARY POWER**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____

REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
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**NOTIFICATION APPLIANCES**

AUDIBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
VISUAL	<input type="checkbox"/>	<input type="checkbox"/>	<u>Electronics will test</u>

**EMERGENCY COMMUNICATIONS EQUIP.**

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL-IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	_____

**ON/OFF PREMISES MONITORING:**

	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**NOTIFICATIONS THAT TESTING IS COMPLETE:**

	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	<u>330 pm</u>
MONITORING AGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOCATION	DEVICE TYPE	PASS	FAIL
Stair 6 Bldg B 5th	Water Flow	(✓)	( )
Stair 6 Bldg B 6th	Smoke	(✓)	( )
Elev Rm Bldg B 5th	Smoke	(✓)	( )
Data Rm Bldg B 5th	Smoke	(✓)	( )
Stair 7 Bldg B 5th	pull	(✓)	( )
Stair 6 Bldg B 5th	pull	(✓)	( )
Stair 6 Bldg B 4th	pull	(✓)	( )
Elev rm Bldg B 4th	Smoke	(✓)	( )
Data rm Bldg B 4th	Smoke	(✓)	( )
Stair 7 Bldg B 4th	pull	(✓)	( )
Stair 7 Bldg B 5th	Smoke	(✓)	( )
Stair 7 Bldg B 3rd	pull	(✓)	( )
Stair 6 Bldg B 5th	tamper	(✓)	( )
Data rm Bldg B 3rd	Smoke	(✓)	( )
Elev rm Bldg B 3rd	Smoke	(✓)	( )
Stair 6 B 3rd	pull	(✓)	( )
Elev lobby B 5th	Smoke	(✓)	( )
Elev lobby B 4th	Smoke	(✓)	( )
Elev lobby B 3rd	Smoke	(✓)	( )
6th/F B	2 duct smoke	(✓)	( )
		( )	( )
		( )	( )
		( )	( )
		( )	( )
		( )	( )
		( )	( )
		( )	( )
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		( )	( )
		( )	( )
		( )	( )
		( )	( )
		( )	( )

THE FOLLOWING DID NOT OPERATE CORRECTLY: \_\_\_\_\_

SYSTEM RESTORED TO NORMAL OPERATION: DATE 3-18-05 TIME 4:15

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Chris Santos DATE: 3-18-05 TIME: 4:15
SIGNATURE: [Signature]
NAME OF OWNER OR REPRESENTATIVE: [Signature]
DATE: 3-18-05 TIME: 4:30
SIGNATURE: [Signature]

ADDITION TO  
Existing System

### INSPECTION AND TESTING FORM

**PROPERTY NAME**

VIA School Building

**MONITORING ENTITY**

NAME: \_\_\_\_\_

**ADDRESS:**

70 Falmouth Portland

TELEPHONE: \_\_\_\_\_

OWNER CONTACT: \_\_\_\_\_

MONITORING ACCOUNT REF. NO.: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**TYPE TRANSMISSION**

- Digital Communicator
- Reverse Polarity
- Masterbox

**SERVICE**

- Monthly
- Quarterly
- Semi-annually
- Annually

PANEL MANUFACTURER: Notifon (existing)

MODEL NO.: 640

CIRCUIT STYLES: B

#### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

**QTY OF**

6  
11  
2  
1  
1  
\_\_\_\_\_

- ALARM ZONES
- MANUAL STATIONS
- ION DETECTORS
- PHOTO DETECTORS
- DUCT DETECTORS
- HEAT DETECTORS
- WATERFLOW SWITCHES
- SUPERVISORY SWITCHES
- OTHER (SPECIFY): \_\_\_\_\_

#### ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

**QTY OF**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- HORN/STROBES
- BELLS
- HORNS
- CHIMES
- STROBES
- SPEAKERS
- OTHER (SPECIFY): \_\_\_\_\_

NO. OF ALARM INDICATING CIRCUITS: \_\_\_\_\_

ARE CIRCUITS SUPERVISED? ( ) YES ( ) NO

**SIGNALING LINE CIRCUITS**

Quantity \_\_\_\_\_

Style(s) \_\_\_\_\_