

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 090909

Please Read
Application And
Notes, If Any,
Attached

This is to certify that A. Hausmann Assoc. Inc./Albany Construction, Inc.

has permission to Interior Renovations

SEP 15 2009

AT 1025 Forest Ave CNL 142 C001001

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 lathed or otherwise closed-in. 24 HOUR 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. CAPT. X. [Signature]

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Jamie Bonke 8/14/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 1025 Forest Ave CBL 142 C001001

Issued to Neptune Properties Inc/Albair Construction /Tim Date of Issue 11/12/2009

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. 09-0909, 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

Rear Section Suite #11

APPROVED OCCUPANCY

Offices for DHS - no public
Use Group : B Type : 5B
IBC 2003

Limiting Conditions: None

This certificate supersedes
certificate issued

Approved:

11-12-09

(Date)

Inspector

Inspector of Buildings

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.

CAPT. Rick Santorum
11/12/2009

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

Permit No: 09-0909	Issue Date:	CBL: 142 C001001
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Location of Construction: 1025 Forest Ave	Owner Name: A. Hausmann Assoc.Inc.	Owner Address: 120 Exchange St	Phone:
Business Name: State of Maine DHS	Contractor Name: Albair Construction /Tim	Contractor Address: 10 Alexander Drive Cape Elizabeth	Phone 2078319338
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Past Use: Commercial / Office - Woodfords Family Services	Proposed Use: Office / Interior Renovations - Back Offices for DHS - no public, just internal offices	Permit Fee: \$1,320.00	Cost of Work: \$130,000.00	CEO District: 4
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type
Proposed Project Description: Interior Renovations		Signature:		Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature:		Date:		

Permit Taken By: gg	Date Applied For: 08/21/2009	Zoning Approval		
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1. This permit application does not preclude the 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied
	Date:	Date:	Date:

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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

9-21-09 OK - rough in elec. - phone (air test) (note: need floor drains in bathrooms for trap primers) MFL

10-2-09 OK - service reconnect 100A, 3-phase, OH MFL

10-26-09 OK - flood ceiling, all lines secured - MFL

11-6-09 OK - Final issue CD (note: sanitary ring toilets & urinals, water supply
not for, do as sister, well E-mail letter MFL

11-10-09 received compliance letter MFL

9-21-09 OK - rough-in elec/plum (HT) Note: need floor drains in bathrooms w/ Trap
primers by Ely

10-2-09 OK - service movement 100A 3-phase OH - by Ely

10-26-09 OK - flood ceiling - all line secured - by Ely

Location of Construction: 1025 Forest Ave	Owner Name: A. Hausmann Assoc.Inc.	Owner Address: 120 Exchange St	Phone:
Business Name: State of Maine DHS	Contractor Name: Albair Construction /Tim	Contractor Address: 10 Alexander Drive Cape Elizabeth	Phone 2078319338
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 08/25/2009

Note: **Ok to Issue:**

- 1) It is understood that the use is not for the public to visit, but offices for internal use. The use approved use under Zoning is Back Offices as allowed under the I-L Zone. . This is not a general office use. If there is any difference to the proposed use, this office must be notified PRIOR to the change of that use.
- 2) Separate permits shall be required for any new signage.
- 3) 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:** Jeanine Bourke **Approval Date:** 09/14/2009

Note: 9/14/09 Tammy did the review and I followed up....jmb **Ok to Issue:**

- 1) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 2) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 3) 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.
- 4) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 09/02/2009

Note: **Ok to Issue:**

- 1) If storage in the spaces numbered (door 23 & 24) is more than ordinary office supplies then space needs to be 1 hour rated.
- 2) Emergency lights are required to be tested at the electrical panel.
- 3) Fire extinguishers required. Installation per NFPA 10
- 4) All means of egress to remain accessible at all times
- 5) Emergency lights and exit signs are required
- 6) All construction shall comply with NFPA 101

Comments:

8/25/2009-mes: I left a message with Tim Albair concerning what was in the space previously and how much square footage it occupied - and exactly what is the use of it now - Do individuals come to this office? This area of the building is located in an I-L Zone which does not permit general offices. - On hold until I now all the details. Tim Albair got back to me with more information. He spoke to Delores Brown from the State DHS. This location is not for the public. It is for internal DHS use only - It meets the description for a

CERTIFICATION

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SIGNATURE OF APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO

Location of Construction: 1025 Forest Ave	Owner Name: A. Hausmann Assoc.Inc.	Owner Address: 120 Exchange St	Phone:
Business Name: State of Maine DHS	Contractor Name: Albair Construction /Tim	Contractor Address: 10 Alexander Drive Cape Elizabeth	Phone 2078319338
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

"Back Office" use. This would not need a site plan review for the change of use.

9/14/2009-jmb: Spoke with Tim A. About the door #7 & 15 door swing, those will be changing and also there is an existing sprinkler system.

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 APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO

Location of Construction: 1025 Forest Ave	Owner Name: A. Hausmann Assoc.Inc.	Owner Address: 120 Exchange St	Phone:
Business Name: State of Maine DHS	Contractor Name: Albair Construction /Tim	Contractor Address: 10 Alexander Drive Cape Elizabeth	Phone (207) 831-9338
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

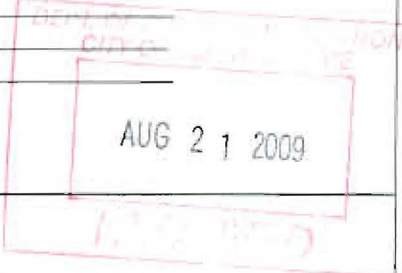
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9/14/2009-jmb: Spoke with Tim A. About the door #7 & 15 door swing, those will be changing and also there is an existing sprinkler system.



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: <u>1037 Forest Ave.</u>		
Total Square Footage of Proposed Structure/ <u>Area</u> <u>10,000 sq ft</u>	Square Footage of Lot	Number of Stories <u>1</u>
Tax Assessor's Chart, Block & Lot Chart# <u>142</u> Block# <u>C 001</u> Lot#	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>A. Hausmann Assoc. Inc.</u> Address <u>120 Exchange St.</u> City, State & Zip <u>Portland, ME 04101</u>	Telephone:
Lessee/DBA (If Applicable) <u>X State of Maine DHS</u>	Owner (if different from Applicant) Name <u>A. Hausmann Assoc. Inc.</u> Address <u>120 Exchange St.</u> City, State & Zip <u>Portland, ME 04101</u>	Cost Of Work: \$ <u>130,000.-</u> C of O Fee: \$ _____ Total Fee: \$ <u>1,320.00</u>
Current legal use (i.e. single family) <u>Commercial/ Multi-use</u>	Number of Residential Units _____	
If vacant, what was the previous use? <u>office</u>		
Proposed Specific use: <u>same</u>		
Is property part of a subdivision? _____	If yes, please name _____	
Project description: <u>Interior Renovations</u>		
Contractor's name: <u>Albair Construction / Timothy Albair</u>		
Address: <u>10 Alexander Dr.</u>		
City, State & Zip: <u>Cape Elizabeth, ME 04107</u>	Telephone: _____	
Who should we contact when the permit is ready: <u>Tim</u>	Telephone: <u>831-9338</u>	
Mailing address: <u>Same</u>		<u>X call</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: 8/19/09

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

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

 9/15/09
Date



Signature of Inspections Official

 9/14/09
Date



Certificate of Design Application

From Designer:

Bruce W. MacLeod, PG

Date:

8/20/09

Job Name:

Department of Health & Human Services Renovation / Interior Fitup

Address of Construction:

1037 Forest Ave.

2003 International Building Code

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

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

Type of Construction IV unprotected

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC NO existing

Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) per Plan

Supervisory alarm System? NO Geotechnical/Soils report required? (See Section 1802.2) At bar

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

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 (1603.1.1, 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_s & S_1 (1615.1)
- Site class (1615.1.5)

- 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_f , 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, 1610, 1611, 2404)



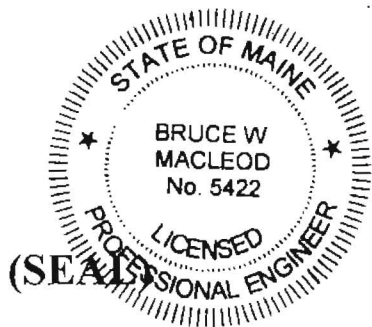
Accessibility Building Code Certificate

Designer: Bruce W. MacLeod, PE

Address of Project: 1637 Forest Ave.

Nature of Project: Interior renovation for new tenant
in exist. building

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: Bruce W. MacLeod

Title: Professional Engineer

Firm: MacLeod Structural Engineers, PA

Address: 404 Main St.
Gorham, Me. 04038

Phone: 207-839-0980

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:

~~8/20~~ August 20, 2009

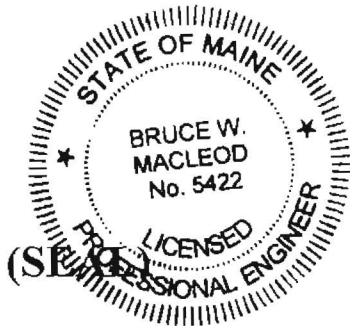
From:

Bruce W. Macleod

These plans and / or specifications covering construction work on:

1037 Forest Ave. Renovations (Interior) For new tenant.

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:

Bruce W. Macleod

Title:

Professional Engineer

Firm:

Macleod Structural Engineers, PA

Address:

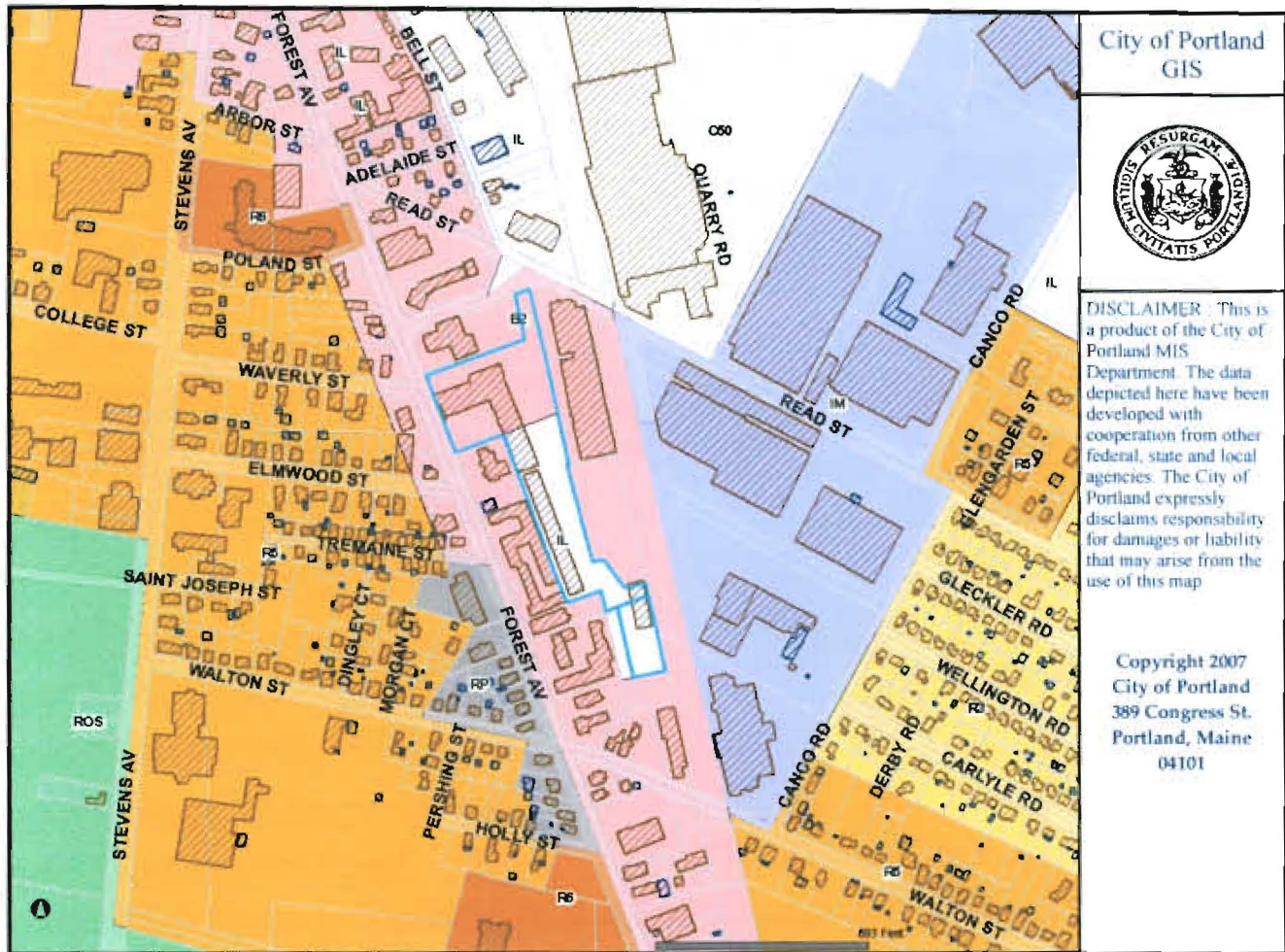
404 Main St.

Gorham, ME 04038

Phone:

833-0980

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



Back office US.S. ? - Doesn't seem so



November 5, 2009

Tim Albair
A.Hausmann Associates, Inc.
380 Warren Avenue
Portland ME 04103

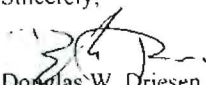
Subject: 1037 Forest Ave, Fire Alarm

Dear Tim,

As requested, I am writing to confirm the fire alarm system addition for the above mentioned subject, were inspected and tested and at the time of inspection the system was found to be fully 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 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,



Douglas W. Driesen
Operations Manager

www.norrisinc.com

S. Portland, Maine Office
PO Box 2561
2257 West Broadway
South Portland, ME 04106
Toll Free 1-800-370-3473
Fax 207-878-0640

Bangor Maine Office
54 Perry Rd
Bangor, ME 04401
Toll Free 1-888-312-3473
Fax 207-947-1219

New Hampshire Office
1 Bayeide Rd
Greenland, NH 03840
Toll Free 1-877-577-3473
Fax 603-431-2397

Vermont Office
PO Box 633
Middlebury, VT 05753
Phone 1-802-388-3473
Fax 802-385-1174

TEST DESCRIPTION	Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.8 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-riser valve clappers shall be left open during the test to prevent damage. At 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 or pressure drop, which shall not exceed 1 1/2 psi (0.1 bar) in 24 hours.		
TEST	All piping hydrostatically tested at <u>200</u> psi (13.8 bar) for <u>2</u> hours. If no, state reason: <u>No dry piping</u> Dry piping pneumatically tested: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Equipment operates properly: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 or stopping leaks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Blank test: Reading of gauge located near water supply test connection: <u>69</u> psi (____ bar). Residual pressure with valve in test connection open wide: <u>65</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. 858 flushed by installer of underground sprinkler piping? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. Other: <u>Existing Riser</u> If power-driven fasteners are used in concrete, has representative sample testing be satisfactorily completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If no, explain: <u>None used</u>		
BLANK TESTING GASKETS	Number used: <u>0</u>	Locations: _____	Number removed: <u>0</u>
WELDING	Welding piping: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, _____ Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS D2.1? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS D2.1? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CUTOUTS (DISCS)	Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HYDRAULIC DATA NAMEPLATE	Nameplate provided: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If no, explain: <u>Existing System</u>		
REMARKS	Date left in service with all control valves open: <u>10/13/09</u>		
SIGNATURES	Name of sprinkler contractor: <u>High Tech Fire Protection</u> Test witnessed by: _____		
	For property owner (signed): _____	Title: _____	Date: _____
	For sprinkler contractor (signed): <u>[Signature]</u>	Title: <u>Inspector</u>	Date: <u>11/05/09</u>
Additional Explanations and notes			

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: Department of Health and Human Services DATE: 11/5/09
 PROPERTY ADDRESS: 1037 Forest Ave Portland

ACCEPTED BY: Maine State Fire Marshal's Office
 ADDRESS: 45 Commerce Drive Suite 1 Augusta, ME 04330

Installation conforms to accepted plans: Yes No
 Equipment used is approved. If no, explain deviations: Rewired Existing Yes No

Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this fire equipment? Yes No
 If no, explain? No new equipment

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 Building Ground floor renovation (Retrofit of heads)

MAKE	MODEL	YEAR OF MANUFACTURE	ORifice SIZE	QUANTITY	TEMPERATURE RATING
GLOBE	GL5601	2007	1/2"	75	150°
GLOBE	GL5601	2007	1/2"	75	200°

TYPE OF PIPE: Black iron
 TYPE OF FITTINGS: Black iron

ALARM UNIT OR FLOW POINT:
 Alarm Device: Type: Pressure Switch Make: Potter Model: PS10
 Maximum time to operate through test connection: Minutes: Seconds: 2

DRY PIPE OPERATION TEST:
 Dry valve: Make: Model: Serial no: Make: Model: Serial no:
 Time to trip through test connection: Water pressure: Air pressure: Trip point or pressure: Time water reached test outlet: Alarm operated properly:
 Without S.O.D. With S.O.D. Yes No Minutes Seconds Yes No

DEVICE & PROTECTION VALVES:
 Operation: Pneumatic Electric Hydraulic
 Piping supervised: Yes No
 Flows valve operate from the manual trip device 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 supervisor loss alarm?		Does each circuit operate valve release?		Maximum time of operate release	
		Yes	No	Yes	No	Minutes	Seconds

PRESSURE REGULATING VALVES:
 Location and floor: Make & Model: Setting: Inlet Pressure: Outlet Pressure (Flowing): Flow rate:
 Inlet (psi): Outlet (psi): Inlet (psi): Outlet (psi): Flow (gpm):

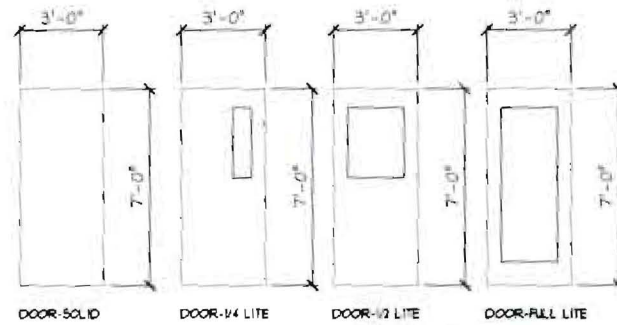
1. Measured from time inspector's test connection is opened

DOOR SCHEDULE

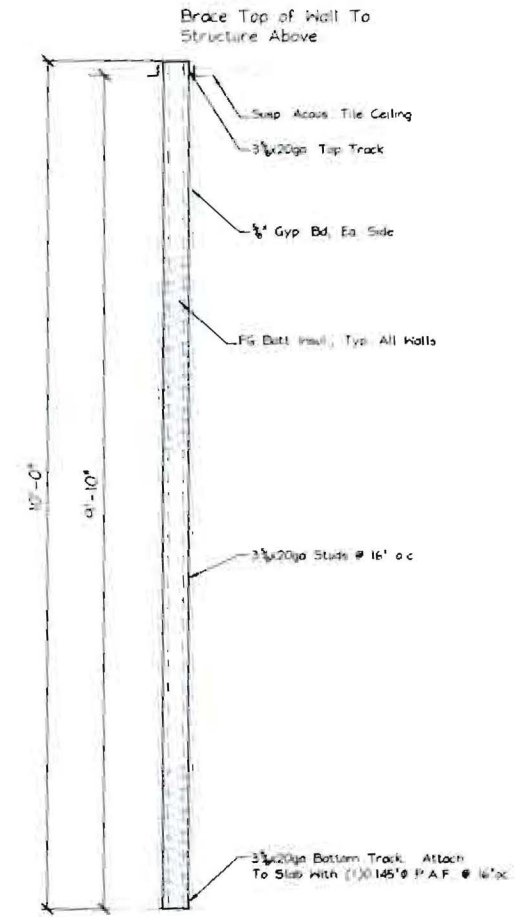
DOOR #	SIZE	STYLE	FUNCTION	ROOM NAME	MTRL	
					DOOR	FRAME
1	3070	SOLID	PASSAGE W/ CLOSER	MEN'S RESTROOM	WOOD	HMF
2	3070	SOLID	PASSAGE W/ CLOSER	WOMEN'S RESTROOM	WOOD	HMF
3	3070	1/4 LITE	CLASSROOM	CONFERENCE ROOM	WOOD	HMF
4	3070	1/4 LITE	CLASSROOM	CONFERENCE ROOM	WOOD	HMF
5	3070	1/4 LITE	CLASSROOM	CONFERENCE ROOM	WOOD	HMF
6	3070	1/4 LITE	CLASSROOM	INTERVIEW ROOM	WOOD	HMF
7	6070	(2) FULL LITE	CARD READER	ENTRY/CORRIDOR	WOOD	HMF
8	3070	1/4 LITE	PASSAGE	COPY/STORAGE	WOOD	HMF
9	3070	SOLID	CLASSROOM	RECYCLE	WOOD	HMF
10	3070	FULL LITE	PASSAGE	LOUNGE	WOOD	HMF
11	3070	LOUVER	CARD READER	TELECOM	WOOD	HMF
12	3070	FULL LITE	PASSAGE	CORRIDOR/WORKSTATIONS/ TO REG. OP	WOOD	HMF
13	3070	1/4 LITE	PASSAGE	OFFICE/ IN LIC & REG	WOOD	HMF
14	3070	SOLID	STORE ROOM	JANITOR	WOOD	HMF
15	3070	FULL LITE	PASSAGE	CORRIDOR/WORK STATIONS/ TO REG. OP	WOOD	HMF
16	3070	1/4 LITE	PASSAGE	OFFICE IN REG. OP	WOOD	HMF
17	3070	1/4 LITE	PASSAGE	OFFICE IN REG. OP	WOOD	HMF
18	3070	1/4 LITE	PASSAGE	OFFICE IN REG. OP	WOOD	HMF
19	3070	1/4 LITE	PASSAGE	OFFICE IN REG. OP	WOOD	HMF
20	3070	FULL LITE	PASSAGE	DOOR INTO CDC FROM REG. OP	WOOD	HMF
21	3070	1/4 LITE	PASSAGE	OFFICE IN CDC	WOOD	HMF
22	3070	FULL LITE	PASSAGE	MAINE CDC/CORRIDOR	WOOD	HMF
23	3070	SOLID	STORE ROOM	CDC STORAGE	WOOD	HMF
24	3070	SOLID	STORE ROOM	CDC STORAGE	WOOD	HMF

NOTES -
 PASSAGE - NO LOCKING
 STORE ROOM - OPEN W/KEY ONLY
 CLASS ROOM - LOCK/UNLOCK W/KEY

NOTE - ALL DOORS TO HAVE LEVER HANDLES OR
 PANIC HARDWARE, AS APPLICABLE.

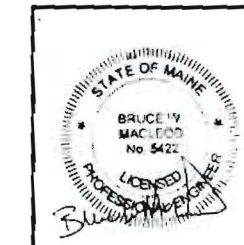


DOOR ELEVATIONS



SECTION 1 TYP. INTERIOR WALL SECTION
 Scale: 1/4" = 1'-0"

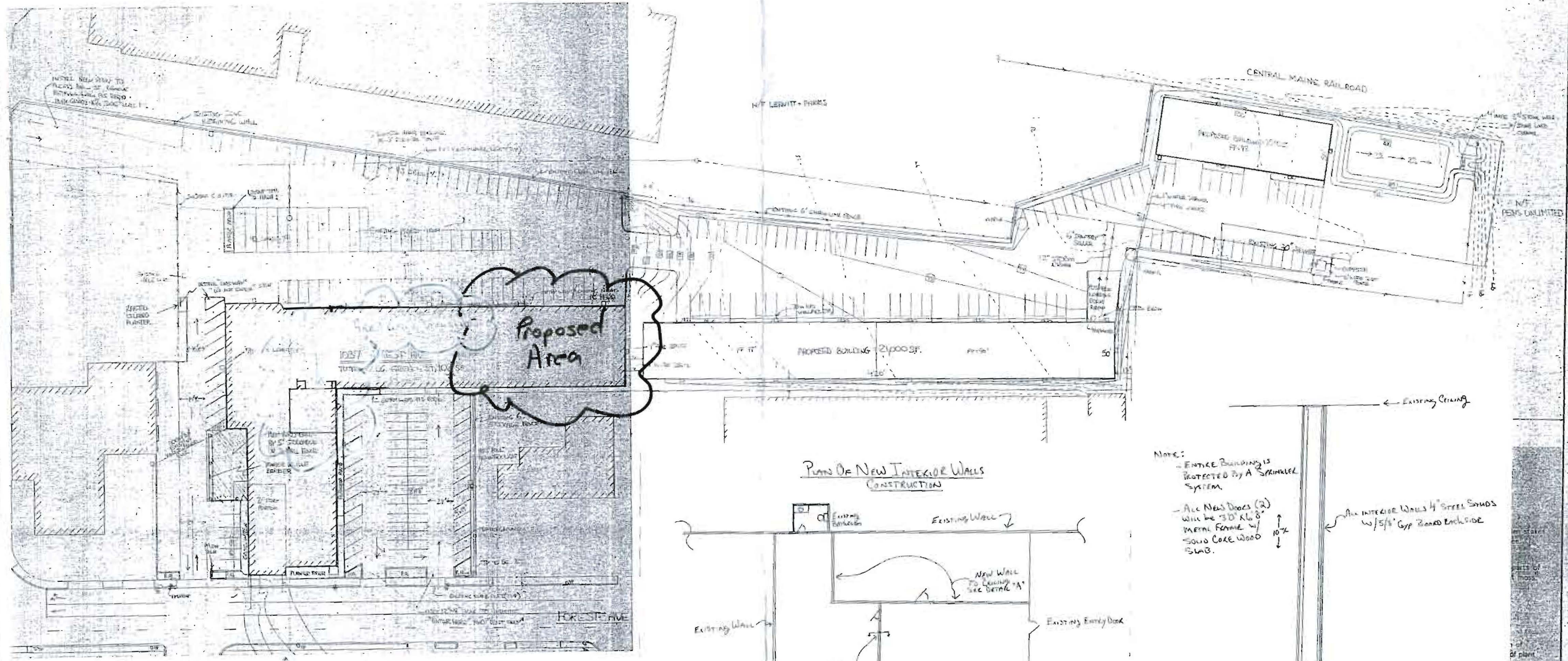
8/11/09



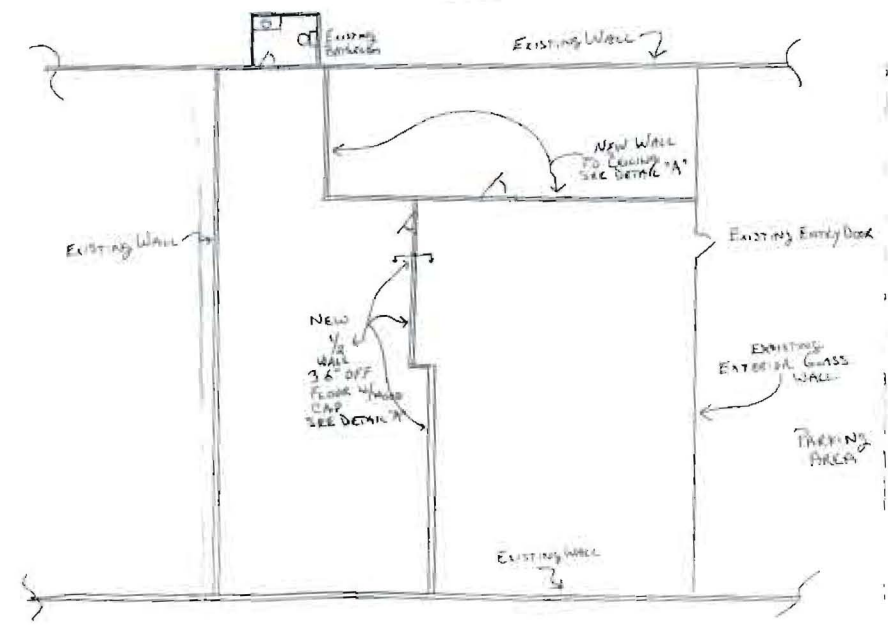
MacLeod Structural Engineers, PA 404 Main Street, Gorham, Maine 04038 207.835.0980		
DEPARTMENT OF HEALTH AND HUMAN SERVICES FOREST AVE. PORTLAND, ME		
NEW OFFICE LAYOUT		
FILE: DOOR SCHEDULE		
DATE: 7/13/09	DRAWN BY: BMM	DRAWING NUMBER:
SCALE: as noted	PROJ. NO.: 2009-216	A-3

PARKING REQUIRED: TOTAL (00000) = 40
 OFFICE (00000) = 25
 STORAGE (0000) = 9

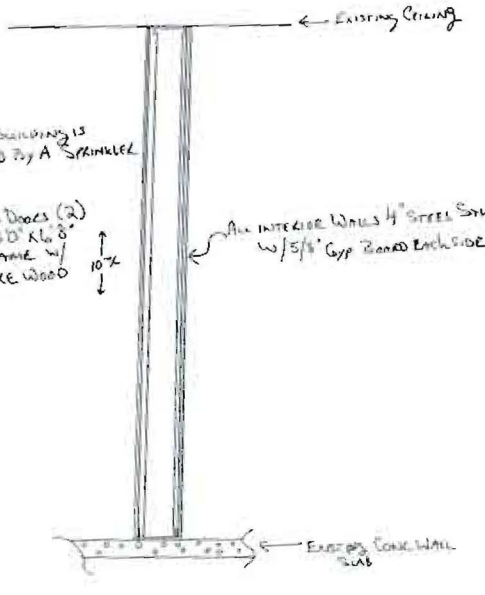
 74
 PARKING PROVIDED ----- 28



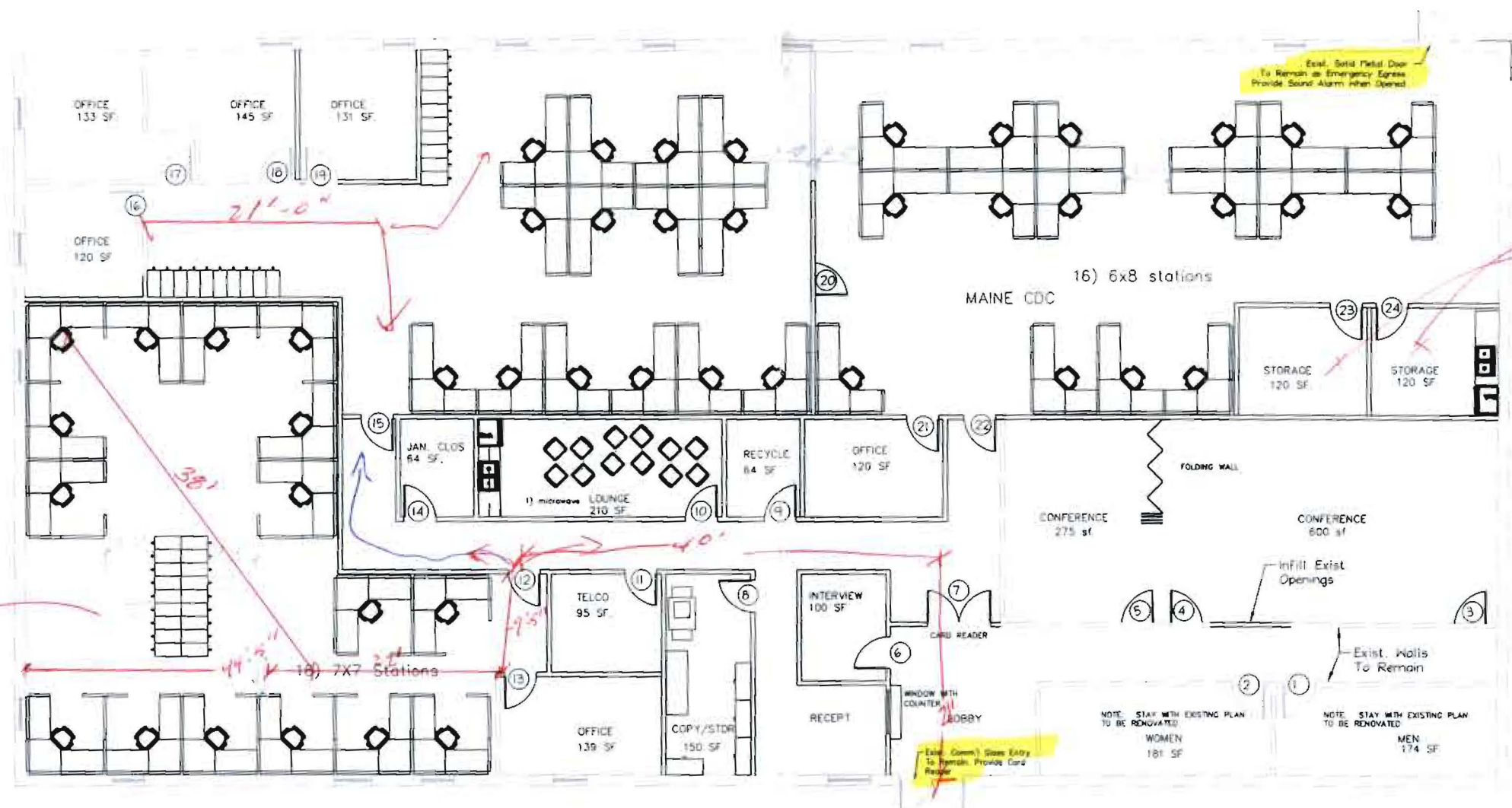
Plans Of New Interior Walls Construction



- Notes:**
- EXISTING BUILDING IS PROTECTED BY A SPRINKLER SYSTEM.
 - ALL NEW DOORS (2) WILL BE 30" x 80" METAL FRAME w/ SOLID CORE WOOD SLAB.
 - ALL INTERIOR WALLS 4" STEEL STUDS w/ 5/8" GYP BOARD ENCLICIDE.



NEPTUNE PROPERTIES, INC.			
DATE: 10/20/15	APPROVED BY:	DATE: 10/20/15	REVISION:
1057 FOREST AVE, PORTLAND, ME			DRAWING NUMBER:
SITE PLAN - PHASE II			



approx. 70'

OK under 10% work

- ① Door # 7 - needs to swing out of partition A.
- ② Sprinkled? YES Existing
- & Door # 15 change swing

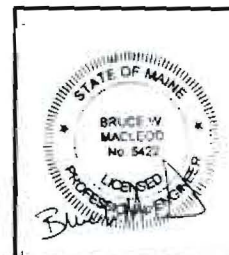
MacLeod
Structural Engineers, PA
404 Main Street - Gorham, Maine 04038 207.839.0980

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOREST AVE., PORTLAND, ME

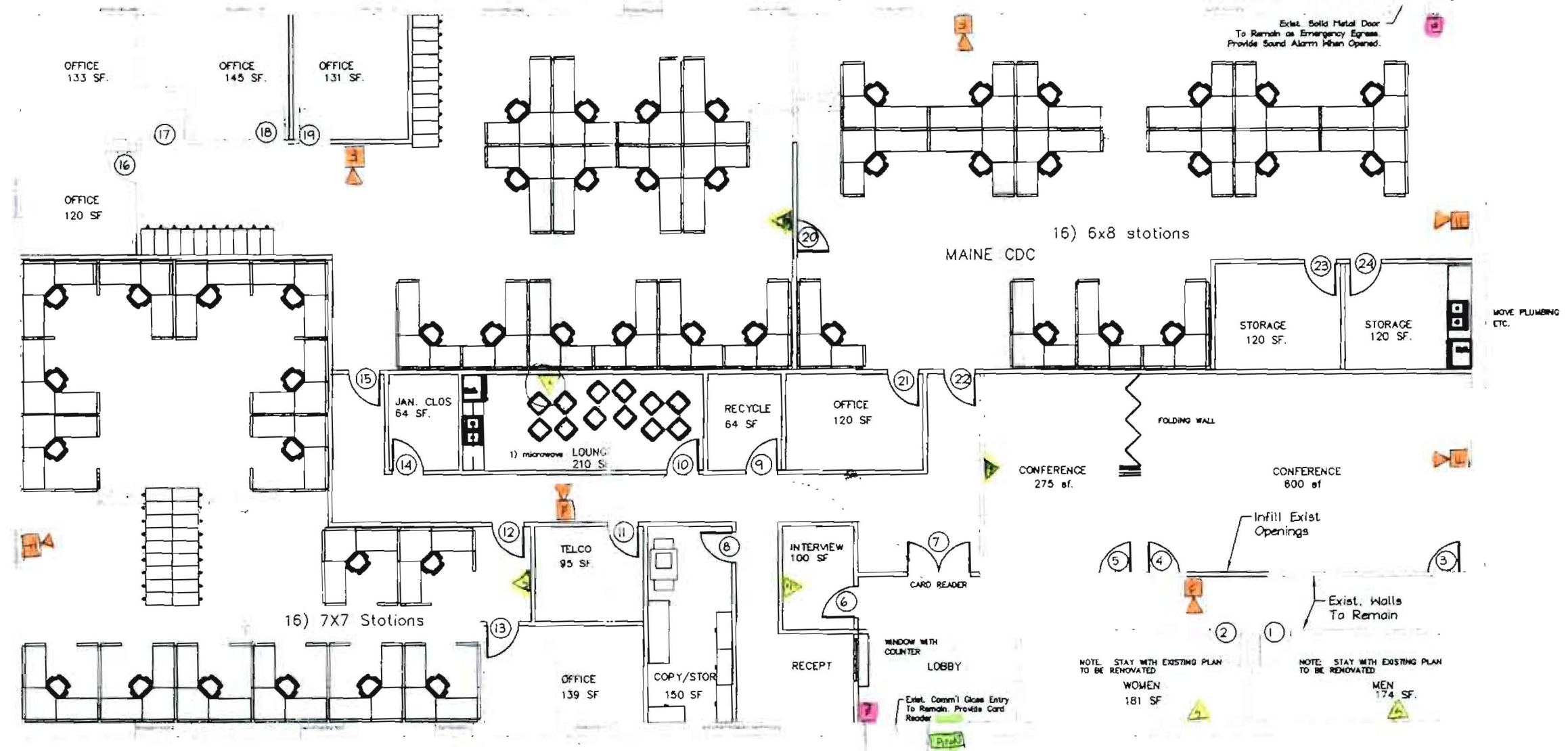
NEW OFFICE LAYOUT

TITLE: Floor/Furniture Plan

DATE: 7/13/09	DRAWN BY: GHW	DRAWING NUMBER:
SCALE: as noted	PROJ NO: 2009-216	A-1

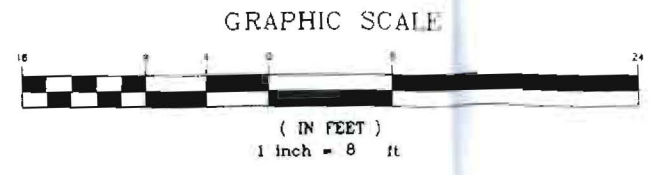


- ▲ 8/17/08
- ▲ 8/01/08
- ▲ 7/21/09

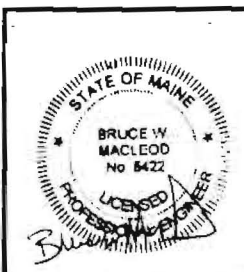


- 1- - Annunciator
- 2- - pull STATION
- 7- - horn Strobe
- 7- - Strobe

*Spineed
Add to End of Note*



	8/27/09
	8/17/09
	8/01/09
	7/21/09



MacLeod Structural Engineers, PA 404 Main Street Gorham, Maine 04038 207.839.0980		
DEPARTMENT OF HEALTH AND HUMAN SERVICES FOREST AVE. PORTLAND, ME		
NEW OFFICE LAYOUT		
TITLE: Floor/Furniture Plan		
DATE: 7/13/09	DRAWN BY: BMM	DRAWING NUMBER:
SCALE: as noted	PROJ. NO: 2009-216	A-1



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

Aug 21 2019

Received from Cellair

Location of Work 1037 Fore Ave

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 1,350.00

Building (IL) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 142001

Check #: 3430 **Total Collected \$** 1,350.00

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy