



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)

[Signature]
Inspector

[Signature]
Inspector of Buildings

APT. *Keith Gauthier*
11/12/2009

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

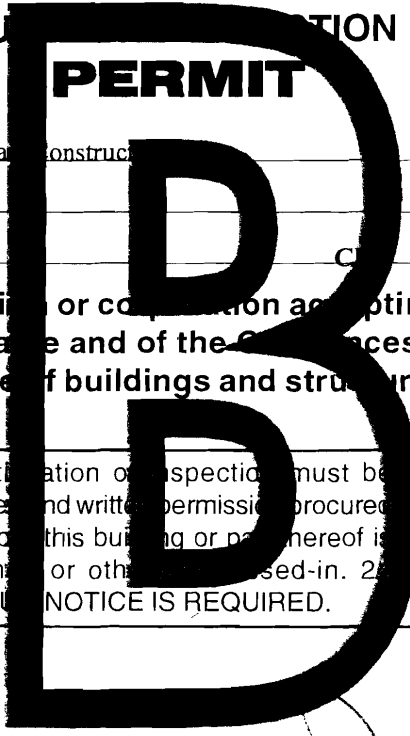
BUILDING DEPARTMENT PERMIT

Permit Number: 090909

Please Read
Application And
Notes, If Any,
Attached

This is to certify that A. Hausmann Assoc.Inc./Albany Construction
has permission to Interior Renovations SEP 15 2009
AT 1025 Forest Ave City 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 dressed-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. R. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 9/14/09
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: 09-0909	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: I-L

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
<i>legal use - Back offices only</i>		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>* See Conditions</i>	INSPECTION: Use Group: <i>B</i> Type: <i>SB</i> <i>TBC-2003</i> Signature: <i>JMB 9/14/09</i>	
Proposed Project Description: Interior Renovations		Signature: <i>(KG)</i>	Signature: <i>JMB 9/14/09</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: gg	Date Applied For: 08/21/2009	Zoning Approval		
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<ol style="list-style-type: none"> 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>OK with conditions</i> <i>KS 8/25/09</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: _____
	SEP 15 2009		

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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0909	Date Applied For: 08/21/2009	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: (207) 831-9338
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Office / Interior Renovations - Back Offices for DHS - no public, just internal offices	Proposed Project Description: Interior Renovations
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 08/25/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 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: <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 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: <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 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

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	

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 "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.



November 5, 2009

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

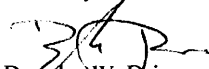
Subject: 1037 Forest Ave, Fire Alarm

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 2551
 2257 West Broadway
 South Portland, ME 04106
 Toll Free 1-800-370-3473
 Fax 207-879-0540

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

New Hampshire Office
 1 Bayside 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 802-386-1174

Contractor's Material and Test Certificate for Aboveground Piping

PREREQUISITE:
Upon completion of work, inspection and tests shall be done by the contractor's representative and witnessed by the 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 filed and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractors. It is understood the owner's representative's signature is not valid unless any of the agent's conditions for quality material, poor workmanship, failure to comply with approving authority's requirements or both exist.

PROPERTY NAME: Department of Health and Human Services DATE: 1/5/81

PROPERTY ADDRESS: 1037 Forest Ave. Portland

ACCEPTED BY: Maine State Fire Marshal's Office

CLASS: ADDRESS: 45 Commerce Ave. Suite A, Portland, ME 04103

Application submitted for accepted piping
Equipment tested or approved in test evaluation **Renovated Existing** Yes No No

Has vendor or manufacturer been instructed as to location of control valves and care and importance of this new equipment? **No new equipment** Yes No

DEFLECTION: Has any of the following been left on the premises?
 1. System components or materials
 2. Tools and equipment or equipment
 3. SWA or other materials **Existing Riser** Yes No No

DETAILS OF SYSTEM: Project: 4th floor renovation (Renov. of beams)

SIZE	MODEL	YEAR OF MANUFACTURE	OFFICE USE	QUANTITY	TEMPERATURE RATING
1.5" ID	1.5" ID	1977	Yes	15	150°
1.5" ID	1.5" ID	1977	Yes	15	150°

GENERAL NOTES: Type of pipe: Black iron
Type of fitting: Black iron

APPROVED FOR WORKING:

Type	Use	Min-H	Min-H	Min-H	Min-H
Pressure Switch	Perfect	P>10			

TESTING INFORMATION:

Time to Test (approx. test connection)	Water Pressure	Air Pressure	Temperature of Ambient Air	Time water reached test point	Water flow rate (gpm)
Minutes: Seconds	psi	psi	°F	Minutes: Seconds	gpm

OPERATION: In service Test Standby

PIPE INFORMATION: In service Test Standby

Does valve operate from the manual trip device at both control stations? Yes No

Is there an accessible facility to shut down the testing? Yes No No, except

Make	Model	Does each control operate independently from the other?	Does each control operate independently from the other?	Maximum time of valve release
		Yes	No	Minutes: Seconds

VALVE INFORMATION:

Location and flow	Make & Model	Rating	Static Pressure	Pressure (working)	Flow rate
			test (psi)	code (psi)	test (gpm)

Reprinted from Fire Dept. Test Certificate, 1/1/77

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 or excess of 150 psi (10.2 bar) for 2 hours. Differential dry-pipe valve cappings shall be left open during the test to prevent damage. An aboveground piping leakage shall be stripped.		
	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 200 psi (13.8 bar) for 2 hours Dry piping pneumatically tested Equipment operates properly		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state reason: <i>No dry piping</i>
	Do you certify as the sprinker contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, lime, or other corrosive chemicals were not used for testing systems or stopping leaks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Under test	Reading of gauge located near water supply test connection: <i>69 psi (4.7 bar)</i>	Residual pressure with valve in test connection open was: <i>65 psi (4.5 bar)</i>
	Underground mains and lead-in connections to systems riser flushed before connection made to sprinkler piping? Vented by copy of the 1/2" diam. No. 8BH flared by installer of underground sprinkler piping? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If power driven fasteners are used in concrete, has representative sample testing be satisfactory completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other: <i>Existing Riser</i> If no, explain: <i>None used</i>		
NUMERICAL TESTING GASKETS	Number used: <i>0</i>	Locations: _____	Number removed: <i>0</i>
WELDING	Welding piping: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, _____		
	Do you certify as the sprinker contractor that welding procedures comply with the requirements of at least AWS B2.1? <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 B2.1? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CUTOUTS (DISCS)	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		
	Do you certify that you have a control lecture to ensure that all cutouts (discs) are retrieved? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HYDRAULIC DATA TEMPLATE	Nameplate provided: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Existing System</i>		
REMARKS	Date left in service with all control valves open: <i>10/13/07</i>		
SIGNATURES	Name of sprinkler contractor: <i>High Tech Fire Protection</i>		
	Test witnessed by: _____		
ADDITIONAL EXPLOSTURES AND NOTES	For property owner (signature): _____ Title: _____	Title: <i>Inspector DC</i> Date: <i>11/05/07</i>	
	For sprinkler contractor (signature): <i>[Signature]</i>		

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.

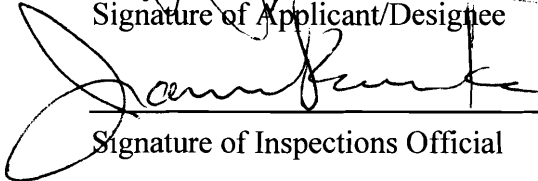
If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

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



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 #</u>	Square Footage of Lot	Number of Stories <u>1</u>
Tax Assessor's Chart, Block & Lot Chart# <u>142</u> Block# <u>C</u> Lot# <u>001</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * 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>		


AUG 21 2009

X-X
Call

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 issue



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 IRC Use Group Classification (s) Business

Type of Construction V 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 RM

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

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_D & 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_d and deflection amplification factor, r_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)



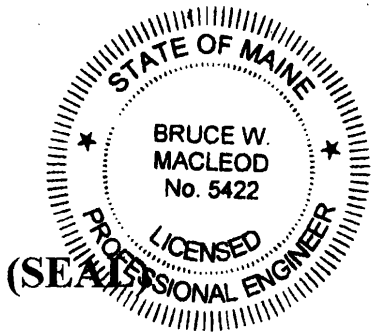
Accessibility Building Code Certificate

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: 207-839-0990

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

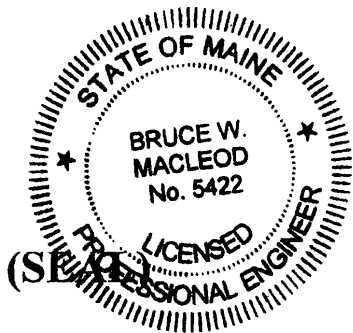
Date: ~~8~~ August 20, 2009

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: 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

	<p>City of Portland GIS</p>
	<p>DISCLAIMER : This is a product of the City of Portland MIS Department. The data depicted here have been developed with cooperation from other federal, state and local agencies. The City of Portland expressly disclaims responsibility for damages or liability that may arise from the use of this map.</p> <p>Copyright 2007 City of Portland 389 Congress St. Portland, Maine 04101</p>

*BR 2 of 1000 - [unclear] Seem
CO*

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 091230

PERMIT ISSUED

NOV 10 2009

Please Read Application And Notes, If Any, Attached

This is to certify that NEPTUNE PROPERTIES INC High Tech Protection
has permission to accommodate and adjust existing fire suppression system for new space arrangement
AT 1025 FOREST AVE C00142 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 lath or other work is used-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. K. Laubeau
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Ann Rute 11/10/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

SCANNED

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

Permit No: 09-1230	Issue Date:	CBL: 142 C001001
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Location of Construction: 1025 FOREST AVE	Owner Name: NEPTUNE PROPERTIES INC	Owner Address: 120 EXCHANGE ST	Phone:
Business Name:	Contractor Name: High Tech Fire Protection	Contractor Address: P.O. Box 156 Minot	Phone 2079982551
Lessee/Buyer's Name	Phone:	Permit Type: Fire Suppression System	Zone: I-L

Past Use: Commercial Office Connected w/ permit#09-0909	Proposed Use: Commercial Office - accommodate and adjust existing fire suppression system for new space arrangement	Permit Fee: \$70.00	Cost of Work: \$4,300.00	CEO District: 4	Zone: CB-2
Proposed Project Description: accommodate and adjust existing fire suppression system for new space arrangement		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied *See Conditions	INSPECTION: Use Group: B Type: Sprinkler DBL-2003 Signature: JMB 10/10/09		
		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: 11/02/2009	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: 11/3/09	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:
---	---	--

PERMIT ISSUED

NOV 10 2009

City of Portland

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-1230	Date Applied For: 11/02/2009	CBL: 142 C001001
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Location of Construction: 1025 FOREST AVE	Owner Name: NEPTUNE PROPERTIES INC	Owner Address: 120 EXCHANGE ST	Phone:
Business Name:	Contractor Name: High Tech Fire Protection	Contractor Address: P.O. Box 156 Minot	Phone (207) 998-2551
Lessee/Buyer's Name	Phone:	Permit Type: Fire Suppression System	

Proposed Use: Commercial Office - accommodate and adjust existing fire suppression system for new space arrangement	Proposed Project Description: accommodate and adjust existing fire suppression system for new space arrangement
---	---

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 11/03/2009

Note: **Ok to Issue:**

- 1) This property shall remain Back Offices as defined in the Zoning Ordinance. This is NOT approved as a general office use. Any change of use shall require a separate permit application for review and approval.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 11/10/2009

Note: **Ok to Issue:**

- 1) Sprinkler systems to be designed and installed per IBC 2003 standards Sec. 903.3.1

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 11/02/2009

Note: **Ok to Issue:**

- 1) Sprinkler protection shall be maintained.
Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
- 2) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance.
Compliance letters are required.
- 3) Any cutting or welding operations require a separate permit from the Fire dept.
- 4) The sprinkler system shall be installed in accordance with NFPA 13.
- 5) Application requires State Fire Marshal approval.
- 6) System acceptance and commissioning must be co-ordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.

PERMIT ISSUED

NOV 10 2009

City of Portland



Fire Suppression System Permit

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

Installation address: 1037 Forest Ave CBL: _____

Exact location: (within structure) Office Renovation

Type of occupancy(s) (NFPA & ICC): NFPA 13 Light Hazard.

Building owner: Tim Albar

Managing Supervisor: Ed Poulin License No: 108534 / 515
MEIC # ME RMS #

Supervisor phone: 207-998-2551 E-mail: epoulin@fairpoint.net.

Installing contractor: High Tech Fire Protection License No: 102

Contractor phone: 207-998-2551 E-mail: epoulin@fairpoint.net

The suppression work to be done will be: New: Renovation: Addition to existing system:

This is an amendment to an existing permit: Yes: NO Permit no: ME permit #8806

NFPA Standard will this system is designed to: 13 Edition: 2007

*Non-NFPA systems are not approved for use within the City of Portland.

Download a new copy of this document from Inspection Division on-line at www.portlandmaine.gov for every submittal. Attach all design information and complete approved submittals as may be required by the State Fire Marshal's Office on 11X17 copies or electronic PDF's in addition to full sized plans.

Contractor shall verify location and type of all FDCs shall be approved in writing by the Fire Prevention Bureau.

Submit all information to the Building Inspections Department, 389 Congress Street, Room 315, Portland, Maine 04101.

Prior to acceptance of any fire protection system, a complete commissioning and acceptance test must be coordinated with all fire system contractors and the Fire Department, and proper documentation of such test(s) provided.

All installation(s) must comply with NFPA and the Fire Department Technical Standard(s).

COST OF WORK: \$ 4300.00
PERMIT FEE: \$ 70
(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)

Applicant signature: Edward M Poulin Date: 9-25-09

RECEIVED
OCT 30 2009
Dept. of Building Inspections
City of Portland Maine

High Tech Fire Protection

Po Box 156 Minot, Maine 04258

Tel: 207-998-2551

Fax: 207-998-4187

Letter of Transmittal

To: Buildings Inspections Department
389 Congress Street, Room 315
Portland, ME
04101

Date: 10/05/09	Job No.
Attention: Buildings Inspections Department	
Re: 1037 Forest Ave. Office Renovation.	

We are sending you

Owners Manuals Preliminary Plans Asbuilt Plans Hydraulic Calculations

Product Data Permit Check Permit Application form

Copies	Date	No.	Description
1	10/05/09		Permit Application Form
1	10/05/09		State Permit for project.

These are Transmitted as checked below:

For Approval For your use Return 1 ^{Permit} ~~corrected copy~~
 As requested For review and comment _____

Comments: A summary of this project: We are reworking 60 existing heads to accommodate a revised ceiling layout. The building is an office space (light hazard) and all heads will be reworked in compliance with NFPA 13. 225 sq.ft per head max. This application does not require drawings per the State fire marshals office.

Signed: Ed Poulin Ed Poulin
epoulin@fairpoint.net



State of Maine
Department of Public Safety
Fire Sprinkler System Permit



8806

Department of Health and Human Services

Located at: 1037 Forest Ave
 In the Town of: Portland
 Occupancy/Use: Offices
 Type of System: NFPA 13

Permission is hereby given to:

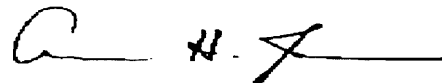
High Tech Fire Protection Co., Inc.
 PO Box 156
 Minot, ME 042580156
 Contractor License # **102**

according to plans submittal filed with the Licensing and Inspections Unit and are now approved.

This application form/plans are filed under log # **2091371** , and no departure from application form/plans shall be made without prior approval in writing. This permit is issued under the provisions of Title 32, Chapter 20, Section 12004-I. Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. Each permit issued shall be displayed/available at the site of construction.

This permit was issued on **10/4/2009** for a fee paid of **\$100.00**

This permit will expire at midnight on Friday, April 02, 2010



Anne H. Jordan
 Commissioner

Fire Department Connection Location/Type per Local Fire Department

Within 30 days of the completion of a new fire sprinkler system or an addition to an existing fire sprinkler system, a fire sprinkler system contractor shall provide to the Licensing and Inspections Unit a copy of this permit signed and dated by the certified responsible managing supervisor representing that the fire sprinkler system has been installed according to specifications of the approved plan to the best of the supervisor's knowledge, information, and belief. This requirement is part of the sprinkler law, and neglect of this duty is grounds to not renew the contractor's license to do work in the State of Maine. All sprinkler licenses expire June 30th every year.

Job completed, tested and verified on date of _____

RMS for this job: Poulin Edward M.

RMS Signature: _____

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 091139

PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

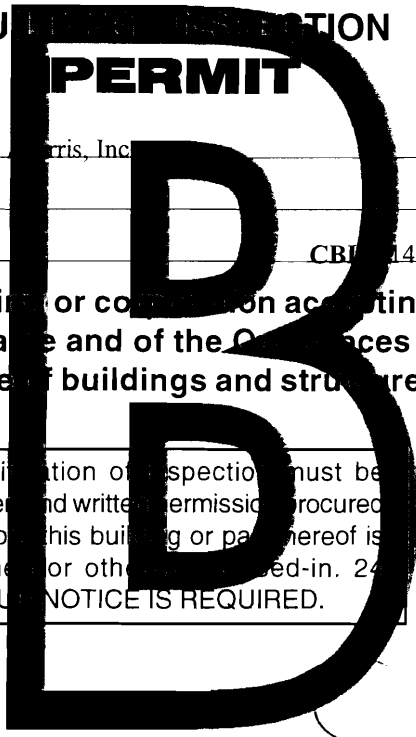
This is to certify that NEPTUNE PROPERTIES INC. Morris, Inc
has permission to install Fire Alarm NOV - 4 2009
AT 1025 FOREST AVE CBI 442 C001001

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 red-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. R. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Return to Sec...

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-1129	Issue Date:	CBL: 142 C001001
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Location of Construction: 1025 FOREST AVE	Owner Name: NEPTUNE PROPERTIES INC	Owner Address: 120 EXCHANGE ST	Phone:
Business Name:	Contractor Name: Norris, Inc.	Contractor Address: 2257 W Broadway, PO Box 2551 Sout	Phone 2078833473
Lessee/Buyer's Name	Phone:	Permit Type: Fire Alarm System	Zone: I-L

Past Use: Commercial - Office Suite 11 - connected w/ permit#090909	Proposed Use: Commercial - Office Suite 11 - install Fire Alarm	Permit Fee: \$40.00	Cost of Work: \$1,800.00	CEO District: 4
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: U Type: Alarm NPPA	

Proposed Project Description: install Fire Alarm	Signature:	Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: Ldobson	Date Applied For: 10/08/2009	Zoning Approval
-----------------------------	---------------------------------	------------------------

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 Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 10/19/09	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:
---	---	--

PERMIT ISSUED

NOV - 4 2009

City of Portland

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

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 Final inspection required at completion of work performed by the Fire Department.

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.

Mike Floridano
Signature of Applicant/Designee

11-4-09
Date

Signature of Inspections Official

Date

PERMIT ISSUED
NOV - 4 2009
City of Portland

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-1129	Date Applied For: 10/08/2009	CBL: 142 C001001
------------------------------	--	----------------------------

Location of Construction: 1025 FOREST AVE	Owner Name: NEPTUNE PROPERTIES INC	Owner Address: 120 EXCHANGE ST	Phone:
Business Name:	Contractor Name: Norris, Inc.	Contractor Address: 2257 W Broadway, PO Box 2551 Sout	Phone (207) 883-3473
Lessee/Buyer's Name	Phone:	Permit Type: Fire Alarm System	

Proposed Use: Commercial - Office Suite11 - install Fire Alarm	Proposed Project Description: install Fire Alarm
--	--

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 10/09/2009	Note:	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 11/03/2009	Note: 1) The fire alarm wiring must be metal sheathed if the building is of non-combustible construction.	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Keith Gautreau	Approval Date: 10/20/2009	Note: 1) Fire Alarm system shall be maintained. If system is to be off line over 4 hours a fire watch shall be in place. Dispatch notification required 874-8576. 2) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required. 3) The fire alarm system shall comply with NFPA 72 and Fire Department Technical Standard. A compliance letter is required. 4) Installation of a Fire Alarm system requires a Knox Box to be installed per city ordinance 5) System acceptance and commissioning must be co-ordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule. 6) All fire alarm records required by NFPA 72 should be stored in an approved cabinet located at the FACP and keyed alike, labeled "FIRE ALARM RECORDS".	Ok to Issue: <input checked="" type="checkbox"/>



Fire Alarm Permit

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

Installation address: 1025 Forest Ave CBL: 142 C001001

Exact location: (within structure) Suite 11

Type of occupancy(s) (NFPA & ICC): Business / Office

Building owner: A. Hausmann Assoc.

System Designer: Norris Inc.

Designer phone: 800 370 3473 E-mail: _____

Installing contractor: Norris Inc. License No: _____

Contractor phone: 800 370 3473 E-mail: _____

This is a new application: YES NO

This is an amendment to an existing permit: YES NO Permit no: _____

The following documents have been provided with this application:

- Floor plans: YES NO
- Wiring diagram: YES NO
- Annunciator details: YES NO
- Bid specifications: YES NO
- Equipment data sheets: YES NO
- Battery & voltage drop calculations: YES NO
- Input/ Output Matrix: YES NO
- Designer/ personnel qualifications: YES NO

COST OF WORK: \$1800.-

PERMIT FEE: 10
 (\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)

Download a new copy of this document from Inspection Division on-line at www.portlandmaine.gov for every submittal. Submit all plans on 11X17 copies or electronic PDF's in addition to full sized plans to the Building Inspections Department, 389 Congress Street, Room 315, Portland, Maine 04101.

Prior to acceptance of any fire alarm system, a complete commissioning and acceptance test must be coordinated with all fire system contractors and the Fire Department, and proper documentation of such test(s) provided.

All installation(s) must comply with NFPA 70, NFPA 72, and Fire Department Technical Standard (S)

RECEIVED

OCT 8 2009

Applicant signature: [Signature] Date: _____ Dept. of Building Inspections
City of Portland Maine

N-ANN-80

80-Character LCD Serial Annunciator



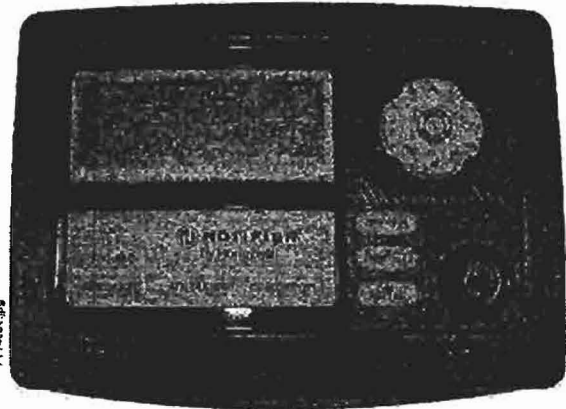
Annunciators

General

The N-ANN-80 annunciator is a compact, backlit, 80-character LCD fire annunciator that mimics the Fire Alarm Control Panel (FACP) display. It provides system status indicators for AC Power, Alarm, Trouble, Supervisory, and Alarm Silenced conditions. The N-ANN-80 and the FACP communicate over a two-wire serial interface employing the ANN-BUS communication format. Connected devices are powered, via two additional wires, by either the host FACP or a remote UL-listed, filtered power supply. N-ANN-80 is black; for white order N-ANN-80-W.

The N-ANN-80 displays English-language text of system point information including device type, zone, independent point alarm, trouble or supervisory status, as well as any custom alpha labels programmed into the control panel. It includes control switches for remote control of critical system functions. (A keyswitch prevents unauthorized operation of the control switches.)

Up to eight N-ANN-80s may be connected to the ANN-BUS of each FACP. Minimal programming is required, which saves time during system commissioning. The N-ANN-80 is compatible with NOTIFIER FACP's with an ANN-BUS, such as the NFW-50.



Features

- Listed to UL Standard 864, 9th Edition.
- Backlit 80-character LCD display (20 characters x 4 lines).
- Mimics all display information from the host panel.
- Control switches for System Acknowledge, Signal Silence, Drill, and Reset.
- Control switches can be independently enabled or disabled at the FACP.
- Keyswitch enables/disables control switches and mechanically locks annunciator enclosure
- Keyswitch can be enabled or disabled at the FACP.
- Enclosure supervised for tamper.
- System status LEDs for AC Power, Alarm, Trouble, Supervisory, and Alarm Silence.
- Local sounder can be enabled or disabled at the FACP.
- N-ANN-80 connects to the ANN-BUS terminal on the FACP and requires minimal panel programming.
- Displays device type identifiers, individual point alarm, trouble, supervisory, zone, and custom alpha labels.
- Time-and date display field.
- Surface mount directly to wall or to single, double, or 4" square electrical box.
- Semi-flush mount to single, double, or 4" square electrical box. Use ANN-SB80KIT for angled view mounting.
- Can be remotely located up to 6,000 feet (1,800 m) from the panel.
- Backlight turns off during AC loss to conserve battery power but will turn back on if an alarm condition occurs.
- May be powered by 24 VDC from the host FACP or by remote power supply (requires 24 VDC).
- Up to eight N-ANN-80s can be connected on the ANN-BUS.

Controls and Indicators

- AC Power
- Alarm

- Trouble
- Supervisory
- Alarm Silenced

Specifications

- **Operating voltage range:** 18 VDC to 28 VDC.
- **Current consumption @ 24 VDC nominal (filtered and non-resettable):** 40 mA maximum.
- **Ambient temperature:** 32°F to 120°F (0°C to 49°C).
- **Relative humidity:** 93% ± 2% RH (noncondensing) at 32°C ± 2°C (90°F ± 3°F).
- 5.375" (13.65 cm.) high x 6.875" (17.46 cm.) wide x 1.375" (3.49 cm.) deep.
- For use indoors in a dry location.
- All connections are power-limited and supervised.

Agency Listings and Approvals

The listings and approvals below apply to the N-ANN-80. In some cases, certain modules may not be listed by certain approval agencies, or listing may be in process. Consult factory for latest listing status.

- **UL:** S635
- **FM approved**
- **CSFM:** 7120-0028:240
- **MEA:** 442-06-E Vol. 2

The ANN-BUS

POWERING THE DEVICES ON THE ANN-BUS FROM AUXILIARY POWER SUPPLY

The ANN-BUS can be powered by an auxiliary power supply when the maximum number of ANN-BUS devices exceeds the ANN-BUS power requirements. See the FACP manual for more information.

ANN-BUS DEVICE ADDRESSING

Each ANN-BUS device requires a unique address (ID Number) in order to communicate with the FACP. A maximum of 8 devices can be connected to the FACP ANN-BUS communication circuit. See the FACP manual for more information.

WIRE REQUIREMENTS: COMMUNICATIONS CIRCUIT

The N-ANN-80 connects to the FACP ANN-BUS communications circuit. To determine the type of wire and the maximum wiring distance that can be used with FACP ANN-BUS accessory modules, it is necessary to calculate the total worst case current draw for all modules on a single 4-conductor bus. The total worst case current draw is calculated by adding the individual worst case currents for each module.

NOTE: For total worst case current draw on a single ANN-BUS refer to appropriate FACP manual.

After calculating the total worst case current draw, the following table specifies the maximum distance the modules can be located from the FACP on a single wire run. The table ensures 6.0 volts of line drop maximum. In general, the wire length is limited by resistance, but for heavier wire gauges, capacitance is the limiting factor.

These cases are marked in the chart with an asterisk (*). Maximum length can never be more than 6,000 feet (1,800 m), regardless of gauge used. See table below.

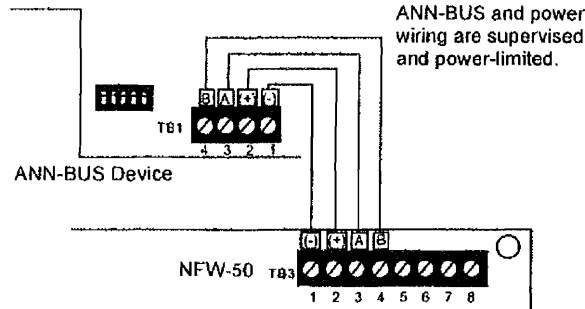
WIRE REQUIREMENTS: POWER CIRCUIT

- 14 to 18 AWG (0.75 - 2.08 mm²) wire for 24 VDC power circuit is acceptable.
- All connections are power-limited and supervised.
- A maximum of eight N-ANN-80 modules may be connected to this circuit.

Communication Pair Wiring Distance: FACP to Last ANN-BUS Module				
Total Worst Case Current Draw (amps)	22 Gauge	18 Gauge	16 Gauge	14 Gauge
0.100	1,852 ft.	4,688 ft.	* 6,000 ft.	*6,000 ft.
0.200	926 ft.	2,344 ft.	3,731 ft.	5,906 ft.
0.300	617 ft.	1,563 ft.	2,488 ft.	3,937 ft.
0.400	463 ft.	1,172 ft.	1,866 ft.	2,953 ft.
0.500	370 ft.	938 ft.	1,493 ft.	2,362 ft.
0.600	309 ft.	781 ft.	1,244 ft.	1,969 ft.
0.700	265 ft.	670 ft.	1,066 ft.	1,687 ft.
0.800	231 ft.	586 ft.	933 ft.	1,476 ft.
0.900	206 ft.	521 ft.	829 ft.	1,312 ft.
1.000 (max.)	185 ft.	469 ft.	746 ft.	1,181 ft.

WIRING CONFIGURATION

The following figure illustrates the wiring between the FACP and ANN-BUS devices.



FACP Wiring to ANN-BUS Device

ORDERING OPTIONS:

- N-ANN-80:** Black 80 character LCD Annunciator.
- N-ANN-80-W:** White, 80 character LCD Annunciator.
- ANN-SB80KIT-B:** Black surface mount backbox with angled wedge.
- ANN-SB80KIT-W:** White surface mount backbox with angled wedge.

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This document is not intended to be used for installation purposes. We try to keep our product information up-to-date and accurate. We cannot cover all specific applications or anticipate all requirements. All specifications are subject to change without notice.



For more information, contact Noflier. Phone: (203) 484-7161, FAX: (203) 484-7118. www.noflier.com

NOT-BG12LX(A)

Addressable Manual Pull Station For FireWarden Series Panels



Intelligent/Addressable Devices

General

The Notifier NOT-BG12LX is a state-of-the-art, dual-action (i.e., requires two motions to activate the station) pull station that includes an addressable interface for FireWarden series intelligent control panels. Because the NOT-BG12LX is addressable, the control panel can display the exact location of the activated manual station. This leads fire personnel quickly to the location of the alarm.

Features

- Maintenance personnel can open station for inspection and address setting without causing an alarm condition.
- Built-in bicolor LED, which is visible through the handle of the station, flashes in normal operation and latches steady red when in alarm.
- Handle latches in down position and the word "ACTIVATED" appears to clearly indicate the station has been operated.
- Captive screw terminals wire-ready for easy connection to SLC loop (accepts up to 12 AWG/3.25 mm² wire).
- Can be surface mounted (with SB-10 or SB-I/O) or semi-flush mounted. Semi-flush mount to a standard single-gang, double-gang, or 4" (10.16 cm) square electrical box.
- Smooth dual-action design.
- Meets ADAAG controls and operating mechanisms guidelines (Section 4.1.3[13]); meets ADA requirement for 5 lb. maximum activation force.
- Highly visible.
- Attractive shape and textured finish.
- Key reset.
- Includes Braille text on station handle.
- Optional trim ring (BG12TR).
- Meets UL 38, Standard for Manually Actuated Signaling Boxes.

Construction

Shell, door, and handle are molded of durable polycarbonate material with a textured finish.

Specifications

- **Shipping Weight:** 9.6 oz. (272.15 g)
- **Normal operating voltage:** 24 VDC.
- **Maximum SLC loop voltage:** 28.0 VDC.
- **Maximum SLC loop current:** μ A.
- **Temperature Range:** 32°F to 120°F (0°C to 49°C)
- **Relative Humidity:** 10% to 93% (noncondensing)
- **For use indoors in a dry location**

Installation

The NOT-BG12LX will mount semi-flush into a single-gang, double-gang, or standard 4" (10.16 cm) square electrical outlet box, or will surface mount to the model SB-10 or SB-I/O surface backbox. If the NOT-BG12LX is being semi-flush mounted, then the optional trim ring (BG12TR) may be used.



The NOT-BG12LX
Addressable Manual Pull Station

The BG12TR is usually needed for semi-flush mounting with 4" (10.16 cm) or double-gang boxes (not with single-gang boxes).

Operation

Pushing in, then pulling down on the handle causes it to latch in the down/activated position. Once latched, the word "ACTIVATED" (in bright yellow) appears at the top of the handle, while a portion of the handle protrudes from the bottom of the station. To reset the station, simply unlock the station with the key and pull the door open. This action resets the handle; closing the door automatically resets the switch.

Each manual station, on command from the control panel, sends data to the panel representing the state of the manual switch. Two rotary decimal switches allow address settings (1 - 99 on NFW2-100/NFW2-100C, 1 - 50 for NFW-50/NFW-50C).

Architectural/Engineering Specifications

Manual Fire Alarm Stations shall be non-coded, with a key-operated reset lock in order that they may be tested, and so designed that after actual Emergency Operation, they cannot be restored to normal except by use of a key. An operated station shall automatically condition itself so as to be visually detected as activated. Manual stations shall be constructed of red-colored polycarbonate material with clearly visible operating instructions provided on the cover. The word FIRE shall appear on the front of the stations in white letters, 1.00 inches (2.54 cm) or larger. Stations shall be suitable for surface mounting on matching backbox SB-10 or SB-I/O; or semi-flush mounting on a standard single-gang, double-gang, or 4" (10.16 cm) square electrical box, and shall be installed within

the limits defined by the Americans with Disabilities Act (ADA) or per national/local requirements. Manual Stations shall be Underwriters Laboratories listed.

Manual stations shall connect with two wires to one of the control panel SLC loops. The manual station shall, on command from the control panel, send data to the panel representing the state of the manual switch. Manual stations shall provide address setting by use of rotary decimal switches.

Product Line Information

NOT-BG12LX: Dual-action addressable pull station. Includes key locking feature.

NOT-BG12LXA: *Canadian* Dual-action addressable pull station. Includes key locking feature.

SB-10: Surface backbox; metal.

SB-I/O: Surface backbox; plastic.

BG12TR: Optional trim ring.

17021: Keys, set of two.

Agency Listings and Approvals

In some cases, certain modules or applications may not be listed by certain approval agencies, or listing may be in process. Consult factory for latest listing status.

- **UL Listed:** S692 (listed for Canadian and non-Canadian applications)
- **MEA:** 67-02-E Vol. IV
- **CSFM:** 7150-0028:199
- **FM Approved**

Patented:

U.S. Patent No. D428,351; 6,380,846; 6,314,772; 6,632,108.

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This document is not intended to be used for installation purposes.
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We cannot cover all specific applications or anticipate all requirements.
All specifications are subject to change without notice.



Made in the U.S. A.

For more information, contact Notifier. Phone: (203) 484-7161, FAX: (203) 484-7118.
www.notifier.com

Wheelock RSS & RSSP Series Single- and Multi-Candela Strobes and Strobe Plates



Audio/Visual Devices

General

Wheelock's patented Series RSS Strobe Appliances and Series RSSP Strobe Plates have lower current draw while maintaining outstanding performance, reliability and cost effectiveness. These versatile appliances will satisfy virtually all requirements for indoor, wall or ceiling mount appliances.

Strobe options for wall mount models include 15/75 or Wheelock's patented MCW multi-candela strobe with field selectable candela settings of 15/30/75/110cd. Ceiling mount models include the patented MCC multi-candela ceiling strobe with field selectable intensities of 15/30/75/95cd or the high intensity MCCH strobe with field selectable 115/177cd.

All models may be synchronized when used in conjunction with the Wheelock SM or DSM Sync Modules or a power supply with Wheelock's patented Sync Protocol. Synchronized strobes can eliminate possible restrictions on the number of strobes in the field of view. Wheelock's synchronized strobes offer an easy way to comply with ADA recommendations concerning photosensitive epilepsy as well as meetings the requirements of NFPA 72.

Wheelock's Series RSS Strobes employ a Patented Integral Strobe Mounting Plate that can be mounted to a single-gang, double gang, 4" square, 100mm European backboxes or the SHBB surface backbox. If the flush backbox has side or top space between it and the finished wall, the NATP (Notification Appliance Trimplate) may be used. It provides an additional .65" of trim for the appliance. An attractive cover plate is provided for a clean, finished appearance on all models.

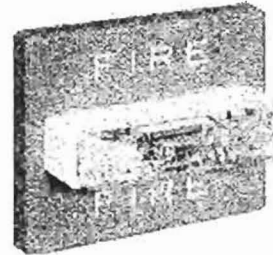
The Series RSSP Multi-Candela Strobe Plates are a cost effective way to retrofit required wall strobe appliances to bells, horns, chimes, multitones, or speakers and easily mounts to standard 4" backboxes or, for surface mount, use with Wheelock's SBL2 surface backbox.

Features

- Wall mount multi-candela models are available with field selectable candela settings of 15/30/75/110cd or 135/185cd. Single candela models are available in 15/75cd.
- Ceiling mount multi-candela models are available with field selectable candela settings of 15/30/75/95cd or 115/177cd.
- Strobes produce 1 flash per second over the regulated voltage range.
- 12 and 24 VDC models with wide UL "Regulated Voltage" using filtered (DC) or unfiltered VRMS input voltage.
- Synchronize with Wheelock SM or DSM Sync Modules or power supplies with built-in Sync Protocol.
- ADA/NFPA/UFC/ANSI compliant. Meets OSHA 29 Part 1910.165.

General Notes

- RSS/RSSP Series strobe products are listed under UL 1971 for indoor use with a temperature range of 32°F to 120°F (0°C to 49°C) and maximum humidity of 93% (± 2%).
- "Regulated Voltage Range" is the newest terminology used by UL to identify the voltage range. Prior to this change, UL used the terminology "Listed Voltage Range."



Series RSS



RSS Round



Multi-Candela
(bottom of strobe lens)



Series RSSP

5/95scw1.jpg, 5/76scw2.jpg, 5/76scw3.jpg, 6/01photo.jpg



WARNING: PLEASE READ THESE SPECIFICATIONS AND ASSOCIATED INSTALLATION INSTRUCTIONS CAREFULLY BEFORE USING, SPECIFYING OR APPLYING THIS PRODUCT. FAILURE TO COMPLY WITH ANY OF THE FOLLOWING INSTRUCTIONS, CAUTIONS AND WARNINGS COULD RESULT IN IMPROPER APPLICATION, INSTALLATION AND/OR OPERATION OF THESE PRODUCTS IN AN EMERGENCY SITUATION, WHICH COULD RESULT IN PROPERTY DAMAGE AND SERIOUS INJURY OR DEATH TO YOU AND/OR OTHERS.

NOTE: Due to continuous development of our products, specifications and offering are subject to change without notice in accordance with Wheelock, Inc. standard terms and conditions.

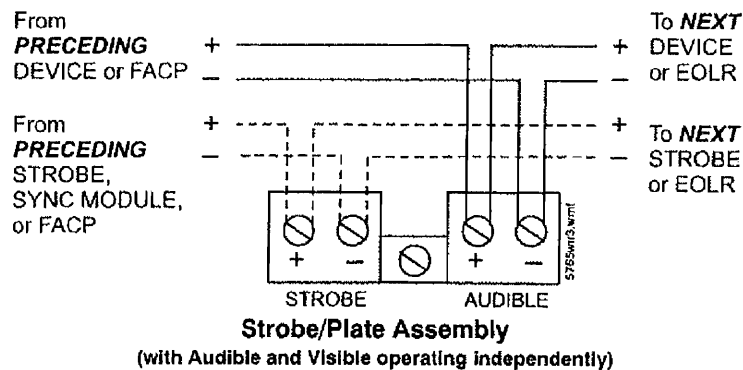
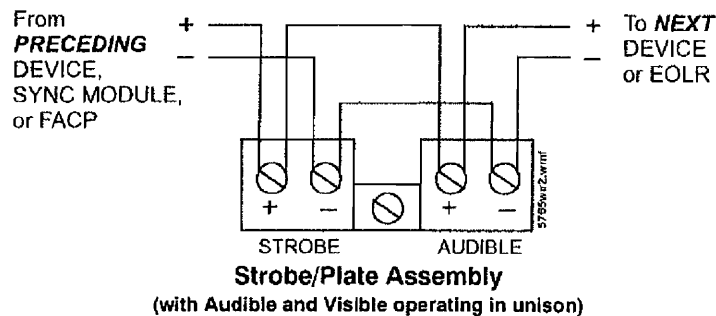
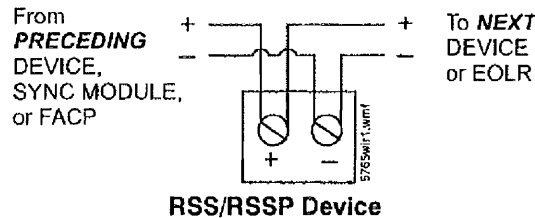
Product	Series
Multitone Appliances	AMT, MT
Horns	AH, NH, HS
Motor Bells	MB-G6/G10
Speakers	ET-1010/1080, E70, ET70
Chimes	CH70

RSS/RSSP 24 VDC Models	RSS/RSSP - Wall Mount							Ceiling Mount					
	241575W	24MCW				24MCWH		24MCC				24MCCH	
	1575cd	15cd	30cd	75cd	110cd	135cd	185cd	15cd	30cd	75cd	95cd	115cd	177cd
UL max*	.090	.060	.092	.165	.220	.300	.420	.065	.105	.189	.249	.300	.420
RSS/RSSP 24 VDC Models	RSS/RSSP Wall Mount	* RMS current ratings are per UL average RMS method. UL max current rating is the maximum RMS current within the listed voltage range (16-33V for 24V units). For strobes, the UL max current is usually at the minimum listed voltage (16V for 24V units). For audibles, the max current is usually at the listed voltage (33V for 24V units). For unfiltered FWR ratings, see installation instructions.											
	121575W												
12VDC	.152												
UL max*	.255												

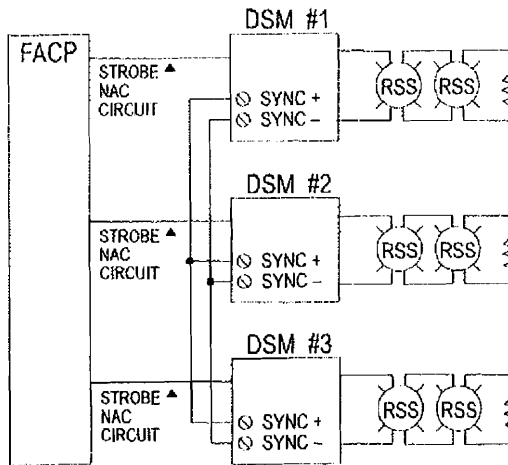
Model Number	Order Code	Input Voltage (VDC)	Average Mean Current @ 24VDC	Mounting Options
SM-12/24-R	6369	24	.028	W
DSM-12/24-R	6374	24	.035	W

NOTE: SM Sync Module is rated for 3.0 amperes 24VDC.
 DSM Sync Module is rated for 3.0 amperes per circuit.
 The maximum number of interconnected DSM modules is twenty (20).

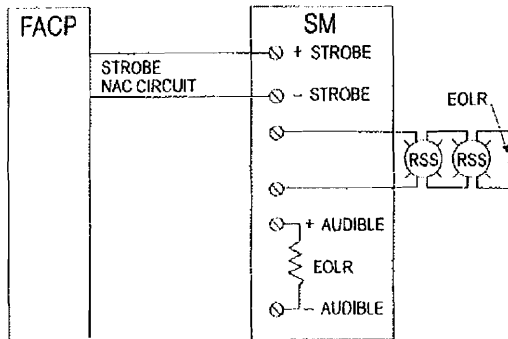
Wiring Diagrams



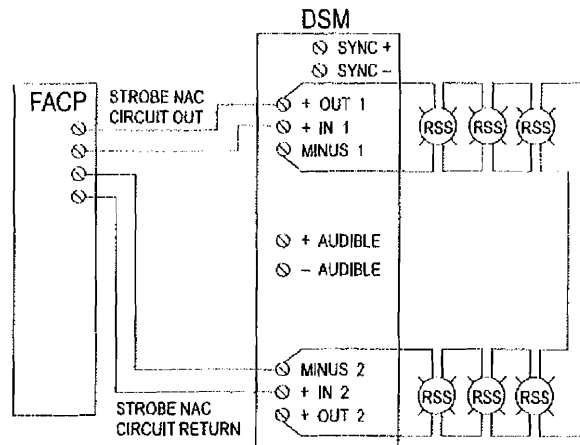
Wiring Diagrams (continued)



RSS/RSSP Devices
(synchronized with DSM module; single Class "A" NAC circuit)



RSS/RSSP Devices
(synchronized with SM module; single Class "B" NAC circuit)



RSS/RSSP Devices
(synchronized with multiple DSM modules)
(NOTE: INTERCONNECTING WIRING SHOWN. MAXIMUM OF 20 DSM MODULES)

For details on using the SM or DSM Sync Modules see installation instructions #P83123 (for SM) or #P83177 (for DSM).



WARNING: CONTACT WHEELLOCK FOR THE CURRENT INSTALLATION INSTRUCTIONS AND GENERAL INFORMATION SHEET (P82380) ON THESE PRODUCTS. THESE DOCUMENTS UNDERGO PERIODIC CHANGES. IT IS IMPORTANT THAT YOU HAVE CURRENT INFORMATION ON THE PRODUCTS. THESE MATERIALS CONTAIN IMPORTANT INFORMATION THAT SHOULD BE READ PRIOR TO SPECIFYING OR INSTALLING THESE PRODUCTS, INCLUDING:

- TOTAL CURRENT REQUIRED BY ALL APPLIANCES CONNECTED TO SYSTEM SECONDARY POWER SOURCES.
- FUSE RATINGS ON NOTIFICATION APPLIANCE CIRCUITS TO HANDLE PEAK CURRENTS FROM ALL APPLIANCES ON THOSE CIRCUITS.
- COMPOSITE FLASH RATE FROM MULTIPLE STROBES WITHIN A PERSON'S FIELD OF VIEW.
- ADDING, REPLACING OR CHANGING APPLIANCES OR CHANGING CANDELLA SETTINGS WILL AFFECT CURRENT DRAW. RECALCULATE CURRENT DRAW TO INSURE THAT THE TOTAL AVERAGE CURRENT AND TOTAL PEAK REQUIRED BY ALL APPLIANCES DO NOT EXCEED THE RATED CAPACITY OF THE POWER SOURCES OR FUSES.
- THE VOLTAGE APPLIED TO THE PRODUCTS MUST BE WITHIN THEIR "REGULATED VOLTAGE RANGE."
- INSTALLATION OF 110 CANDELA STROBE PRODUCTS IN SLEEPING AREAS.
- INSTALLATION IN OFFICE AREAS AND OTHER SPECIFICATION AND INSTALLATION ISSUES.
- USE STROBES ONLY ON CIRCUITS WITH CONTINUOUSLY APPLIED OPERATING VOLTAGE. DO NOT USE STROBES ON CODED OR INTERRUPTED CIRCUITS IN WHICH THE APPLIED VOLTAGE CYCLED ON AND OFF AS THE STROBE MAY NOT FLASH.
- FAILURE TO COMPLY WITH THE INSTALLATION INSTRUCTIONS OR GENERAL INFORMATION SHEETS COULD RESULT IN IMPROPER INSTALLATION, APPLICATION, AND/OR PROPERTY DAMAGE AND SERIOUS INJURY OR DEATH TO YOU AND/OR OTHERS.
- CONDUCTOR SIZE (AWG), LENGTH AND AMPACITY SHOULD BE TAKEN INTO CONSIDERATION PRIOR TO DESIGN AND INSTALLATION OF THESE PRODUCTS, PARTICULARLY IN RETROFIT INSTALLATIONS.

Architectural/Engineering Specifications

The visual notification appliances shall be Wheelock Series RSS Strobe Appliances or approved equals. The Series RSS shall meet and be listed for UL Standard 1971 (Emergency Devices for the Hearing Impaired) for indoor Fire Protection Service. The strobe shall be listed for indoor use and shall meet the requirements of FCC Part 15 Class B. The strobe appliances shall produce a flash rate of one (1) flash per second over the Regulated Voltage Range and shall incorporate a Xenon flashtube enclosed in a rugged Lexan® lens. All inputs shall be compatible with standard reverse polarity supervision of circuit wiring by a Fire Alarm Control Panel (FACP). When Strobe Plates are to be installed, they shall be the Wheelock Series RSSP Strobe Plate and shall have the same electronic circuitry as the Wheelock Series RSS.

The Series RSS Strobe shall be of low current design. Where Multi-Candela appliances are specified, the strobe intensity shall have field selectable settings and shall be rated per UL Standard 1971 at 15/30/75/110cd or 135/185cd for wall mount and 15/30/75/95cd or 115/175cd for ceiling mount. The selector switch for selecting the candela shall be tamper resistant. The 1575 candela strobe shall be specified when 15 candela UL Standard 1971 Listing with 75 candela on axis is required (e.g. ADA compliance).

When synchronization is required, the appliance shall be compatible with Wheelock's SM or DSM Sync Modules or a power supply with built-in Patented Wheelock Sync Protocol. The strobes shall not drift out of synchronization at any time during operation. If the Sync Module or power supply fail to operate (i.e. contacts remain closed), the strobe shall revert to a non-synchronized flash rate. The strobes shall be designed for indoor surface or flush mounting.

The Series RSS Strobe Appliances shall incorporate a Patented, Integral Strobe Mounting Plate that shall allow mounting to single-gang, double-gang, 4-inch square, 100mm European type backboxes, or the SHBB Surface Backbox. If required, an NATP (Notification Appliance Trimplate) shall be provided. An attaching cover plate shall be provided to give the appliance an attractive appearance. The appliance shall not have any mounting holes or screw heads visible when the installation is completed.

The Series RSSP Multi-Candela or single candela Strobe Plate shall mount to either a standard 4-inch square backbox for flush mounting, or the Wheelock SBL2 backbox for surface mounting.

All notification appliances shall be backward compatible. *NOTE: Due to continuous development of our products, specifications and offering are subject to change without notice in accordance with Wheelock, Inc. standard terms and conditions.*

Listings and Approvals

These listings and approvals apply to the modules specified in this document. In some cases, certain modules or applications may not be listed by certain approval agencies, or listing may be in progress. Consult factory for listing status.

- **ULC Listed:** E5391
- **ULC Listed:** CS 356
- **CSFM:** 7125-0785:141
- **MEA:** 151-92-E Vol. XIX, XX;
Vol. XXIV (RSS-24MCW-FR-FW)
- **FM Approved**

Ordering Information

Model	Wall/ Ceiling Mount	Non- Sync	Sync w/ SM, DSM	Strobe Candela	12/24 VDC	Model Color	Model Shape	Agency Approvals
RSS-24MCW-FR	Wall	X	X	15/30/75/110	24	Red	Square	UL, MEA, CSFM, FM, BFP
RSS-24MCW-FW	Wall	X	X	15/30/75/110	24	White	Square	UL, MEA, CSFM, FM, BFP
RSS-241575W-FR	Wall	X	X	15 (75 on axis)	24	Red	Square	UL, MEA, CSFM, FM, BFP
RSS-24MCC-FW	Ceiling	X	X	15/30/75/95	24	White	Square	UL, MEA, CSFM, FM
RSS-24MCC-FR	Ceiling	X	X	15/30/75/95	24	Red	Square	UL, MEA, CSFM, FM
RSS-24MCCR-FW	Ceiling	X	X	15/30/75/95	24	White	Round	UL, MEA, CSFM, FM
RSS-24MCCHR-FW	Ceiling	X	X	115/177	24	White	Round	UL, MEA, CSFM, FM
RSSWP-2475W-FR	Wall	X	X	180 @ 77°F 75 @ -31°F	12/24	Red	Square	UL, MEA, CSFM, FM

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Wheelock NS/NH Series

NS Series Horn Strobes NH Series Horns

 **NOTIFIER**[®]
by Honeywell

Audio/Visual Devices

General

The Wheelock Series NS Horn Strobe Appliances will satisfy virtually all requirements for indoor, wall mount applications.

The Series NH Horn and the horn portion of the Series NS include a selectable continuous horn tone or temporal pattern (Code 3) with selectable dBA settings of 90 or 95 dBA.

Strobe options include 1575cd or Wheelock's patented Multi-Candela strobe with field selectable candela settings of 15/30/75/110cd.

These versatile Horn Strobe Appliances may be synchronized when used in conjunction with the Wheelock SM or DSM Sync Modules or a Power Supply with the Wheelock patented Sync Protocol. Additionally, the audible may be silenced while maintaining strobe activation.

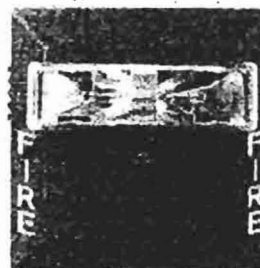
All models of the Series NS and NH are designed for maximum performance, reliability and cost-effectiveness while meeting or exceeding the latest requirements of NFPA 72/ANSI 117.1/UFC and UL Standards 1971 and 464 as well as meeting ADA requirements concerning photosensitive epilepsy.

Features

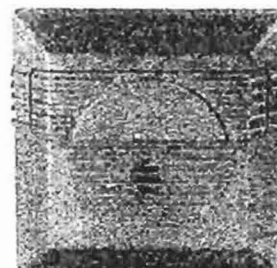
- Field selectable Candela settings 15/30/75/110cd (24 VDC Multi-Candela models) or 1575cd in 12 or 24 VDC.
- Selectable Continuous Horn or Temporal (Code 3).
- 2 selectable dBA settings of 90 and 95 dBA in both tones.
- 12 and 24 VDC models with UL "Regulated Voltage" using filtered DC or unfiltered VRMS input voltage.
- Patented Universal Mounting Plate.
- Wall mount.
- ADA/NFPA/UFC/ANSI compliant.
- Complies with OSHA 29, Part 1910.165.
- NH Horn is selectable 12 or 24 VDC in 1 unit.
- Synchronize with Wheelock SM or DSM Sync Module or the Power Supply with built-in Sync Protocol.
- Patent Pending Universal Mounting Plate for single-gang, double-gang 4" (10.16c m) square, or 100 mm European backboxes, or Wheelock's SHBB shallow surface backbox.
- Fast installation with IN/OUT screw terminals using #12 to #18 AWG wires.

General Notes

- Strobes are designed to flash at 1 flash per second minimum over their "Regulated Voltage Range." Note that NFPA 72 specifies a flash rate of 1 to 2 flashes per second and ADA Guidelines specify a flash rate of 1 to 3 flashes per second.
- All candela ratings represent minimum effective Strobe intensity based on UL Standard 1971.
- Series NS Strobe products are listed under UL Standard 1971 for indoor use with a temperature range of 32°F to 120°F (0°C to 49°C) and maximum humidity of 93% ($\pm 2\%$).
- Series NH Horns are listed under UL Standard 464 for audible signal appliances (indoor use only).



NS Horn Strobe



NH Horn



Multi-Candela Indicator
(bottom of Strobe Lens)

6601pht1.jpg 6601pht2.jpg 6601pht3.jpg

- "Regulated Voltage Range" is the newest terminology used by UL to identify the voltage range. Prior to this change, UL used the terminology "Listed Voltage Range."



WARNING: PLEASE READ THESE SPECIFICATIONS AND ASSOCIATED INSTALLATION INSTRUCTIONS CAREFULLY BEFORE USING, SPECIFYING OR APPLYING THIS PRODUCT. FAILURE TO COMPLY WITH ANY OF THESE INSTRUCTIONS, CAUTIONS OR WARNINGS COULD RESULT IN IMPROPER APPLICATION, INSTALLATION AND/OR OPERATION OF THESE PRODUCTS IN AN EMERGENCY SITUATION, WHICH COULD RESULT IN PROPERTY DAMAGE, AND SERIOUS INJURY OR DEATH TO YOU AND/OR OTHERS.

Table 1: Ratings Per UL Standard 1971

Model	Input Voltage VDC	Regulated Voltage Range VDC/FWR	Strobe Candela (CD)
NS-24MCW	24	16.0-33.0	15/30/75/110
NS-241575W	24	16.0-33.0	15 (75 on axis)

Description	Volume	Reverberant dBA @ 10ft per UL 464		Anechoic dBA @ 10ft	
		12VDC	24VDC	12VDC	24VDC
		Continuous Horn	High	83	87
	Low	76	81	84	90
Code 3 Horn	High	79	82	89	95
	Low	72	76	84	90

NS-24MCW with High (95 dBA) Setting				
Voltage	15cd	30cd	75cd	110cd
16.0 VDC	.077	.113	.195	.268
24.0 VDC	.065	.087	.134	.174
33.0 VDC	.069	.085	.117	.134
NS-24MCW with Low (90 dBA) Setting				
Voltage	15cd	30cd	75cd	110cd
16.0 VDC	.070	.106	.188	.261
24.0 VDC	.052	.072	.126	.158
33.0 VDC	.045	.060	.097	.114

NS-241575W		
Voltage	High (95) dBA	Low (90) dBA
16.0 VDC	.120	.116
24.0 VDC	.094	.093
33.0 VDC	.102	.078

Voltage	High (95) dBA	Low (90) dBA
16.0 VDC	.019	.017
24.0 VDC	.028	.022
33.0 VDC	.039	.027

Model Number	Input Voltage (VDC)	Average Mean Current @ 24 VDC	Mounting Options
SM-12/24-R	24	.028	W
DSM-12/24-R	24	.035	W

NOTE: SM Sync Module is rated for 3.0 amperes @ 24 VDC. DSM Sync Module is rated for 3.0 amperes per circuit. The maximum number of interconnected DSM Modules is twenty (20).

* Average RMS Current is per UL average RMS method and Average Mean Current is per UL average mean method. NH models use average mean current. For rated in Rush and Peak current across UL Listed voltage range for both filtered DC and VRMS (FWR), see installation instructions.

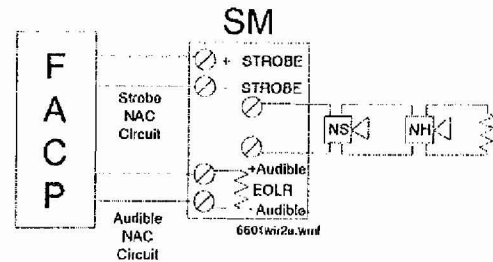
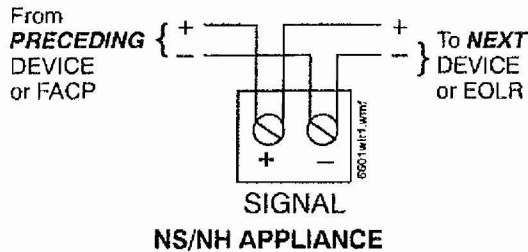
Series NS/NH 24 VDC		Audible	Wall Mount Strobe Models				
		NH-12/24	NS-241575W	NS-24MCW			
		@24VDC	15/75cd	15cd	30cd	75cd	110cd
High (95) dBA	24VDC	.044	.104	.074	.107	.184	.244
Low (90) dBA	24VDC	.018	.096	.066	.101	.177	.232
Series NS/NH 12 VDC		Audible	Wall Mount	** RMS current ratings are per UL average RMS method. UL max current rating is the maximum RMS current within the listed voltage range (16-33V for 24V units). For strobes, the UL max current is usually at the minimum listed voltage (16V for 24V units). For audibles, the max current is usually at the listed voltage (33V for 24V units). For unfiltered FWR ratings, see installation instructions.			
		NH-12/24	Aud/Strobe				
		@12VDC	NS-121575W				
High (95) dBA	12VDC	.021	.220				
Low (90) dBA	12VDC	.012	.210				



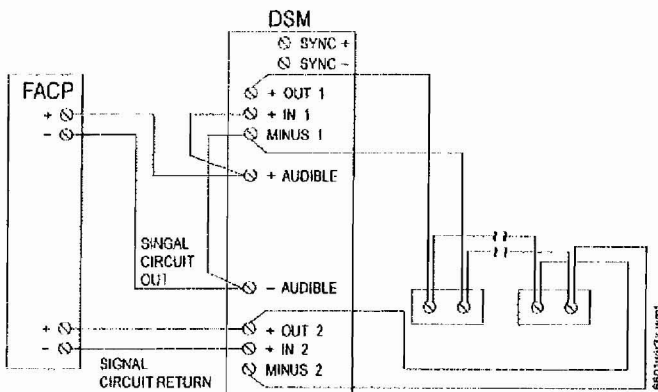
WARNING: CONTACT WHEELOCK FOR THE CURRENT INSTALLATION INSTRUCTIONS (P83983) SERIES NS-24MCW, (P84234) SERIES NS-12 AND 24 VDC SINGLE CANDELA MODELS, (P83600) SERIES NH AND "GENERAL INFORMATION" SHEET (P82380) ON THESE PRODUCTS. THESE DOCUMENTS UNDERGO PERIODIC CHANGES. IT IS IMPORTANT THAT YOU HAVE CURRENT INFORMATION ON THE PRODUCTS. THESE MATERIALS CONTAIN IMPORTANT INFORMATION THAT SHOULD BE READ PRIOR TO SPECIFYING OR INSTALLING THESE PRODUCTS, INCLUDING:

- TOTAL CURRENT REQUIRED BY ALL APPLIANCES CONNECTED TO SYSTEM SECONDARY POWER SOURCES.
- FUSE RATINGS ON NOTIFICATION APPLIANCE CIRCUITS TO HANDLE PEAK CURRENTS FROM ALL APPLIANCES ON THOSE CIRCUITS.
- COMPOSITE FLASH RATE FROM MULTIPLE STROBES WITHIN A PERSON'S FIELD OF VIEW.
- ADDING, REPLACING OR CHANGING APPLIANCES OR CHANGING CANDELA SETTINGS WILL AFFECT CURRENT DRAW. RECALCULATE CURRENT DRAW TO INSURE THAT THE TOTAL AVERAGE CURRENT AND TOTAL PEAK REQUIRED BY ALL APPLIANCES DO NOT EXCEED THE RATED CAPACITY OF THE POWER SOURCES OR FUSES.
- THE VOLTAGE APPLIED TO THE PRODUCTS MUST BE WITHIN THEIR "REGULATED VOLTAGE RANGE."
- INSTALLATION OF 110 CANDELA STROBE PRODUCTS IN SLEEPING AREAS.
- INSTALLATION IN OFFICE AREAS AND OTHER SPECIFICATION AND INSTALLATION ISSUES.
- THESE APPLIANCES ARE NOT DESIGNED TO BE USED ON CODED SYSTEMS IN WHICH THE APPLIED VOLTAGE IS CYCLED ON AND OFF.
- FAILURE TO COMPLY WITH THE INSTALLATION INSTRUCTIONS OR GENERAL INFORMATION SHEETS COULD RESULT IN IMPROPER INSTALLATION, APPLICATION, AND/OR PROPERTY DAMAGE AND SERIOUS INJURY OR DEATH TO YOU AND/OR OTHERS.
- CONDUCTOR SIZE (AWG), LENGTH AND AMPACITY SHOULD BE TAKEN INTO CONSIDERATION PRIOR TO DESIGN AND INSTALLATION OF THESE PRODUCTS, PARTICULARLY IN RETROFIT INSTALLATIONS.

Wiring Diagrams



NS AND NH APPLIANCES SYNCHRONIZED WITH SM MODULE SINGLE CLASS "B" NAC CIRCUIT WITH AUDIBLE SILENCE FEATURE



NS AND NH APPLIANCES SYNCHRONIZED WITH DSM MODULE DUAL CLASS "A" NAC CIRCUIT WITH NO AUDIBLE SILENCE FEATURE

NOTE: NS/NH must be set on Code 3 horn tone to achieve synchronized temporal (Code 3) tone. Refer to installation instruction (P83983, P83600 respectively).

NOTE: For detail using SM or DSM Sync Module refer to data sheet S3000 or installation instructions P83123 for SM and P83177 for DSM.

Architectural/Engineering Specifications

The audible/visual notification appliances shall be Wheelock Series NS Horn Strobe appliances and Series NH Horn appliances or approved equals. The Series NS appliances shall meet and be listed for UL Standard 1971 (Emergency Devices for the Hearing-Impaired for Indoor Fire Protection Service). The Series NH Horn shall be UL Listed under Standard 464 (Fire Protective Signaling). The horn strobe shall be listed for indoor use and shall meet the requirements of FCC Part 15 Class B. All inputs shall be compatible with standard reverse polarity supervision of circuit wiring by the Fire Alarm Control Panel (FACP).

The audible portion of the appliance shall have a minimum of two (2) field selectable settings for dBA levels (90 and 05 dBA) and shall have a choice of continuous or temporal (Code 3) audible outputs.

The strobe portion of the appliance shall produce a flash rate of one (1) flash per second over the Regulated Voltage Range and shall incorporate a Xenon flashtube enclosed in a rugged Lexan lens. The Series NS shall be of low current design. Where wall mount, Multi-Candela appliances are specified, the strobe intensity shall never have field selectable settings and shall be rated per UL Standard 1971 for 15/30/75/110 candela. The selector switch for selecting the candela setting shall be tamper resistant. The 1575 candela strobe shall be specified when 15 candela UL Standard 1971 Listing with 75 candela on-axis is required (e.g. ADA compliance).

When synchronization is required, the appliance shall be compatible with Wheelock's SM, DSM Sync Modules or a Power Supply with Wheelock's built-in patented Sync Protocol. The strobes shall not drift out of synchronization at any time during operation. If the Sync Module or Power Supply fails to operate (i.e. contacts remain closed), the strobes shall revert to a non-synchronized flash-rate. The appliance shall also be designed so that the audible signal may be silenced while maintaining strobe activation.

The Series NS Horn Strobes and NH Horn shall incorporate a patented Universal Mounting Plate that shall allow mounting to a single-gang, double-gang, 4 inch square, and 100 mm European backboxes, or the SHBB Surface Backbox. If required, an NATP (Notification Appliance Trimplate) shall be provided.

All notification appliances shall be backward compatible.

Listings and Approvals

These listings and approvals apply to the modules specified in this document. In some cases, certain modules or applications may not be listed by certain approval agencies, or listing may be in progress. Consult factory for listing status.

- **ULC Listed:** E5946
- **ULC Listed:** CS 243, CS 356
- **CSFM:** 7125-0785:142
- **MEA:** 151-92-E
- **FM Approved**

Ordering Information

Model	Strobe Candela	Non-Sync	Sync w/ SM, DSM	24 VDC	12 VDC	2 Wire	Mounting Options	Agency Approvals				
								UL	MEA	CSFM	FM	BFP
NS-24MCW-FR	15/30/75/110	X	X	X	-	X	B,D,E,F,G,H,J,N,O,R,X	X	X	X	X	X
NS-24MCW-FW	15/30/75/110	X	X	X	-	X	B,D,E,F,G,H,J,N,O,R,X	X	X	X	X	X
NS-241575W-FR	15 (75 on axis)	X	X	X	-	X	B,D,E,F,G,H,J,N,O,R,X	X	X	X	X	X
NH-12/24-R	12V, 24V	X	X	X	X	X	B,D,E,F,G,H,J,N,O,R,X	X	X	X	X	X

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This document is not intended to be used for installation purposes.
We try to keep our product information up-to-date and accurate.
We cannot cover all specific applications or anticipate all requirements.
All specifications are subject to change without notice.



For more information, contact Nottlier. Phone: (203) 484-7161, FAX: (203) 484-7118.
www.nottlier.com

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Portland

Street: 1037 Forest Ave

PROPERTY OWNERS NAME

Last: Hausmann First: Assoc

Applicant Name: Darting Plumbing & Heating Inc

Mailing Address of Owner/Applicant (if different): 27 Vernal Ave Portland, ME 04103

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant

Date: 9/16/09

PORTLAND

Date Permit Issued: 9/16/09

James Burke
Local Plumbing Inspector Signature

PERMIT # 11059 TOWN COPY

\$ 1124 FEE If Double Fee Charged

L.P.I. # 07324

2009-8184

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

Type of Structure To Be Served:

Plumbing To Be Installed By:

1. NEW PLUMBING
2. RELOCATED PLUMBING

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY Office space

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # 07160

Hook-Up & Piping Relocation
Maximum of 1 Hook-Up

Number

Column 2

Type of Fixture

Number

Column 1

Type of Fixture

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE
[\$6.00]

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

	1	Hosebib / Sillcock		1	Bathtub (and Shower)
	1	Floor Drain		1	Shower (Separate)
	1	Urinal		011	Sink
	011	Drinking Fountain		1	Wash Basin
	1	Indirect Waste		1	Water Closet (Toilet)
	1	Water Treatment Softener, Filter, etc.		1	Clothes Washer
	1	Grease / Oil Separator		1	Dish Washer
	1	Roof Drain		1	Garbage Disposal
	1	Bidet		1	Laundry Tub
	1	Other: _____		01	Water Heater
		Fixtures (Subtotal) Column 2		012	Fixtures (Subtotal) Column 1
				011	Fixtures (Subtotal) Column 2
				03	Total Fixtures
					Fixture Fee
					Transfer Fee
					Hook-Up & Relocation Fee
					Permit Fee

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 _____
 Permit # 2019 4530
 CBL# 142-C-1

LOCATION: 1025 Forest Ave. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER f Housemann
 TENANT D. H. S. PHONE # 831 9338

TOTAL EACH FEE

OUTLETS	<u>100</u>	Receptacles	<u>30</u>	Switches		Smoke Detector	.20
FIXTURES	<u>100</u>	Incandescent		Fluorescent		Strips	.20
SERVICES		Overhead		Underground		TTL AMPS <800	15.00
		Overhead		Underground		>800	25.00
Temporary Service		Overhead		Underground		TTL AMPS	25.00
							25.00
METERS	<u>1</u>	(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
	<u>2</u>	Insta-Hot	<u>1</u>	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		Thermostat	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
		Fire Repairs					15.00
	<u>6</u>	E Lights					1.00
		E Generators					20.00
PANELS		Service	<u>1</u>	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

CONTRACTORS NAME Floridino Elec MASTER LIC. # 17560204234
 ADDRESS 35 Lawrence Ave. LIMITED LIC. # _____
 TELEPHONE 838 8277

SIGNATURE OF CONTRACTOR Mika Floridino

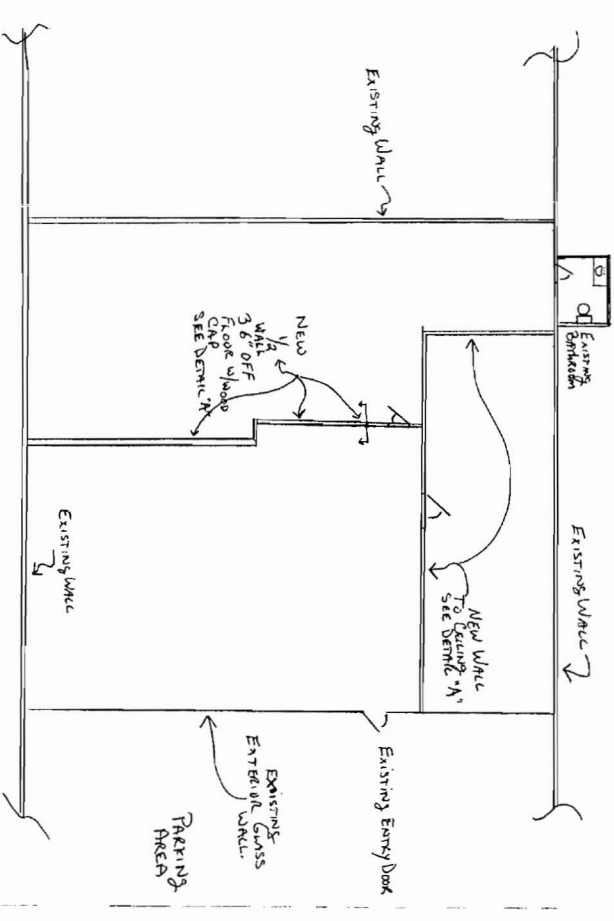
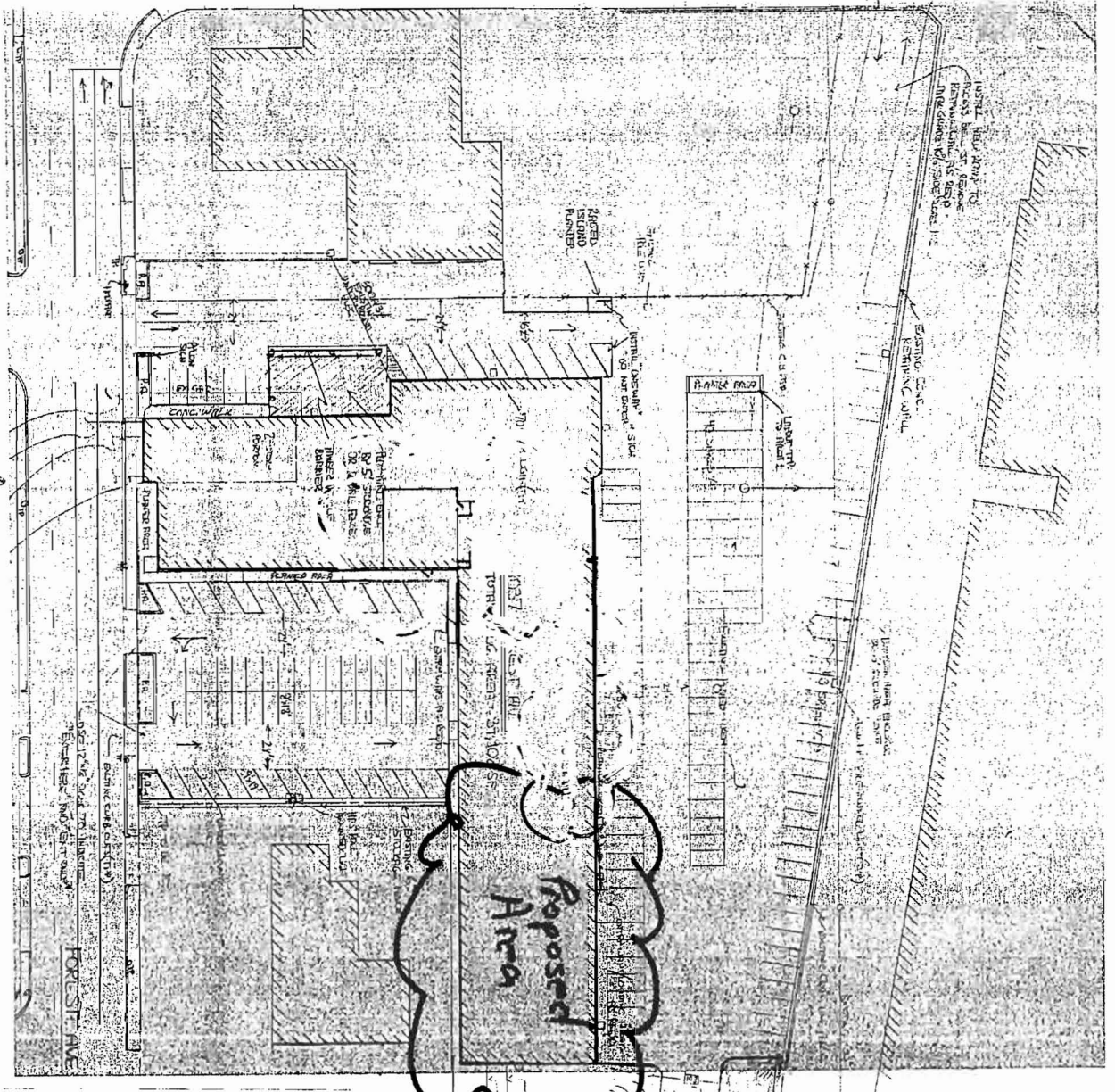
9-21-09 OK - work in elec. plan. (HT) Note: need floor deming in cattle areas w/ Tom
premier by

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

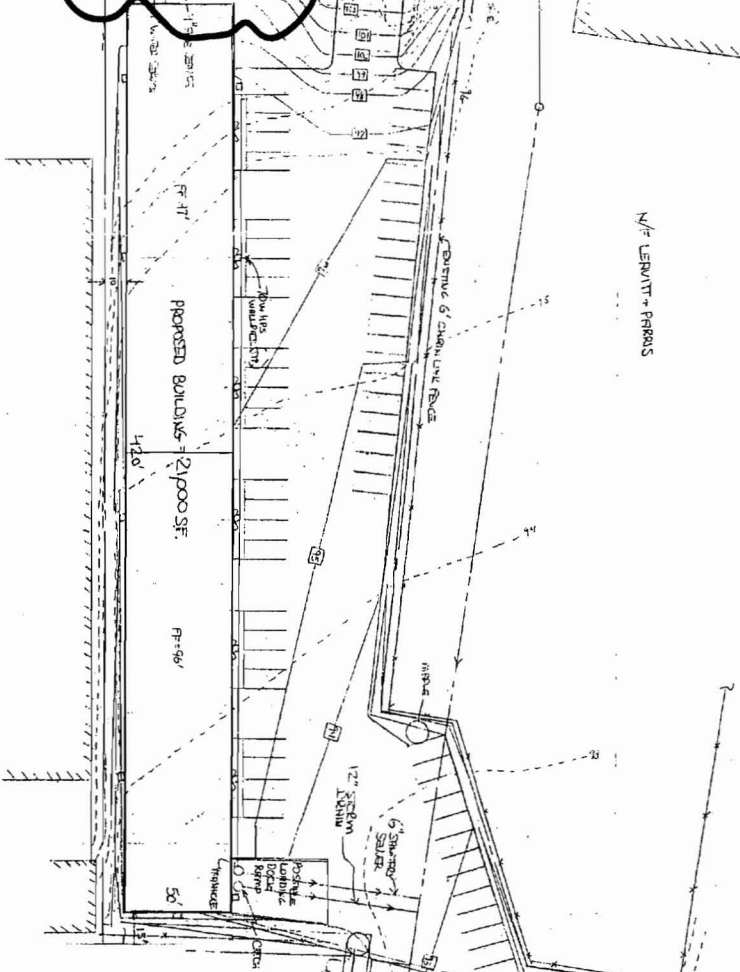
10-26-09 OK - flood ceiling - all done secured - by Ely

- 9-21-09 OK - rough in elec. from car lot, (not need. the down on with some of the
 provided signs
- 10-2-09 OK - service reconnect 100A, 3-phase, OH by Ely
- 10-26-09 OK - hard coiling, all lines secured - by Ely
- 10-4-09 OK - check with C.P. state working on to it, need to be done
 with a new one, will be - Neil B.
- 11-10-09 received compliance letter 11-10-09.

PARKING REQUIRED: RETAIL (10000SF) = 140
 OFFICE (10000SF) = 25
 STORAGE (2500SF) = 9
 74
 PARKING PROVIDED: 22

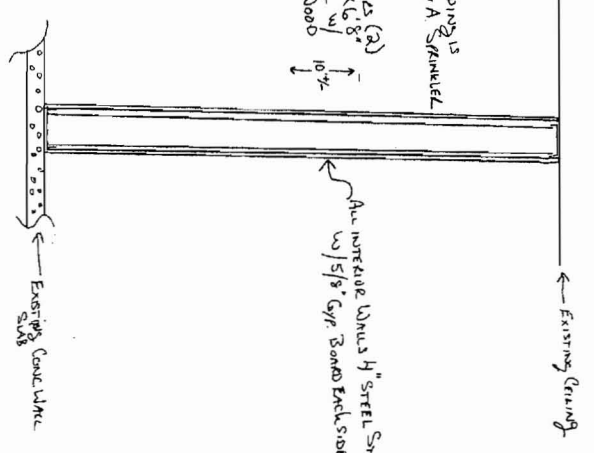


Plan Of New Interior Walls CONSTRUCTION



NOTE:

- Entry Raising is DETECTED BY A STRANDED SYSTEM.
- All New Dots (R) will be 30" x 6" x 8" MESH FRAME w/ 5/8" SAND COKE 1000 S.M.B.
- All interior walls 4" steel studs w/ 5/8" Gyp Board Each Side



DETAIL 'A' TYPICAL NON-BEARING WALL SECTION

NEPTUNE PROPERTIES, INC.	
SCALE: 1" = 4'-0"	APPROVED BY:
DATE: 10/15/83	DRAWN BY:
1087 FOREST AVE, PORTLAND, ME	REVISION:
SME PLAN - PHASE III	DRAWING NUMBER: