

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

PERMIT ISSUED
Permit Number: 050762
JUN 28 2005

CITY OF PORTLAND

This is to certify that Portland Assisted Living LLC
has permission to install Ansol R-102 wet che
AT 217 Canco Rd

Complex / Food S
Kiche
149 B001001
cepting this permit shall comply with all
of the City of Portland regulating
structures, and of the application on file in

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

Inspector must inspect in process of work before this permit is issued or renewed. YOUR 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. Careq Cars 6-172
Health Dept

Appeal Board
Department Name

PENALTY FOR REMOVING THIS CARD

[Handwritten Signature]
6/28/05
Director - Building & Inspection Services

Permit No: 05-0782	Permit Issued Date: JUN 28 2005	Permit Type: Hood Systems, Commercial	Zone: 4
Owner Name: Portland Assisted Living Llc	Owner Address: 2250 Mcgilchrist St Se Ste 200	Contractor Name: Simplex / Grinnell	Contractor Address: 20 Thomas Drive Westbrook ME 04092
Location of Construction: 217 Canco Rd	Business Name: Portland Assisted Living Llc	Business Name: Simplex / Grinnell	Business Name: Simplex / Grinnell
Lessee/Buyer's Name:	Phone:	Phone:	Phone:

Past Use: Commercial / Retirement Home	Proposed Use: Retirement/ install Ansol R-102 wet chemical kitchen Hood System	Proposed Project Description: install Ansol R-102 wet chemical kitchen Hood System
Permit Fee: \$48.00	Cost of Work: \$2,988.00	CEO District: 4
FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Use Group: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied

Permit Taken By: Idobson	Date Applied For: 06/15/2005	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MM	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	Historic Preservation <input 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
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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	PHONE	aiva	PHONE



Commercial 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.

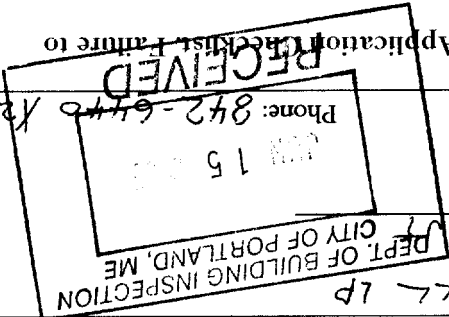
Location/Address of Construction: COLSON RETIREMENT HOME / 86 HOLIDAY DR. PORTLAND	
Total Square Footage of Proposed Structure	Square Footage of Lot

Tax Assessor's Chart, Block & Lot Chart# 145 Block# 5 Lot# 1	Owner: COLSON RETIREMENT HOME 503-881-4090 Telephone:
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Lessee/Buyer's Name (If Applicable) SIMPLEX-GRINWELL 20 THOMAS DR. WESTBROOK, ME 04092 Applicant name, address & telephone: 842-6440	Cost Of Work: \$2,988.00 Fee: \$ 48.00
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Current Specific use:	Proposed Specific use:
	INSTALLATION OF AN INSUL R-102 WET CHEMICAL KITCHEN HOOD FIRE EXTINGUISHING SYSTEM PER NFPA 17A & 96 STANDARDS AND UL300 COMPLIANT. TO PROTECT HOOD PLENUM AND DUCTS AND I-FRYERS, I-GRAIDLE, I-CHARBROILER AND I-G BURNER RANGE

Contractor's name, address & telephone: SIMPLEX-GRINWELL LP Who should we contact when the permit is ready: JASON GRAY DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME Phone: 842-6440	Mailing address: 20 THOMAS DR WESTBROOK, ME 04092
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Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

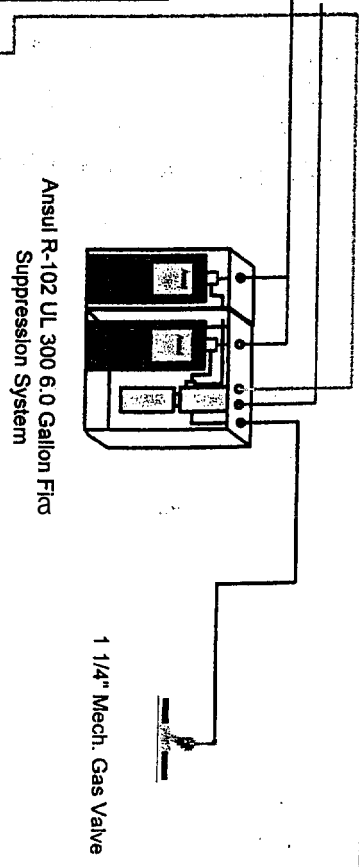
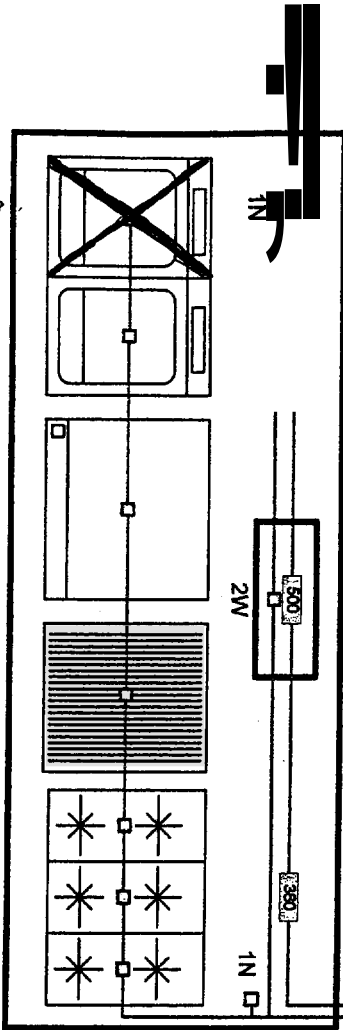
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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 of applicant: <i>Jason Gray</i>	Date: 06/15/05
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Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.

Top View



Description
(1) 430299 3.0 Gallon Ansil R-102 Automan UL 300
(1) 429862 3.0 Gallon Stainless Steel Enclosure
(2) 79372 3.0 Gallon Ansulex Wet Chemical Agent
(1) 415745 360 Degree Fusible Link
(3) 73867 500 Degree Fusible Link
(4) 419346 1N Nozzle
(1) 419348 2W Nozzle
(2) 419350 230 Nozzle
(3) 419358 1F Nozzle
(1) 73022 Double Tank Cartridge (Nitrogen)
(1) 13709 1 1/4" Mechanical Gas Valve
(4) 417369 Serfas Detector
(1) 423881 Switch, Electric, 4PDT
(1) 423253 Hood Seal
(2) 77285 3/8" Quik Seal

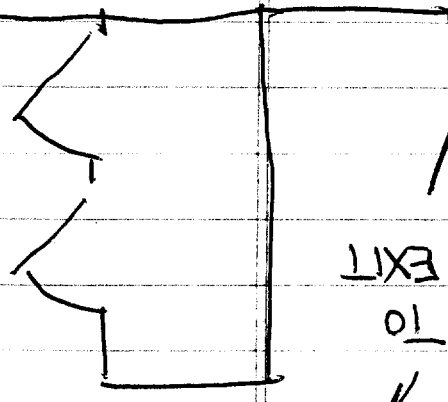
- NOTES:**
1. INSTALLATION PER NFPA 96, 17A, UL 300 & ALL LOCAL REQUIREMENTS.
 2. ALL PIPE & FITTINGS ARE 3/8" SCH. 40 BLACK IRON.
 3. ALL CONDUIT IS 1/2" STANDARD EMT.
 4. ALL CONDUIT CHANGES IN DIRECTION BY USE OF 1/2" CORNER PULLEYS.
 5. FIRE ALARM TIED IN BY OTHERS.
 6. REMOTE PULL _____
 7. LINK LINE _____
 8. EXPELLANT LINE _____

DATE ORDERED	3/9/04	QUANTITY	1
DATE RECEIVED		UNIT PRICE	
TITLE: UL 300 ANSUL FIRE SUPPRESSION SYSTEM JOB NO.: 00091304 CONTRACTOR: John Martinson			

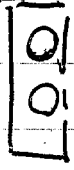


 Fire & Security

EXIT 10



MANUAL PULL STATION →



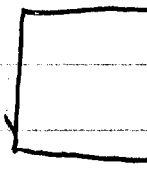
AGENT TANKS & CONTROL HEAD

← 20' →

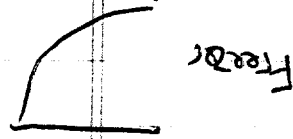


FRYER
GRIDDLE
CHARBROLLER
RANGE

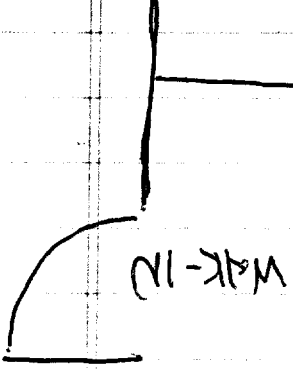
Storage



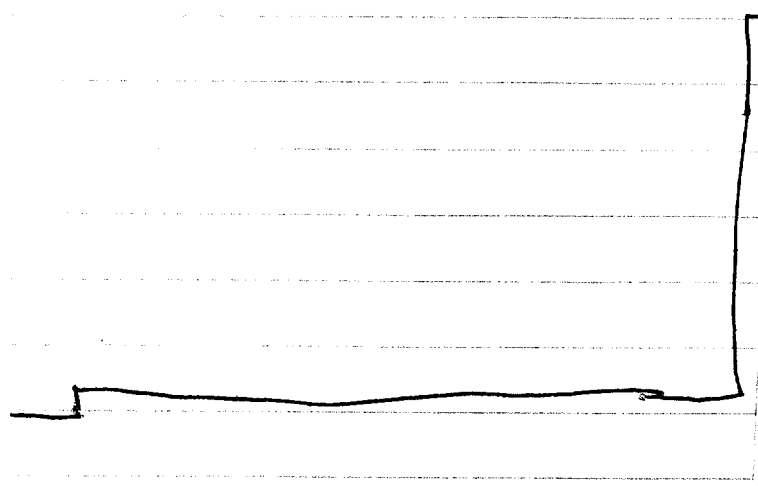
Feeder



WALK-IN



NOT TO SCALE



SIMPLEXGRINNELL

National Accounts Billing Dept
 100 SIMPLEX DRIVE
 WESTMINSTER, MA 01441
 (V) 800-299-4377

SG MO 631152

Page 1

Date: 02/04/05

Number: 631152

Deliver: COLSON RETIREMENT HOME

BIRCHWOOD AT CANCO
 86 HOLIDAY DRIVE
 PORTLAND, ME 04103

Bill To:

SIMPLEXGRINNELL
 National Accounts Central Billing
 100 Simplex Drive
 Westminister, MA 01441
 (V) 800-299-4377

FOB:
 Technician:

Date Work Requested:
 Authorized By :

Contact: RICK AHRENS
 Phone: 503-881-4090
 Type of work: K3 Hood part

Sales Tax Rate: 5.000%

NATIONAL ACCOUNT

Line	Order	Ship	B/O	Item No.	Description	Unit Price	Price Ext.
1	1	1	0		SYSTEM LABOR		
					INSTALL AND SUPPLY (1) 6 GALLON ANSUL PER SPECIFICATIONS ATTACHED. SYSTEM TO INCLUDE CHROME SLEEVING UP TO (1) 2" MECHANICAL GAS VALVE, PERMITS, DUAL DOUBLE MICROSWTCHES, TEST WITH LOCAL AUTHORITY IF REQUIRED.		
2	1	1	0		MATERIAL AND K-CLASS		
					Customer Comments: ALL PAPERWORK MUST BE SENT TO SIMPLEXGRINNELL ATT: Ling Mulno 100 Simplex Drive, Westminister, MA 01441		
					Original Date: 09/19/02 Next Service Date:		
					Accepted By:		
					Last Date:		
					Previous Date:		
					Work Performed By:		
					Date:		

PURCHASE ORDER

N° **COZOC**

Page: 1

Date: 04/12/21

JULIEN INC

935, rue Lachance

Quebec, QC G1P 2H3

Tel.: 418-687-9205 # 236

Fax: 418-687-3993

JULIEN



6702
 SIMPLEX GRINNELL LP
 PO BOX 7777, DEPT. W4165
 PHILADELPHIA, PA 19175-4165
 UNITED STATES
 ATTN: LING MULLNO
 Tel: 1-978-731-8410
 Fax: 1-978-731-4410

6110 41
 COLSON BIRCHWOOD AT CANCO
 RETIREMENT HOME
 86 HOLIDAY DRIVE
 PORTLAND, ME 04103
 UNITED STATES

VIA: **YOUR CARRIER**

FOB: **DESTINATION**

Freight: **Prepaid**

Email: denis.montambeault@julien.ca

Buyer: Denis Montambeault

Terms: N45

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 ATTENTION --- ATTENTION *****

* EACH ITEM MAY HAVE A DIFFERENT DUE DATE. THANKS *

LINE	QTY	DESCRIPTION	UNIT	DATE	UNIT PRICE	TOTAL PRICE
1	1	ANSUL 6 GALLON SYSTEM	UNIT	5212-201	*	\$2,988.000
SYSTEME PROTECTION INCENDIE ANSUL 30150N & 30150N PORTLAND, MAINE LOCATION. FIRE SUPPRESSION SYSTEM TYPE: "8" QTY: 1 MODEL: ANSUL COMPONENTS: - SUPPLY AND INSTALL AN APPROVED ANSUL FIRE SUPPRESSION SYSTEM INSTALLED IN ACCORDANCE WITH UL 300 AND NFPA96 AND WITH AUTHORITIES HAVING JURISDICTION. - ALL EXPOSED PIPING TO BE CHROME PLATED.						

PURCHASE ORDER

N° 102022

Page : 2
Date : 04/12/21

6110 41
D
COLSON BIRCHWOOD AT CANCO
R
RETIREMENT HOME
S
86 HOLIDAY DRIVE
H
PORTLAND, ME 04103
P
UNITED STATES

JULIEN INC
935, rue Lachance
Quebec, QC G1P 2H3
Tel.: 418-687-9205 # 236
Fax: 418-687-3993

JULIEN
6702
SIMPLEX GRINNELL LP
R
PO BOX 7777, DEPT. W4165
PHILADELPHIA, PA 19175-4165
S
UNITED STATES
ATTN: LINC MUNNO
Tel: 1-978-731-8410
Fax: 1-978-731-4410

VIA: YOUR CARRIER

FOB: DESTINATION

Freight: Prepaid

Terms: N45
Buyer: Denis Montambeault
Email: denis.montambeault@julien.ca

=====
ATTENTION --- ATTENTION =====

* EACH ITEM MAY HAVE A DIFFERENT DUE DATE. *
THANKS *

LINE	QTY	UM	DESCRIPTION & REF	DUE DATE	UNIT PRICE	TOTAL PRICE
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- DUAL DOUBLE MICROSWITCHES.

- PERMITS.

- TESTING WITH LOCAL AUTHORITY IF

REQUIRED.

- (1) K-CLASS WET CHEMICAL FIRE

EXTINGUISHER.

- 1 YEAR WARRANTY

TPS/GST: ----- TVQ/PST: -----

PURCHASE ORDER

N° 102022

Page: 3

Date: 04/12/21

JULIEN



IMPORTANT NOTICE

1-Ship as per VIA:
2-All orders shipped from the United States must have the following documentation or they will be subject to delays and extra costs at customs:
1- Canada customs invoice
2- Certificate of origin (NAFTA), (one per year on file with customs brokers or one per shipment.)
Custom brokerage to be handled by UPS SCS. You can contact them at 418-657-2100 for information.
3-Please confirm price(s) and delivery date(s) upon reception and fax confirmation to 418-687-9129
4-Any pricing or due date discrepancy should be notified immediately either by e-mail or fax.

GST: 103156436 PST: 100158816TV0002MF

Sub Total : \$2,988.00
Cum. Misc. : .00
Cum. GST : .00
Cum. PST : .00
Cum. Freight : .00

TOTAL : \$2,988.00

This document is subject to terms and conditions of contract which are available upon request if you have not received them.

APPROVED BY :

Jean-Marc Lavoie