

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that JB BROWN

Located At 70 QUARRY RD

Job ID: 2011-04-787-ALTCOMM

CBL: 150 - - A - 002 - 001 - - - -

has permission to Build 56 lf of wall to create 20' x36' office next to existing 1500 sf office/bathrooms & storage racks provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

JB per B.W.

Fire Prevention Officer

[Signature] 4/29/11

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-04-787-ALTCOMM

Located At: 70 QUARRY

CBL: 150 - - A - 002 - 001 - - - -

Conditions of Approval:

Zoning

1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Fire

1. All construction shall comply with City Code Chapter 10.
2. Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.
3. Fire extinguishers are required. Installation per NFPA 10.
4. The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Rack storage shall be evaluated by the sprinkler contractor. Compliance letters are required.
5. A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model.
6. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads.
7. 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.
8. Any cutting and welding done will require a Hot Work Permit from Fire Department.

Building

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
2. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

1. Close In Elec/Plmb/Framing
2. Final at completion of work

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

Sprinkler Systems, Inc.

P.O. Box 1285

Lewiston, Maine 04243-1285

Ph. (207) 782-0104 Fax (207) 783-4865

Fire Protection Professionals Since 1973

J.B. Brown and Sons
36 Danforth Street
Portland, Maine 04101

April 27, 2011

Attn: Vin Veroneau

Re: Nike Bldg: 70 Quarry Rd.

Gentlemen:

Please be advised that Sprinkler Systems, Inc. has reviewed and inspected the fire sprinkler systems as well as the storage arrangements at the 70 Quarry Road, Portland location occupied by Cuddledown.

Based on the current low storage heights, rack configurations, rack shelving, and commodity classes viewed in the majority of the facility, NFPA-13 would classify the hazard as an ordinary hazard group 2 occupancy.

The existing sprinkler system protecting the Cuddledown space is a dry-pipe gridded system installed approximately in 1980. The hydraulic design for this system is extra hazard and will deliver approximately 30% more water than what would be required by NFPA-13 for ordinary hazard areas. It easily exceeds the standards required by State of Maine codes as well as the Portland Fire department.

Obviously, if storage configurations or racking changes, the sprinkler demands will be altered as well.

The existing sprinkler systems and the current usages are code compliant.

If I can be of any further assistance, feel free to call.

Very Truly Yours,

J/Marc Kannegieser
President



**High Tech Fire Protection
P.O. Box 156
Minot, Maine 04258
Tel: (207) 998-2551**

Date: May 3, 2011
To: Reagan & Co./70 Quarry Rd.
From: Linda LaBonte
Re: Guarantee/fire sprinklers

MSG: High Tech Fire Protection hereby warrants and guarantees all materials and workmanship supplied by High Tech Fire Protection on the project called fire protection for the 1st and 2nd floor Office Area only at 70 Quarry Road in Portland, Maine for a period of one year from the date of substantial completion, (May 3, 2011 to May 2, 2012).

We shall remove, replace and /or repair at our own expense and at the convenience of the owner any faulty, defective or improper work, material completed by High Tech Fire Protection or equipment discovered within one year from the date of acceptance of the Project as a whole by the architect and owner.

The sprinkler system meets or exceeds all requirements necessary to satisfy the requirements of a NFPA #13 Commercial Sprinkler System and the Local Authority Having Jurisdiction.

High Tech Fire Protection
Linda LaBonte V. Pres.



FIRE ALARM SYSTEM INSPECTION AND TESTING FORM

Date of this inspection or test: 5-2-11

Time of inspection or test: 1500

1. PROPERTY INFORMATION

Name of property: Fore River Dist. Nike

Address: 70 Quarry Rd

Description of property: Whse

Occupancy type: Whse

Name of property representative: Trish Weimer

Address:

Phone:

Fax:

E-mail:

Authority having jurisdiction over this property: Portland FD

Phone:

Fax:

E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: Protection One

Address: 10 Manuel Dr Portland, ME 04103

Phone: 207-347-5300

Fax: 207-772-7355

E-mail:

Service technician or tester:

Qualifications of technician or tester:

A contract for test and inspection in accordance with NFPA standards is in effect as of: 4-11

The contract expires: 4-16

Contract number: 27758077

Frequency of tests and inspections: Qtrly

Monitoring organization for this equipment: Protection One

Address: Same

Phone:

Fax:

E-mail:

Entity to which alarms are retransmitted: Portland FD

Phone:

3. TYPE OF SYSTEM OR SERVICE

Fire alarm system (nonvoice)

Fire alarm with in-building fire emergency voice alarm communication system (EVACS)

Other (specify):

3. TYPE OF SYSTEM OR SERVICE (continued)

NFPA 72 edition:

Additional description of system(s):

3.1 Control Unit

Manufacturer: Bosch

Model number: 7412GV3

3.2 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record record drawings are stored on site. Location: Doc Box

3.3 System Software

This system does not have alterable site-specific software.

Software revision number:

Software last updated on:

A copy of the site-specific software is stored on site. Location:

4. SYSTEM POWER

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel: 120vac

Control panel amps: 2

4.1.2 Batteries

Location: FACP

Type: SLA

Nominal voltage: 12VDC

Amp/hour rating: 14AH

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 5

Batteries are marked with date of manufacture.

4.2 In-Building Fire Emergency Voice Alarm Communication System

This system does not have an EVACS

4.2.1 Primary Power

Input voltage of EVACS:

EVACS panel amps:

4.2.2 Batteries

Location:

Type: SLA

Nominal voltage:

Amp/hour rating:

Calculated capacity of batteries to drive the system:

In standby mode (hours):

In alarm mode (minutes):

Batteries are marked with date of manufacture.

4.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

4.3.1 Primary Power

Input voltage of power extender panel(s): 120VAC

Power extender panel amps: 5A

4. SYSTEM POWER (continued)

4.3.4 Batteries

Location: IN BOOSTER Type: SLA Nominal voltage: 24VDC Amp/hour rating: 12AH

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

Batteries are marked with date of manufacture.

5. ANNUNCIATORS

This system does not have annunciators.

5.1 Location and Description of Annunciators

Annunciator 1: MAIN ENTRY

Annunciator 2:

Annunciator 3:

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: PRO1	Time: 0800
Building management	Contact:	Time:
Building occupants	Contact: PETE	Time: 1500
Authority having jurisdiction	Contact: DISPATCH	Time: 0900
Other, if required	Contact:	Time:

7. TESTING RESULTS

7.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input type="checkbox"/>	<input type="checkbox"/>	
Remote annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Power extender panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Isolation modules	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.2 Control Unit Power Supplies

Description	Visual Inspection	Functional Test	Comments
120-volt power	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Battery condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify)		<input type="checkbox"/>	

7.3 In-Building Fire Emergency Voice Alarm Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
Sound pressure levels	<input type="checkbox"/>	<input type="checkbox"/>	
Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ambient dBA			
Alarm dBA			
(attach report with locations, values, and weather conditions)			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.4 Notification Appliance Power Extender Panels

Description	Visual Inspection	Functional Test	Comments
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary power supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Secondary power supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Panel supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.5 Combination Systems

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED TO ELECTRICAL END OF LINE
Carbon monoxide detector/system	<input type="checkbox"/>	<input type="checkbox"/>	
Combination fire/security system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.6 Special Hazard Systems

Description (specify)	Visual Inspection	Functional Test	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

7.7 Monitored Systems

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	
Special suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.8 Auxiliary Functions

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	
Fan shutdown	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke management/smoke control	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke damper operation	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.9 Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.10 Supervisory Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.11 Alarm Notification Appliances

Appliance test results sheet attached listing all appliances tested and the results of the testing

7.12 Supervisory Station Monitoring

Description	Visual Inspection	Functional Test	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0900-1500	
Alarm restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0900-1500	
Trouble signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0900-1500	
Trouble restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0900-1500	
Supervisory signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0900-1500	
Supervisory restoration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0900-1500	

8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: PRO1	Time: 1600
Building management	Contact:	Time:
Building occupants	Contact: PETE	Time: 1530
Authority having jurisdiction	Contact:	Time:
Other, if required	Contact:	Time:

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: 5-2-11 Time: 1600

10. CERTIFICATION

10.1 Inspector Certification:

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

Signed: Printed name: JOHN CAMPBELL Date: 5-2-11
 Organization: PROTECTION 1 Title: Lead Commercial tech Phone: 347-5322

10.2 Acceptance by Owner or Owner's Representative:

The undersigned has a service contract for this system in effect as of the date shown below.

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

DEVICE TEST RESULTS

(Attach additional sheets if required)

Device Type	Address	Location	Test Results
Pull station	9	front door	Passed
Pull station	10	office door	Passed
Pull station	11	rear whse left	Passed
Pull station	12	rear whse rt	Passed
Pull station	13	ft whse rt	Passed
Pull station	15	2 nd flr ft stair	Passed
Pull station	16	2 nd flr bk stair	Passed
Waterflow	17	riser 1	Passed
tamper	18	riser 1	Passed
low air	19	riser 1	Passed
waterflow	20	riser 2	Passed
tamper	21	riser 2	Passed
low air	22	riser 2	Passed
waterflow	23	riser 3	Passed
tamper	24	riser 3	Passed
low air	25	riser 3	Passed
waterflow	26	riser 4	Passed
tamper	27	riser 4	Passed
low air	28	riser 4	Passed

DEVICE TEST RESULTS
(Attach additional sheets if required)

Device Type	Address	Location	Test Results
NAC	na	ALL Appliances	Passed

DEVICE TEST RESULTS

(Attach additional sheets if required)

Device Type	Address	Location	Test Results

Job Summary Report
Job ID: 2011-04-787-ALTCOMM

Report generated on Apr 13, 2011 8:31:17 AM

Page 1

Job Type:	Adds/Alter Commercial	Job Description:	70 Quarry Road - Cuddledown	Job Year:	2011
Building Job Status Code:	In Review	Pin Value:	1118	Tenant Name:	Cuddledown
Job Application Date:		Public Building Flag:	N	Tenant Number:	
Estimated Value:	12,000	Square Footage:			
Related Parties:	J BROWN			<i>Property Owner</i>	

Job Charges

Fee Code Description	Charge Amount	Permit Charge Adjustment	Net Charge Amount	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Net Payment Amount	Outstanding Balance
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Location ID: 21622

Location Details

Alternate Id	Parcel Number	Census Tract	GIS X	GIS Y	GIS Z	GIS Reference	Longitude	Latitude
B51057	150 A 002 001		M				-70.288557	43.686418

Location Type	Subdivision Code	Subdivision Sub Code	Related Persons	Address(es)
1				70 QUARRY ROAD EAST

Location Use Code	Variance Code	Use Zone Code	Fire Zone Code	Inside Outside Code	District Code	General Location Code	Inspection Area Code	Jurisdiction Code
WHOLESALE		NOT APPLICABLE	C-50				DISTRICT 5	MORRILLS CORNER

Structure Details

Structure: Warehouse

Occupancy Type Code:

Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address
Industrial Building	0			70 QUARRY ROAD EAST

Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference	User Defined Property	Value

Permit #: 20112649

Permit Data

Location Id	Structure Description	Permit Status	Permit Description	Issue Date	Reissue Date	Expiration Date
21622	Warehouse	Initialized	56 lf of wall to enclse 20' x36' room in ext room			

Inspection Details



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>70 Quarry Rd</u>		
Total Square Footage of Proposed Structure/Area <u>720 sf</u>	Square Footage of Lot <u>4,978 Acres</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>150</u> Block# <u>A</u> Lot# <u>2</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>J.B. Brown & Sons</u> Address <u>36 Banforth St.</u> City, State & Zip <u>Portland, Me 04101</u>	Telephone: <u>774-5908</u>
Lessee/DBA (If Applicable) <u>Cuddledown</u>	Owner (if different from Applicant) Name <u>SAME</u> Address City, State & Zip	Cost Of Work: \$ <u>11,200</u> Fees Cost Of Fee: \$ <u>200</u> Total Fee: \$ <u>340</u>
Current legal use (i.e. single family) <u>industrial - warehouse</u> If vacant, what was the previous use? <u>industrial - warehouse</u> Proposed Specific use: <u>industrial - warehouse</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>Construct 56 lf of wall to enclose a 20'x36' room in an existing warehouse. for office space in 90,000 sf.</u>		
Contractor's name: <u>J.B. Brown & Sons</u> Address: <u>36 Banforth St.</u> City, State & Zip: <u>Portland, Me 04103</u> Telephone: <u>774-5908</u> Who should we contact when the permit is ready: <u>Vin Veroneau</u> Telephone: <u>774-5908</u> Mailing address: <u>36 Banforth St. Portland, Me 04101</u>		

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

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

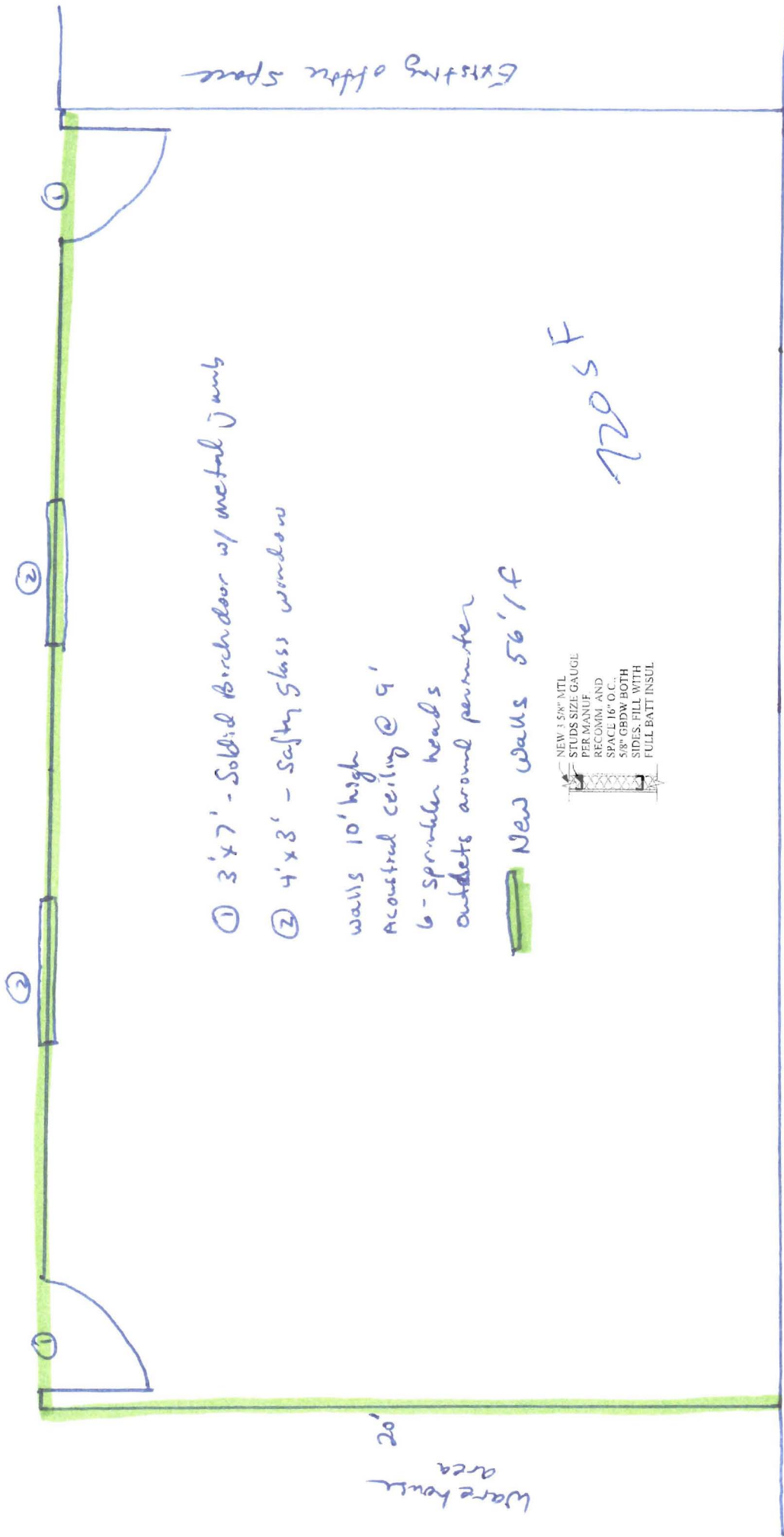
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition,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

Signature: <u>[Signature]</u>	Date: <u>4/12/2011</u>
-------------------------------	------------------------

RECEIVED
Apr 12 2011
Dept. of Building Inspections
City of Portland Maine

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

Warehouse
area



Scale
1/4" = 1'

Warehouse
area



Sprinkler Systems, Inc.

P.O. Box 1285

Lewiston, Maine 04243-1285

Ph. (207) 782-0104 Fax (207) 783-4865

Fire Protection Professionals Since 1973

J.B. Brown and Sons
36 Danforth Street
Portland, Maine 04101

April 27, 2011

Attn: Vin Veroneau

Re: Nike Bldg: 70 Quarry Rd.

Gentlemen:

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Obviously, if storage configurations or racking changes, the sprinkler demands will be altered as well.

The existing sprinkler systems and the current usages are code compliant.

If I can be of any further assistance, feel free to call.

Very Truly Yours,

J Marc Kannegieser
President

RECEIVED
APR 28 2011
Dept. of Building Inspections
City of Portland Maine

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-04-787-ALTCOMM	Date Applied: 4/12/2011	CBL: 150 - - A - 002 - 001 - - - - -	
Location of Construction: 70 QUARRY Rd	Owner Name: J B BROWN	Owner Address: PO BOX 207 PORTLAND, ME - MAINE 04112	Phone: 774-5908
Business Name:	Contractor Name: JB Brown & Sons	Contractor Address: 36 Danforth St., PORTLAND ME 04103	Phone: 774-5908
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Building	Zone: C-50
Past Use: Warehouse - Cuddledown	Proposed Use: Warehouse - enclose 20' x 36' area in warehouse for office space <i>of 14' storage racks</i>	Cost of Work: 12000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved <i>w/conditions</i> <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group <i>S-1</i> Type: <i>B Accessory</i> Signature: <i>JMB</i> <i>4/29/11</i>
Proposed Project Description: 70 Quarry Road - Cuddledown - enclose 20' x 36' area		Pedestrian Activities District (P.A.D.)	
Permit Taken By:		Zoning Approval	

	Special Zone or Reviews	Zoning Appeal	Historic Preservation
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 informatin may invalidate a building permit and stop all work.	<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <i>all work w/in existing space</i> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>4/13/11</i> <i>Ok w/ conditions JMB</i>	<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:	<input checked="" type="checkbox"/> Not in Dist 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: <i>JMB</i>

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 appication 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	PHON

