

Location of Construction: 630 Ocean Ave		Owner: J.H.A. Properties, Inc.		Phone:		Permit No: 980590	
Owner Address: 640 Ocean Ave 04103		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: G.H. Cimino, Inc.		Address: 3 Warren Ave Westbrook, ME		Phone: 04092 854-8876		Permit Issued: JUN - 9 1998	
Past Use: Vacant		Proposed Use: Residential		COST OF WORK: \$ 10,330,000.00		PERMIT FEE: \$ 51,670.00	
Proposed Project Description: Intermediate Care Facility		61 APTS.		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B, 2 Type: 5A	
				Signature: _____		Signature: <i>Hoffe</i>	
Permit Taken By: SP/DG		Date Applied For: 03 June 1998		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Appeal:	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		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"/>	

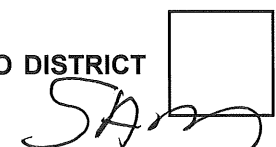
- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Application for site plan review 5/27/97  
 Application for Building Permit 3 June 98.

PERMIT ISSUED WITH REQUIREMENTS

**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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT		ADDRESS:		DATE:		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						PHONE:	
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector							CEO DISTRICT 

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- 16 JUNE-98 ON SITE SITE WORK UNDERWAY STILL BLASTING
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- 28 AUG.-98 FOUNDATION COMPLETED - UNDERGROUND PLB'G BEING COMPLETED-
- 16 SEPT-98 ELEVATOR SHAFT - WOOD FRAMING 1<sup>ST</sup> FLOOR NORTHWEST END - BASEMENT SLAB - FRAMING FASTER DOWN - AS PER PLANS 2"X6" CONST-
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- 6 OCT-98 FRAMING WOOD AND STEEL -
- 14 OCT-98 ON SITE WOOD FRAMING 3<sup>RD</sup> FLOOR - STEEL ERECTION - MCU - WORK GOING AS PER PLAN
- 22 OCT-98 INSPECTED SITE - FRAMING GOING WELL - POOL BEING PLACED-
- 10 NOV. 98 - FRAMING - PLB'G. etc - WORK GOING AS PER PLANS.

Inspection Record	
Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 630 Ocean Avenue CBL# 174-A-013

Issued to J.N.A. Properties, Inc.

Date of Issue December 14, 1999

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. 980590, 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

Entire Building

APPROVED OCCUPANCY

Use Group R-2  
Type of Const. 5 A  
Boca 96

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

11/12/99  
12/9/99  
*[Signature]*  
Inspector

*[Signature]*  
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

*[Handwritten initials]*  
12/9/99

**THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED**

**Building or Use Permit Pre-Application  
Attached Single Family Dwellings/Two-Family Dwelling  
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

**NOTE\*\*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 (include Portion of Building): <b>630 OCEAN AVENUE</b>		
Total Square Footage of Proposed Structure: <b>105,000</b>	Square Footage of Lot: <b>10.1 ACRES</b>	
Tax Assessor's Chart, Block & Lot Number Chart# <b>174</b> Block# <b>A</b> Lot# <b>013+</b>	Owner: <b>J.H.A. PROPERTIES INC</b>	Telephone#:
Owner's Address: <b>640 OCEAN AVENUE PORTLAND, MAINE 04103</b>	Lessee/Buyer's Name (If Applicable)	Cost Of Work: <b>\$10,330,000</b> Fee: <b>\$51,670</b>
Proposed Project Description:(Please be as specific as possible) <b>INTERMEDIATE CARE FACILITY PHASE 1 FOUNDATION PHASE 2 COMPLETION OF BUILDING</b>		
Contractor's Name, Address & Telephone: <b>C.M. CIMINO INC 3 WARREN AVENUE, WESTBROOK, ME 854-8876</b>		Rec'd By
Current Use: <b>VACANT</b>	Proposed Use: <b>RESIDENTIAL</b>	

Separate permits are required for Internal & External Plumbing, HVAC and Electrical installation.

- All construction must be conducted in compliance with the 1996 B.O.C.A. Building Code as amended by Section 6-Art II.
- All plumbing must be conducted in compliance with the State of Maine Plumbing Code.
- All Electrical Installation must comply with the 1996 National Electrical Code as amended by Section 6-Art III.
- HVAC(Heating, Ventilation and Air Conditioning) installation must comply with the 1993 BOCA Mechanical Code.

You must Include the following with you application:

- 1) A Copy of Your Deed or Purchase and Sale Agreement
- 2) A Copy of your Construction Contract, if available
- 3) A Plot Plan/Site Plan

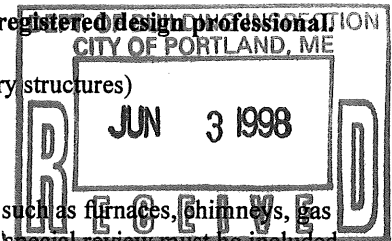
Minor or Major site plan review will be required for the above proposed projects. The attached checklist outlines the minimum standards for a site plan.

**4) Building Plans**

**Unless exempted by State Law, construction documents must be designed by a registered design professional.**

A complete set of construction drawings showing all of the following elements of construction:

- Cross Sections w/Framing details (including porches, decks w/ railings, and accessory structures)
- Floor Plans & Elevations
- Window and door schedules
- Foundation plans with required drainage and dampproofing
- Electrical and plumbing layout. Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review must be included.



**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/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>Anthony J. Cimino</i>	Date: <b>6/3/98</b>
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Building Permit Fee: \$25.00 for the 1st \$1000.cost plus \$5.00 per \$1,000.00 construction cost thereafter.

Additional Site review and related fees are attached on a separate addendum


CITY OF PORTLAND

CERTIFICATE OF VARIANCE APPROVAL

I, Matthew D. Manahan, the duly elected Chairman of the Board of Appeals for the City of Portland, a body politic and corporate, situated in the County of Cumberland and State of Maine, hereby certify that on the 8th day of January, 1998, a variance was granted, pursuant to the provisions of 30-A M.R.S.A. Section 4353(5), and the City of Portland's Land Use Ordinance:

1. Applicants: Cedars Nursing Care Center, Inc., JHA Properties, Inc., and JHA Services, Inc.
2. Property: 630 Ocean Ave., as more particularly described in the Assessor's Records at Portland City Hall as 174-A-10, 11, 12, 13, 14, 15, 20 and 24; and 170-A-20, 33, 34 and 35.
3. Variance and Conditions of Variance: The applicants sought relief from Sections 14-90(4), 14-120(4) and 14-422 (minimum rear-yard and side-yard setbacks), in order to permit construction of a nursing care facility and assisted living facility on the property.

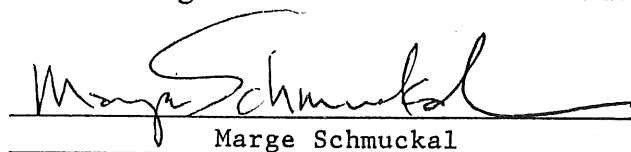
IN WITNESS WHEREOF, I have hereto set my hand and seal this 6th day of February, 1998.

  
Matthew D. Manahan, Chairman

STATE OF MAINE  
Cumberland, ss.

Then personally appeared the above-named Matthew D. Manahan, in his capacity as Chairman of the Board of Appeals of the City of Portland, and acknowledged this certificate to be his free act and deed in his said capacity.

MARGARET SCHMUCKAL  
NOTARY PUBLIC, MAINE  
MY COMMISSION EXPIRES JUNE 28, 1998

  
Marge Schmuckal  
(Printed or Typed Name)  
Notary Public

PURSUANT TO 30-A M.R.S.A. SECTION 4353(5), THIS CERTIFICATE MUST BE RECORDED BY THE PROPERTY OWNER IN THE CUMBERLAND COUNTY REGISTRY OF DEEDS WITHIN 90 DAYS FROM FINAL WRITTEN APPROVAL FOR THE VARIANCE TO BE VALID. FURTHERMORE, THIS VARIANCE IS SUBJECT TO THE LIMITATIONS SET FORTH IN SECTION 14-474 OF THE CITY OF PORTLAND'S CODE OF ORDINANCES.

# BUILDING PERMIT REPORT

DATE: 8 June 98 ADDRESS: 630 OCEAN AVE. 174-A-0137  
 REASON FOR PERMIT: To Construct Residential Care Facility  
 BUILDING OWNER: Ji H. A. Properties, Inc.  
 CONTRACTOR: C. M. Cimino Inc.  
 PERMIT APPLICANT: ↑  
 USE GROUP R-2 BOCA 1996 CONSTRUCTION TYPE 5A

## CONDITION(S) OF APPROVAL

This Permit is being issued with the understanding that the following conditions are met:

Approved with the following conditions: \*1, \*2, \*8, \*10, \*13, \*14, \*18, \*19, \*20, \*22, \*24, \*26

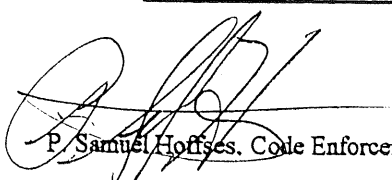
- \*1. This permit does not excuse the applicant from meeting applicable State and Federal rules and laws.
- \*2. Before concrete for foundation is placed, approvals from the Development Review Coordinator and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection)
3. Precaution must be taken to protect concrete from freezing.
4. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed. This is done to verify that the proper setbacks are maintained.
5. Private garages located beneath habitable rooms in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1-hour fire resisting rating. Private garages attached side-by-side to rooms in the above occupancies shall be completely separated from the interior spaces and the attic area by means of ½ inch gypsum board or the equivalent applied to the garage means of ½ inch gypsum board or the equivalent applied to the garage side. (Chapter 4 Section 407.0 of the BOCA/1996)
6. All chimneys and vents shall be installed and maintained as per Chapter 12 of the City's Mechanical Code. (The BOCA National Mechanical Code/1993).  
 Sound transmission control in residential building shall be done in accordance with Chapter 12 section 1214.0 of the city's building code.
- \*8. Guardrails & Handrails: A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups 42", except Use Group R which is 36". In occupancies in Use Group A, B, H-4, I-1, I-2 M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4" cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect. (Handrails shall be a minimum of 34" but not more than 38". Use Group R-3 shall not be less than 30", but not more than 38".) Handrail grip size shall have a circular cross section with an outside diameter of at least 1 1/4" and not greater than 2".
9. Headroom in habitable space is a minimum of 7'6".
- \*10. Stair construction in Use Group R-3 & R-4 is a minimum of 10" tread and 7 3/4" maximum rise. All other Use group minimum 11" tread, 7" maximum rise.
11. The minimum headroom in all parts of a stairway shall not be less than 80 inches. (6' 8")
12. Every sleeping room below the fourth story in buildings of use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside without the use of special knowledge or separate tools. Where windows are provided as means of egress or rescue they shall have a sill height not more than 44 inches (1118mm) above the floor. All egress or rescue windows from sleeping rooms shall have a minimum net clear opening height dimension of 24 inches (610mm). The minimum net clear opening width dimension shall be 20 inches (508mm), and a minimum net clear opening of 5.7 sq. ft.
- \*13. Each apartment shall have access to two (2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- \*14. All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with self closer's. (Over 3 stories in height requirements for fire rating is two (2) hours.)
15. The boiler shall be protected by enclosing with (1) hour fire-rated construction including fire doors and ceiling, or by providing automatic extinguishment.
16. All single and multiple station smoke detectors shall be of an approved type and shall be installed in accordance with the

provisions of the City's Building Code Chapter 9, Section 19, 920.3.2 (BOCA National Building Code/1996), and NFPA 101 Chapter 18 & 19. (Smoke detectors shall be installed and maintained at the following locations):

- In the immediate vicinity of bedrooms
- In all bedrooms
- In each story within a dwelling unit, including basements

In addition to the required AC primary power source, required smoke detectors in occupancies in Use Groups R-2, R-3 and I-1 shall receive power from a battery when the AC primary power source is interrupted. (Interconnection is required)

17. A portable fire extinguisher shall be located as per NFPA #10. They shall bear the label of an approved agency and be of an approved type.
- X 18. The Fire Alarm System shall be maintained to NFPA #72 Standard.
- X 19. The Sprinkler System shall maintained to NFPA #13 Standard.
- X 20. All exit signs, lights, and means of egress lighting shall be done in accordance with Chapter 10 Section & Subsections 1023. & 1024. Of the City's building code. (The BOCA National Building Code/1996)
21. Section 25-135 of the Municipal Code for the City of Portland states, "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year".
- X 22. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act Title 5 MRSA refers, shall obtain a certification from a design professional that the plans commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.
23. Ventilation shall meet the requirements of Chapter 12 Sections 1210. Of the City's Building Code.
- X 24. All electrical, plumbing and HVAC permits must be obtained by a Master Licensed holders of their trade.
25. All requirements must be met before a final Certificate of Occupancy is issued.
- X 26. All building elements shall meet the fastening schedule as per Table 2305.2 of the City's Building Code. (The BOCA National Building Code/1996).
27. Ventilation of spaces within a building shall be done in accordance with the City's Mechanical Code (The BOCA National Mechanical Code/1993).
28. Please read and implement the attached Land Use-Zoning report requirements.
29. \_\_\_\_\_
30. \_\_\_\_\_
31. \_\_\_\_\_
32. \_\_\_\_\_



P. Samuel Hoffses, Code Enforcement

cc: Lt. McDougall, PFD  
Marge Schmuckal

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

8 June 1998

## CITY OF PORTLAND

C.M. Cimino, Inc.  
3 Warren Ave.  
Westbrook, Me. 04092

Re: Ceders Nursing Care Center Expansion; 630 Ocean Ave. Portland, Me.

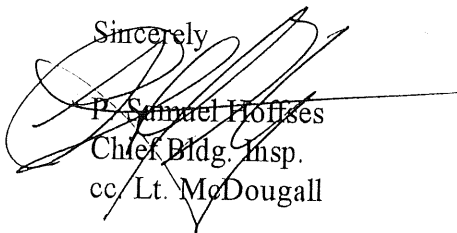
Dear Mr. Cimino:

Your application to construct a Intermediate Care Facility has been reviewed and a building permit is being issued with the following requirements.

1. All site plan requirements must be met before a certificate of occupancy will or can be issued.
2. A list of all sub-contractors with their address and telephone shall be supplied to me as soon as possible.
3. Special Inspection shall be required as per section 1705.0 of the bldg. code.
4. The proposed sprinkler system must have the State's Fire Marshall's Office.
5. Fire Dept. Connections shall meet the requirements of sections 916.0 of the bldg. code.
6. The proposed Fire Alarm System must have the Portland Fire Dept. approval.
7. The Auto. Fire Detection System must have the Portland Fire Dept. Approval.
8. Accessibility Requirements shall have the State's approval.
9. All wood shall meet the fastening schedule of table 2305.2 of the bldg. code.
10. All plumbing shall be done in accordance with the State's Plumbing Code.
11. All mechanicals shall be done in accordance with The BOCA National Mechanical Code/1993.
12. Guards shall meet the requirements of section 1021.0 of the bldg. code.  
Handrails shall be done in accordance with section 1022.0 of the bldg. code.
13. Glass and glazing shall be done in accordance with chapter 24 of the bldg. code.
14. Please read and implement items listed on the attached Building Permit Report.
15. The Inspector on this project will be Sam Hoffses Chief Bldg. Insp. 874-8704. All reports should be sent to Sam Hoffses 389 Congress St. Rm 315 Portland, Me. 04101.

If you should have any questions on these requirements please call me.

Sincerely

  
P. Samuel Hoffses  
Chief Bldg. Insp.  
cc/ Lt. McDougall



Project Name: Cedar 3  
 Project Address: 630 Ocean Ave,

Inspection Date	Type of Inspection	Remarks - prints - page #
18 Nov. 98	walk site with LT. McDougall and Anthony Cimino. Check framing work going as per plans	
24 Nov. 98	ON SITE work going as per plans	
1 Dec 98	walk site	
8 Dec 98	walk site with LT. McDougall work going as per plans. received special Insp. reports	
15 Dec. 98	General Inspection - Still Framing placing roof joists - PLBG some ele. Laying out partitions - Basement partitions placed	
4 Jan. 99	ON SITE - SITE being clean. From ice & snow - PLBG - HVAC - work	
11 Jan 99	ON SITE - walk area all trades works - snow ice removal	
19 Jan 99	walk site with Supt. & LT. McDougall - work going well	
27 Jan 99	Walk through project - interior walls basement, 1st and 2nd 3rd floor about completed, PLBG, going well - windows being installed - Roof 80% completed - LT. McDougall present for inspections.	
2 Feb - 99	General Inspection - framing interior walls framing dormer 5 ext. building atrium skylight. Northwest wing framing about 90% done	
9 Feb - 99	General Inspection work going well Talked with A. Cimino Supt. of project - Sheathing completed - window installed starting roof covering	
17 Feb - 99	ON SITE walk project with J. Reed now CEO, with city work going well talked with A. Cimino -	
23 Feb - 99	walked site with Supt. Cimino - work going well	
2 Mar. 99	work going well	
9 Mar. 99	walk site with LT. McE. and A. Cimino.	
17 Mar. 99	work going as per plans Talked with Supt. Cimino on shaft walls fire blocking	
23 Mar 99	walked site work going well	
30 Mar 99	All trades working all framing completed ele, Plb. going well fire blocking being installed	
6 April 1999	walk exterior of site with Supt. roof covering about completed brick work started, trim work going well	
13 APR. 1999	walk west wing of project work going well - Talked with MA. Cimino about air conditioning ducts - He will get back to me	
26 APR. 1999	Man Fell From <del>bricks</del> outside condition -	
22 APR 1999	walked project with MA. A. Cimino - walk going well brick work, interior gypsum closing in - ducts will have fire dampers	
27 APR. 1999	work going well - Closing in - Brick work outside	
2 May 1999	ON SITE walk project with Supt. Cimino - work going well	
11 May 1999	ON SITE walk project with LT. McDougall and MA. Cimino	

Project Name:

Cedars

Project Address:

630 Ocean Ave

Page 1A

Supplemental Sheet

zof

Inspection Date	Type of Inspection	Remarks - prints - page #
17 May 99	Walked site with Lt. McDougall & Mr. Cimino - All work going as per plans - exterior and interior work	
25 May 99	on site inspected areas for closing - M - 8	
8 June 99	Walked site with Lt. McDougall work going well &	
12 June 99	walked site with Mr. M. Cimino and Lt. McDougall work going well - question on Fire Tape on gypsum - called BOCA Fax or done got results OK if installed as per manuf. req	
22 June 99	Walk site with Lt. McDougall - brick work exterior, etc. plbg gypsum and finish work inside.	
2 July 99	Walk project with Lt. McDougall closing - Finish work, all Trades working - Brick Veneer about 80% done. Talked with Contractor regarding basement floor window without guard, which would have a snow, ice drop impact load of approx 30' - they are working on this - P	
6 July 99	on site same type of work being done - 8	
21 July 99	on site, gypsum earthwork, HVAC and brick veneer work, Block emergency access - had cars removed. 8	
28 July 99	on site, questions on floor joist (steel) in boiler room with HVAC hanging from them. (dead load) question on strings lights at <del>base</del> basement - Contractor will talk with designer also asked about Awning between bldgs. told our gov's rept. to talk with planning. Boiler work being done finishing East wing - closing in other floors exterior brick work completed. 8	
3 Aug 99	Finish work both interior and exterior - boiler room work gypsum work center section -	
10 Aug 99	walked site with Supl. A. Cimino - work going well - 8	
17 Aug 99	walked site with Supl. A. Cimino & Lt. Mc. - closing in finish work Exit from main lobby will not be used as ext. will be so made 5	
23 Aug 99	walk site with Lt. McDougall Supl. Cimino Sr. They will be getting me info. on floor joists in boiler room and skylite - finish about throughout bldg. 1	
2 Sept. 99	Gypsum, finish work interior & exterior - 8	
22 Sept. 99	Finish work only - outside grading. 8	
27 Sept 99	Finish work only outside plantings - 8	
5 Oct. 99	- Same - still questions on boiler room ceiling joists, skylight for basement and glass in fire wall - meet with G.C., project owners' clerk, Lt. Mc. & M. Sr. 1	
12 Oct - 99	Inspected site, finish work - 8	
20 Oct 99	walk area with Lt. McDougall and bldg. Supt. talked broky with owner Supt. work in finishing stages.	

Project Name: Cefar 5  
Project Address: 30 Ocean Ave

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Inspection Date	Type of Inspection	Remarks - prints - page #
9 NOV. 99	Work going well - Questions on concrete	
	stairs in loading zone -	
16 NOV. 99	work going well 98% completed	
	Finish work	
30 NOV. 99	walk project with Supt. A. Cimino.	
	Final insp. next week - windows	
	in exit stairway needs to be protected	
	or tempered - window into basement	
	has been covered with 5/8 plex. glass	
	for impact loads -	
7 DEC. 99	Final inspection with Lt. McDougall, Supt. A. Cimino, Owner Rick ?	
	Items needing correction - marking of doors - cable TV box etc room	
	to be moved marking on smoke detectors - covers on smoke det.	
	and sprinkler heads, East wing window bar exit - minor	
	item - Received statement on steel in boiler room OK -	
	will be going back Tue The 14th.	
14 DEC. 99	Gave final inspection and issued CofO with the understanding	
	that the rear stair from loading dock shall be replaced with 7'11" stairs	
	during the construction of the connector.	

# Sprinkler Systems, Inc.

## Contractor's Material & Test Certificate for Aboveground Pipe

**Procedure**

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

**Property Name** THE ATRIUM AT CEDARS **Date** 11-23-99

**Property Address** 640 OCEAN AVE PORTLAND, ME.

**Plans** Accepted by approving authorities (Names) ME FIRE MARSHAL'S OFFICE  
 Address AUGUSTA, ME  
 Installation conforms to accepted plans  Yes  No  
 Equipment used is approved, if no, explain deviations  Yes  No

**Instructions** Has person in charge of fire equipment been instructed as to location of control valve and care and maintenance of this new equipment?  Yes  No  
 If no, explain:  
 Have copies of the following been left on the premises?  
 1. System components instructions  Yes  No  
 2. Care and maintenance instructions  Yes  No  
 3. NFPA 25  Yes  No

**Location of System** Supplies Buildings: ENTIRE BUILDING

	Make	Model	Year of Mfg.	Orifice Size	Quantity	Temp Rating
<b>Sprinklers</b>	<u>RELIABLE</u>	<u>F1/RES CCP</u>	<u>1999</u>	<u>3/8</u>	<u>529</u>	<u>155</u>
	<u>RELIABLE</u>	<u>G4FR</u>	<u>1999</u>	<u>1/2</u>	<u>372</u>	<u>155</u>
	<u>RELIABLE</u>	<u>F1FR</u>	<u>1999</u>	<u>1/2</u>	<u>67</u>	<u>200</u>
	<u>GLOBE</u>	<u>JQR</u>	<u>1999</u>	<u>1/2</u>	<u>68</u>	<u>155</u>

**Pipe and Fittings** Type of pipe NFPA Type of fittings NFPA

<b>Alarm Valve or Flow Indicator</b>	Alarm Device			Maximum time to operate through test connection	
	Type	Make	Model	Min	Sec
		<u>RELIABLE</u>	<u>E</u>		

<b>Dry Pipe Operating Test</b>	Dry Valve			QOD		
	Make	Model	Serial #	Make	Model	Serial #
	Time to trip through test connection	Water Pressure	Air Pressure	Trip Point Air-Pressure	Time Water Reached Test Outlet	Alarm Operated Properly
With QOD	MIN SEC	PSI	PSI	PSI	MIN SEC	YES NO
W/O QOD	MIN SEC	PSI	PSI	PSI	MIN SEC	YES NO

If no, explain:

<b>Deluge &amp; Preaction Valve</b>	Operation: <i>Circle One:</i> Pneumatic Electric Hydraulic					
	Piping Supervised <u>Yes</u> No	Detecting Media Supervised <u>Yes</u> No				
	Does valve operate from the manual trip, remote, or both control stations? <u>Yes</u> No					
	Is there an accessible facility in each circuit for testing? <u>Yes</u> No If no, explain.					
	Make	Model				
	Does each circuit operate supervision loss alarm? <u>Yes</u> No	Does each circuit operate valve release? <u>Yes</u> No	Maximum time to operate release Min ___ Sec ___			
<b>Pressure Reducing Valve</b>	Location & Floor	Make & Model	Setting	Static Pressure Inlet (psi) Outlet (psi)	Residual Pressure Inlet (psi) Outlet (psi)	Flow Rate Flow (gpm)
<b>Test Description</b>	<p><b>HYDROSTATIC:</b> Hydrostatic tests shall be made at not less than 200 psi (13.6 bars for 2 hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p><b>PNEUMATIC:</b> Establish 40 psi (2.7 bars) air pressure and drop, which will not exceed 1 1/2 psi (.01 bars) 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 (.01 bars) in 24 hours.</p>					
<b>Tests</b>	All piping hydrostatically tested at <u>200</u> psi ( ___ bars) for <u>2</u> hours					If no, state reason:
	Dry piping pneumatically tested ( <i>circle one</i> ) <u>Yes</u> No					
	Equipment operates properly ( <i>circle one</i> ) <u>Yes</u> No					
Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives or sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks?					<i>Circle one:</i> <u>Yes</u> No	
<b>Drain Test:</b> Reading of gauge located near water supply test connection: <u>90</u> psi ( ___ bars)					Residual pressure with valve in test connection open wide: <u>80</u> psi ( ___ bars)	
<b>Hydraulic Data Nameplate</b>	Nameplate provided: <u>Yes</u> No		If no, explain:			
<b>Remarks</b>	Date left in service with all control valves open: <u>11-22-99</u>					
<b>Signatures For</b>	<b>Sprinkler Contractor:</b> Sprinkler Systems, Inc. P.O. Box 1285 Lewiston, Maine 04243-1285 Phone: 207-782-0104 Fax: 207-783-4865					
	Property Owner Signature		Title		Date	
	Sprinkler Contractor Signature		Title		Date	

Additional Explanations and Notes:

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**SPRINKLER SYSTEMS INC.**

P.O. Box 1285  
LEWISTON, ME 04243-1285

# Letter of Transmittal

(207) 782-0104 FAX (207) 783-4865

DATE	11-23-99	JOB NO.	SSI-98-031
ATTENTION	Anthony Cimino		
RE:	The Cedars		

TO C. M. Cimino, Inc.  
3 Warren Ave.  
Westbrook, Maine 04092

> WE ARE SENDING YOU  Attached  Under separate cover via hand delivery the following items:  
to jobsite

- Shop drawings     Prints     Plans     Samples     Specifications  
 Copy of letter     Change order     \_\_\_\_\_

COPIES	DATE	NO.	DESCRIPTION
2			Operation & Maintenance Manuals
1			NEPA 25 - Owners Maintenance and Inspection Manuals

THESE ARE TRANSMITTED as checked below:

- For approval     Approved as submitted     Resubmit \_\_\_\_\_ copies for approval  
 For your use     Approved as noted     Submit \_\_\_\_\_ copies for distribution  
 As requested     Returned for corrections     Return \_\_\_\_\_ corrected prints  
 For review and comment     \_\_\_\_\_  
 FOR BIDS DUE \_\_\_\_\_ 10 \_\_\_\_\_     PRINTS RETURNED AFTER LOAN TO US

REMARKS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COPY TO \_\_\_\_\_

SIGNED

*Jimmy M. Casey*

# PROTECTION PROFESSIONALS

P.O. Box 205, Portland, Maine 04112 (207) 775-5755

## RECORD OF COMPLETION

Name of Protected Property: Cedars  
Address: 640 Ocean Ave. Portland, Maine  
Rep. of Prop. Mr. Dick Beach  
Authority Having Jurisdiction: Lt. MacDougal City of Portland Fire Prevention Officer  
Address/Phone: 380 Congress Street Portland, Maine

1. Type(s) of System or Service

- NFPA 72, Chapter 3 - Local

If alarm is transmitted to location(s) off premises, list here received:

- NFPA 72, Chapter 3 - Emergency Voice/Alarm Service

Quantity of voice/alarm channels: Single: Multiple:

Quantity of speakers installed: Quantity of speaker zones:

Quantity of telephones or telephone jacks included in system:

- NFPA 72, Chapter 4 - Auxiliary

Indicate type of connection: Local energy: Shunt: Parallel telephone:

Location and telephone number for receipt of signals:

- NFPA 72, Chapter 4 - Remote Station

Alarm:

Supervisory:

- NFPA 72, Chapter 4 - Proprietary

If alarms are retransmitted to public fire service communications center or others, indicate location and telephone number of the organization receiving alarm:

City Of Portland Fire Dispatch 874-8400



# PROTECTION PROFESSIONALS

P.O. Box 205, Portland, Maine 04112 (207) 775-5755

NFPA 72, Chapter 4 - Central Station

The Prime Contractor: \_\_\_\_\_

Central Station Location: \_\_\_\_\_

Means of transmission of signals from the protected premises to the central station:

McCulloh  Multiplex  One-Way Radio

Digital Alarm Communicator  Two-Way Radio  Others: \_\_\_\_\_

Means of transmission of alarms to the public fire service communications center:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

System Location: \_\_\_\_\_

	Organization Name/Phone	Rep. Name/Phone
Installer	_____	_____
Supplier	_____	_____
Service Org	_____	_____

Location of Record (As-Built) Drawings: SITE

Location of Owners Manuals: SITE

Location of Test Reports: SITE

A contract, dated \_\_\_\_\_, for test and inspection in accordance with NFPA standard(s)no(s). 72, dated 1996, is in effect.

## 2. Record of System Installation

(Fill out after installation is complete and wiring checked for opens, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests). This system has been installed in accordance with NFPA standards as shown below, was inspected by Protection Professionals on 12/3/99, includes the devices shown below, and has been in service since 12/3/99

NFPA 72

NFPA 70, *National Electrical Code*, Article 760

Manufacturer's Instructions

Other: \_\_\_\_\_

Signed: Debra Mayberry

Date: 12/3/99

Organization: Protection Professionals





# PROTECTION PROFESSIONALS

P.O. Box 205, Portland, Maine 04112 (207) 775-5755

### 3. Record of System Operation

All operational features and functions of this system were tested by Protection Professionals on 12/3/99 and to be operating properly in accordance with the requirements of:

NFPA 72

NFPA 70, *National Electrical Code*, Article 760

Manufacturer's Instructions

Other:

Signed: Doug M. [Signature] Organization: Protection Professionals 12/3/99

### 4. Alarm-Initiating Devices and circuits (use blanks to indicate quantity of devices)

#### MANUAL

(a) 25 Manual Stations \_\_\_\_\_ Noncoded, Act \_\_\_\_\_ Transmitters \_\_\_\_\_ Coded

(b) \_\_\_\_\_ Combination Manual Fire Alarm and Guard's Tour Coded Stations

#### AUTOMATIC

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

(a) 96 Smoke Detectors \_\_\_\_\_ Ion 96 Photo

(b) 7 Duct Detectors \_\_\_\_\_ Ion 7 Photo

(c) 10 Heat Detectors 2 FT 8 RR \_\_\_\_\_ FT/RR \_\_\_\_\_ RC

(d) ~~10~~ 36 Sprinkler Waterflow Switches: \_\_\_\_\_ Transmitters \_\_\_\_\_ Noncoded, Activating  
\_\_\_\_\_ Coded

(e) \_\_\_\_\_ Other: \_\_\_\_\_

### 5. Supervisory Signal-Initiating Devices and Circuits

#### GUARD'S TOUR

(a) \_\_\_\_\_ Coded Stations

(b) \_\_\_\_\_ Noncoded Stations, Activating \_\_\_\_\_ Transmitters

(c) \_\_\_\_\_ Compulsory Guard Tour System Comprised of \_\_\_\_\_ Transmitters Stations and  
\_\_\_\_\_ Intermediate Stations

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

#### SPRINKLER SYSTEM

(a) ~~10~~ 32 Valve Supervisory Switches

(b) \_\_\_\_\_ Building Temperature Points

(c) \_\_\_\_\_ Site Water Temperature Points

(d) \_\_\_\_\_ Site Water Supply Level Points

#### Electric Fire Pump:

(e) \_\_\_\_\_ Fire Pump Power

(f) \_\_\_\_\_ Fire Pump Running

(g) \_\_\_\_\_ Phase Reversal



# PROTECTION PROFESSIONALS

P.O. Box 205, Portland, Maine 04112 (207) 775-5755

## Engine-Driven Fire Pump:

- (h)  Selector in Auto Position
- (i)  Engine or Control Panel Trouble
- (j)  Fire Pump Running

## Engine-Driven Generator:

- (k)  Selector in Auto Position
- (l)  Control Panel Trouble
- (m)  Transfer Switches
- (n)  Engine Running

Other Supervisory Function(s): \_\_\_\_\_

## 6. Alarm Notification Appliances and Circuits

Quantity of indicating appliance circuits connected to the system: 8

Types and quantities of alarm indicating appliances installed: \_\_\_\_\_ Bells \_\_\_\_\_ Inch

- (a)  Speakers
- (b)  Horns
- (c)  Chimes
- (d)  Other: \_\_\_\_\_
- (e) 129 Visual Signals 115 with audible 14 w/o audible
- (f) 1 Local Annunicator

## 7. Signaling Line Circuits

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

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

## 8. System Power Supplies

- (a) Primary (Main): Nominal Voltage: 120 Current Rating: 15 amps  
Overcurrent Protection: Type: Circuit Breaker Current Rating: 15 amps  
Location: Basement Emergency Power Electrical Panel
- (b) Secondary (Standby):  
2 Storage Battery: Amp-Hour Rating 14 amp hour batteries  
x Calculated capacity to drive system, in hours: 24 x 60  
x Engine-driven generator deicated to fire alarm system:  
Location of fuel storage: Local Fuel Tank
- (c) Emergency or Standby System used as backup to Primary Power Supply, instead of using a Secondary Power Supply:  
 Emergency System described in NFPA 70, Article 700  
 Legally Required Standby System described in NFPA 70, Article 701  
 Optional Standby System described in NFPA 70, article 702, which also meets the performance requirements of Article 700 or 701



# PROTECTION PROFESSIONALS

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9. System Software:

- (a) Operating System Software Revision Level(s): \_\_\_\_\_
- (b) Application Software Revision Level(s): \_\_\_\_\_
- (c) Revision Completed By (Name & Firm): \_\_\_\_\_

Comments: \_\_\_\_\_

Bruce H. Milliken President 12/6/99  
(signed) for by B.H. Milliken Electrical Contractor & Installer (title) (date)

DOUG HANSEN PRESIDENT 12/3/99  
(signed) for Protection Professionals Distributor & Service Company (title) (date)

Frequency of routine tests and inspections, if other than in accordance with referred NFPA standards:

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

System deviations from the referenced NFPA standard(s) are: None Known

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



# PROTECTION PROFESSIONALS

P.O. Box 205, Portland, Maine 04112 (207) 775-5755

## INSPECTION AND TESTING FORM

Date: 12/3/99

SERVICE ORGANIZATION	PROPERTY NAME (USER)
Name: <u>PROTECTION PROFESSIONALS</u>	Name: <u>CEDARS</u>
Address: <u>139 NEWBURY STREET</u>	Address: <u>640 OCEAN AVE</u>
Representative: <u>DOUG HANSEN</u>	Owner Contact: <u>DICK EACH</u>
Telephone: <u>775-5755</u>	Telephone: <u>775-4111</u>
License No.: <u>MC60016844</u>	

MONITORING ENTITY	APPROVING AGENCY
Contact: <u>CITY OF PORTLAND</u>	Contact: <u>LT. MacDougall</u>
Telephone: <u>874-8300</u>	Telephone: <u>874-8400</u>
Account Ref. No.: <u>4562</u>	

TYPE TRANSMISSION	SERVICE
<input type="checkbox"/> McCulloh	<input type="checkbox"/> Weekly
<input type="checkbox"/> Multiplex	<input type="checkbox"/> Monthly
<input type="checkbox"/> Digital	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Reverse Priority	<input type="checkbox"/> Semiannually
<input type="checkbox"/> RF	<input checked="" type="checkbox"/> Annually
<input checked="" type="checkbox"/> MASTERBOX	<input type="checkbox"/> Other _____

Panel Manufacturer: FARADAY  
 Model No.: MPC-2000  
 Circuit Styles: B  
 No. of Circuits: 24  
 Software Rev.: 2  
 System Last Serviced: 12/3/99  
 Software or Configuration Last Revised: 12/3/99

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QUANTITY	CIRCUIT STYLE	
<u>25</u>	<u>B</u>	Manual Stations
<u>96</u>	<u>B</u>	Ion Detectors
<u>7</u>	<u>B</u>	Photo Detectors
<u>10</u>	<u>B</u>	Duct Detectors
<u>13</u>	<u>B</u>	Heat Detectors
<u>13</u>	<u>B</u>	Waterflow Switches
		Supervisory Switches
		Other: _____

### ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QUANTITY	CIRCUIT STYLE	
<u>14</u>	<u>B</u>	Bells
<u>115</u>	<u>b</u>	Horns
		Chimes
		HornStrobes
		Speakers
		Other: _____

No. of Alarm Indicating Circuits: 8  
 Are Circuits Supervised?  Yes  No



# PROTECTION PROFESSIONALS

P.O. Box 205, Portland, Maine 04112 (207) 775-5755

Page 2

## SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

QUANTITY	CIRCUIT STYLE	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator in Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

### SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system:

Quantity: \_\_\_\_\_ Style(s): \_\_\_\_\_

### SYSTEM POWER SUPPLIES

Primary (Main): Nominal Voltage 120, Amps 15

Overcurrent Protection: Type Circuit Breaker, Amps 15

Location: Basement Emergency Power Panel

Disconnecting Means Location: EP Panel

Secondary (Standby):

2 Storage Battery: Amp-Hr. Rating 14 Hour Batteries

Calculated capacity to operate system, in hours: \_\_\_\_\_ 24 X 60 \_\_\_\_\_

Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

Location of fuel storage: \_\_\_\_\_

### TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other: \_\_\_\_\_

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

\_\_\_\_\_ Emergency system described in NFPA 70, Article 700

\_\_\_\_\_ Legally required standby described in NFPA 70, Article 701

\_\_\_\_\_ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 and 701

### PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	YES	NO	WHO	TIME
Monitoring Entity	x	<input type="checkbox"/>	<u>City</u>	_____
Building Occupants	x	<input type="checkbox"/>	<u>All</u>	_____
Building Management	x	<input type="checkbox"/>	<u>Dick Beach</u>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (notified) of any impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



# PROTECTION PROFESSIONALS

P.O. Box 205, Portland, Maine 04112 (207) 775-5755

Page 3

## SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	x	x	_____
Interface Eq.	x	x	_____
Lamps/LEDS	x	x	_____
Fuses	x	x	_____
Primary Power Supply	x	x	_____
Trouble Signals	x	x	_____
Disconnect Switches	x	x	_____
Ground Fault Monitoring	x	x	_____
<b>SECONDARY POWER</b>			
TYPE	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	x	x	_____
Load Voltage		x	_____
Discharge Test		x	_____
Charger Test		x	_____
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	NA
<b>TRANSIENT SUPPRESSORS</b>			
REMOTE ANNUNCIATORS	x	x	_____
<b>NOTIFICATION APPLIANCES</b>			
Audible	x	<input type="checkbox"/>	_____
Visual	x	x	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	NA
Voice Clarity	<input type="checkbox"/>		NA

## INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOCATION & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
All Smoke Detectors	Photo	x	x	2-2.64	2-2.64	x	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

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

EMERGENCY COMMUNICATIONS EQUIP.	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call-In Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	_____



# PROTECTION PROFESSIONALS

P.O. Box 205, Portland, Maine 04112 (207) 775-5755

Page 4

INTERFACE EQUIPMENT	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
<u>Duct Smoke Detectors</u>	x	x	x
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL HAZARD SYSTEMS</b>			
<u>2 Kitchen Hood Suppression Systems</u>	x	<input type="checkbox"/>	x
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

ON/OFF PREMISES MONITORING	YES	NO	TIME	COMMENTS
Alarm Signal	x	<input type="checkbox"/>	<u>12/3/99</u>	<u>City</u>
Alarm Restoral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	YES	NO	WHO	TIME
Building Management	x	<input type="checkbox"/>	<u>Dick Beach</u>	_____
Monitoring Agency	x	<input type="checkbox"/>	<u>Dispatcher</u>	_____
Building Occupants	x	<input type="checkbox"/>	<u>All</u>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: \_\_\_\_\_

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

System restored to normal operation: Date: 12/3/99 Time: 4:00 PM

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**

Name of Inspector: Doug Hansen

Date: 12/3/99 Time: 4:00 PM

Signature: *Doug Hansen*





Angus S. King, Jr.  
Governor

Department of Public Safety  
Licensing and Inspections Unit

State Fire Marshal's Office  
Engineering and Inspections Divisions  
164 State House Station  
Augusta, Maine 04333-0164



Ladd G. Alcott  
Fire Marshal

November 13, 1997

JSA Properties, Inc.  
630 Ocean Avenue  
Portland, ME 04112

RE: **The Atrium at Cedars**

To Whom It May Concern:

This **Preliminary Letter of Approval** acknowledges that you have started a file with our office for the intention of obtaining a Construction and Barrier Free Permit.

After reviewing the preliminary plans, I find that the basic concept of your project can be fine-tuned for full compliance with the requirements for Life Safety Code and Barrier Free Construction.

We await your resubmittal of completed plans and specification for final review. This letter is **NOT** final approval, and it is important to note that **CONSTRUCTION SHALL NOT BEGIN UNTIL PERMIT IS ISSUED.**

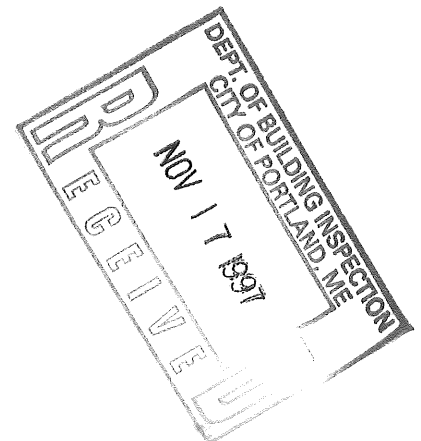
If I may be of further assistance to you in this matter, please do not hesitate to contact this office.

Yours for better fire protection,

  
Stephen B. Dodge  
Public Safety Inspector III

SBD/fs

397 Water Street  
Gardiner, Maine 04345  
Telephone: 207-624-8744  
Fax: 207-624-8767







STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF HEALTH ENGINEERING  
10 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0010

ANGUS S. KING, JR.  
GOVERNOR

KEVIN W. CONCANNON  
COMMISSIONER

August 26, 1998

C. M. Cimino Inc.  
3 Warren Avenue  
Westbrook ME 04092

SUBJECT: Indoor Spa Approval, The Atrium @ Cedars II, PORTLAND

Dear Mr. Kiley:

Thank you for submitting a Registration Form for a Spa dated 8-17-98 along with a general specification/design sheet prepared by Andrews Gunite Co., Inc. The proposal is to construct a 1250 gallon indoor spa 10 feet in diameter with a depth of 3'-3" at the referenced property.

The proposal appears to meet or exceed the minimum standards of the NSPI as they address construction and safety. Therefore, the pool is approved.

It is the responsibility of the owner to construct and operate the system in compliance with all pertinent rules and regulations. A critical part of the operation of the hot tub is the proper addition and control of chemicals, especially the chlorine or bromine. Your system should be operated to maintain the optimum residual of disinfectant. Daily records of these residuals and the pH levels should be maintained. Please contact Robert Peterson, Eating and Lodging Program, 287-5693, to arrange for one of the District Sanitarians to visit your facility and assist you by verifying the proper chemical levels, recordkeeping procedures and other aspects of operation.

You may contact me at 287-5687 if you have any further questions regarding this project.

Sincerely,

Linda S. Robinson  
Wastewater & Plumbing Control Program  
Division of Health Engineering

/lsr

cc: P. Samuel Hoffses, LPI  
Robert Peterson, E&L  
Andrews Gunite Co., Inc.



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174-A-013



STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF HEALTH ENGINEERING  
10 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0010

ANGUS S. KING, JR.  
GOVERNOR

KEVIN W. CONCANNON  
COMMISSIONER

August 26, 1998

C. M. Cimino Inc.  
3 Warren Avenue  
Westbrook ME 04092

SUBJECT: Swimming Pool Approval, The Atrium @ Cedars II, PORTLAND

Dear Mr. Kiley:

Thank you for submitting a Registration Form for Swimming Pool dated 8-17/98 along with a blueprint design of the pool prepared by Andrews Gunite Co., Inc. The proposal is to construct at the referenced property a 12,000 gallon indoor pool 27' 5" x 15' with a depth of 8'-0" to 5'-0". There is no diving board proposed.

The proposal appears to meet or exceed the minimum standards of the NSPI as they address construction and safety. Therefore, the pool is approved.

It is the responsibility of the owner to construct and operate the system in compliance with all pertinent rules and regulations.

You may contact me at 287-5687 if you have any further questions regarding this project.

Sincerely,

Linda S. Robinson  
Wastewater & Plumbing Control Program  
Division of Health Engineering

/lsr  
cc: P. Samuel Hoffses, LPI  
Robert Peterson, E&L  
Andrews Gunite Co., Inc.



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# PLUMBING APPLICATION

174-A-013

Department of Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street Subdivision Lot #	630 OCEAN AVE
<b>PROPERTY OWNERS NAME</b>	
JHA PROPERTIES	
Last:	First:
Applicant Name:	THE GERBER CO., INC
Mailing Address of Owner/Applicant (If Different)	PO BOX 6692 PORTLAND, ME 04101

PORTLAND Date Permit Issued:	7/23/98	PERMIT # 6552	STATE COPY	\$ 2516	If Double Fee Charged
Local Plumbing Inspector Signature			L.P.I. # 01229		

## 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.

THE GERBER CO., INC 7/17/98  
Signature of Owner/Applicant Date

## 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

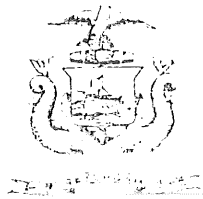
Date Approved

## PERMIT INFORMATION

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER — SPECIFY <u>INTERMEDIATE CARE FACILITY</u>	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>010472</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.  <b>OR</b>  TRANSFER FEE [\$6.00]	6	Hosebibb / Sillcock <u>2"</u>	61	Bathtub (and Shower) <u>1 1/2"</u>
	20	Floor Drain <u>2" min</u>	36	Shower (Separate) <u>2"</u>
	1	Urinal wall <u>1 1/2"</u>	71	Sink <u>1 1/2"</u>
	3	Drinking Fountain	104	Wash Basin <u>1 1/2"</u>
	4	Indirect Waste	109	Water Closet (Toilet) <u>3"</u>
		Water Treatment Softener, Filter, etc.	62	Clothes Washer <u>2"</u>
		Grease / Oil Separator	64	Dish Washer <u>2"</u>
		Dental Cuspidor	64	Garbage Disposal <u>2"</u>
		Bidet	5	Laundry Tub <u>1 1/2"</u>
		Other: <u>ROOF DRAINS</u>	6	Water Heater
		<b>Fixtures (Subtotal) Column 2</b>	582	<b>Fixtures (Subtotal) Column 1</b>
			47	<b>Fixtures (Subtotal) Column 2</b>
			629	<b>Total Fixtures</b>
		\$2516-	<b>Fixture Fee</b>	
		\$ 20-	<b>Transfer Fee</b> <u>SURCHARGE</u>	
		\$ .	<b>Hook-Up &amp; Relocation Fee</b>	
		\$2536-	<b>Permit Fee (Total)</b>	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



CITY OF PORTLAND

April 14, 1998

Mr. Anthony Cimino  
C. M. Cimino Inc.  
3 Warren Ave.  
Westbrook ME 04092

re: Cedars Nursing Care Expansion - 630 Ocean Ave.

Dear Mr. Cimino:

This letter is in reference to a letter dated April 10, 1998, (attached) concerning your request to begin some preliminary site work for the Cedars Nursing Care Center expansion, in the vicinity of 630 Ocean Avenue. Site work may be commenced for the activities specifically indicated in this letter. No other site work may be initiated until the Planning Office has formally "signed off" on the site plan.

Should you have any questions on this letter, please call me.

Sincerely,

Joseph E. Gray, Jr.  
Director of Planning and Urban Development

Enclosure

- cc Richard Knowland, Senior Planner
- James Wendel, D R C
- Michael Nugent, Manager of Inspection Services
- Kevin Carroll, Building Inspector
- Marge Schmuckal, Zoning Administrator

O:\PLAN\DEVREVW\OCEAN630\LETTERS\CIMINO.LEC

# 98-059D  
174-A-013

# C.M.CIMINO INC.

3 WARREN AVE  
WESTBROOK, ME  
04092

April 10, 1998

Rick Snowland  
Planning Department  
City Hall  
Portland, Maine

COMMERCIAL &  
INDUSTRIAL  
CONSTRUCTION

Re: Sitework for the "Atrium" at Cedars

Dear Rick:

C.M. Cimino Inc., in conjunction with White Bros. Inc., would like to mobilize and begin sitework on Monday, April 13, 1998. We envision the schedule of the sitework to progress as follows:

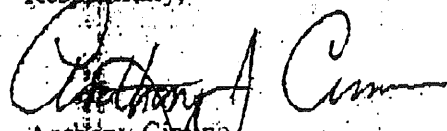
CARLO M. CIMINO  
PRESIDENT

- Clearing of trees: 5-6 days
- Grubbing and stripping: 2 weeks
- Layout of new Road: 1 day
- Begin cuts and fills with regards to road including blasting: 4-5 days
- Construct new roadway: 4-5 days
- Removal of existing roadway: 4-5 days
- Layout of building: 1 day
- Begin cuts and blasting for new building: 1 month

Some of these items overlap, but as you can see you have plenty of time to review and sign off on what is necessary.

Please let me know if this schedule looks all right and it is acceptable to you. Thank you very much.

Respectfully,



Anthony Cimino  
C.M. CIMINO INC.

TEL (207) 854-8876  
FAX (207) 856-2254

cc. Mr. Richard Beach

**CITY OF PORTLAND, MAINE  
DEVELOPMENT REVIEW APPLICATION  
PLANNING DEPARTMENT PROCESSING FORM**

19970012  
I. D. Number

**Wish Home for the Aged**  
Applicant  
**630 Ocean Ave, Portland, ME 04103**  
Applicant's Mailing Address  
**L. U. C./David Kamilla**  
Consultant/Agent  
**878-3313** **878-0201**  
Applicant or Agent Daytime Telephone, Fax

**5/27/97**  
Application Date  
**Cedars**  
Project Name/Description

**630 Ocean Ave**  
Address of Proposed Site  
**174-A-013 +**  
Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply):  
 New Building     Building Addition     Change Of Use     Residential  
 Office     Retail     Manufacturing     Warehouse/Distribution     Parking Lot     Other (specify) \_\_\_\_\_

Proposed Building square Feet or # of Units \_\_\_\_\_ **10.1 Acres** \_\_\_\_\_ **R-3 (R-5 along Rd)**  
 Acreage of Site \_\_\_\_\_ Zoning \_\_\_\_\_

**Check Review Required:**

Site Plan (major/minor)     Subdivision # of lots \_\_\_\_\_     PAD Review     14-403 Streets Review  
 Flood Hazard     Shoreland     Historic Preservation     DEP Local Certification  
 Zoning Conditional Use (ZBA/PB)     Zoning Variance     Other \_\_\_\_\_

Fees Paid: Site Plan **\$300.00** Subdivision \_\_\_\_\_ Engineer Review **\$1,496.00** Date: **5/27/97**

**Inspections Approval Status:**

Reviewer **Marge Schmuckal**

Approved     **Approved w/Conditions** see attached     Denied

Approval Date **6/5/98** Approval Expiration \_\_\_\_\_ Extension to \_\_\_\_\_  Additional Sheets Attached

Condition Compliance \_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_

Performance Guarantee  Required\*     Not Required

\* No building permit may be issued until a performance guarantee has been submitted as indicated below

<input checked="" type="checkbox"/> Performance Guarantee Accepted	<u>4/16/98</u> date	<u>\$457,000.00</u> amount	_____ expiration date
<input checked="" type="checkbox"/> Inspection Fee Paid	<u>4/16/98</u> date	<u>\$8,083.94</u> amount	
<input type="checkbox"/> Building Permit Issued	_____ date		
<input type="checkbox"/> Performance Guarantee Reduced	_____ date	_____ remaining balance	_____ signature
<input type="checkbox"/> Temporary Certificate of Occupancy	_____ date	<input type="checkbox"/> Conditions (See Attached)	
<input type="checkbox"/> Final Inspection	_____ date	_____ signature	
<input type="checkbox"/> Certificate Of Occupancy	_____ date		
<input type="checkbox"/> Performance Guarantee Released	_____ date	_____ signature	
<input type="checkbox"/> Defect Guarantee Submitted	_____ submitted date	_____ amount	_____ expiration date
<input type="checkbox"/> Defect Guarantee Released			

**CITY OF PORTLAND, MAINE  
DEVELOPMENT REVIEW APPLICATION  
PLANNING DEPARTMENT PROCESSING FORM**

I. D. Number \_\_\_\_\_

**Jewish Home for the Aged**

5/27/97

Applicant \_\_\_\_\_

Application Date \_\_\_\_\_

6 Ocean Ave, Portland, ME 04103

**Cedars**

Applicant's Mailing Address \_\_\_\_\_

Project Name/Description \_\_\_\_\_

**L. U. C./David Kamilla**

**630 Ocean Ave**

Consultant/Agent \_\_\_\_\_

Address of Proposed Site \_\_\_\_\_

**878-3313 878-0201**

**174-A-013 +**

Applicant or Agent Daytime Telephone, Fax \_\_\_\_\_

Assessor's Reference: Chart-Block-Lot \_\_\_\_\_

Proposed Development (check all that apply):  
 Office  Retail  Manufacturing  Warehouse/Distribution  Parking Lot  Other (specify) \_\_\_\_\_

New Building  Building Addition  Change Of Use  Residential

**10.1 Acres**

Proposed Building square Feet or # of Units \_\_\_\_\_

Acresage of Site \_\_\_\_\_

Zoning \_\_\_\_\_

**Check Review Required:**

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> Site Plan<br>(major/minor) | <input type="checkbox"/> Subdivision<br># of lots _____ | <input type="checkbox"/> PAD Review            | <input type="checkbox"/> 14-403 Streets Review   |
| <input type="checkbox"/> Flood Hazard                          | <input type="checkbox"/> Shoreland                      | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP Local Certification |
| <input type="checkbox"/> Zoning Conditional<br>Use (ZBA/PB)    | <input type="checkbox"/> Zoning Variance                |  | <input type="checkbox"/> Other _____             |

Fees Paid: Site Plan \$300.00 Subdivision \_\_\_\_\_ Engineer Review \_\_\_\_\_ Date: 5/27/97

**Fire Approval Status:**

Reviewer Lt. Mc Dougall *[Signature]*

- Approved  **Approved w/Conditions**  
see attached  Denied

Approval Date 5/27/97 Approval Expiration \_\_\_\_\_ Extension to \_\_\_\_\_  
 Condition Compliance Lt. Mc Dougall 5/27/97  
signature date  Additional Sheets Attached

Performance Guarantee  Required\*  Not Required

\* No building permit may be issued until a performance guarantee has been submitted as indicated below

- |   |                |  |                 |
|---|----------------|--|-----------------|
| <input type="checkbox"/> Performance Guarantee Accepted     | _____          | _____  | _____           |
|   | date           | amount   | expiration date |
| <input type="checkbox"/> Inspection Fee Paid                | _____          | _____  |                 |
|   | date           | amount   |                 |
| <input type="checkbox"/> Building Permit Issued             | _____          |  |                 |
|   | date           |  |                 |
| <input type="checkbox"/> Performance Guarantee Reduced      | _____          | _____  | _____           |
|   | date           | remaining balance                                  | signature       |
| <input type="checkbox"/> Temporary Certificate of Occupancy | _____          | <input type="checkbox"/> Conditions (See Attached) |                 |
|   | date           |  |                 |
| <input type="checkbox"/> Final Inspection                   | _____          | _____  |                 |
|   | date           | signature  |                 |
| <input type="checkbox"/> Certificate of Occupancy           | _____          |  |                 |
|   | date           |  |                 |
| <input type="checkbox"/> Performance Guarantee Released     | _____          | _____  |                 |
|   | date           | signature  |                 |
| <input type="checkbox"/> Defect Guarantee Submitted         | _____          | _____  | _____           |
|   | submitted date | amount   | expiration date |
| <input type="checkbox"/> Defect Guarantee Released          | _____          | _____  |                 |
|   | date           | signature  |                 |

**CITY OF PORTLAND, MAINE  
DEVELOPMENT REVIEW APPLICATION  
PLANNING DEPARTMENT PROCESSING FORM**

**19970012**  
I. D. Number

**Jewish Home for the Aged**

**5/27/97**

licant

Application Date

**630 Ocean Ave, Portland, ME 04103**

**Cedars**

Applicant's Mailing Address

Project Name/Description

**L. U. C./David Kamilla**

**630 Ocean Ave**

Consultant/Agent

Address of Proposed Site

**878-3313** **878-0201**

**174-A-013 +**

Applicant or Agent Daytime Telephone, Fax

Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply):  New Building  Building Addition  Change Of Use  Residential  
 Office  Retail  Manufacturing  Warehouse/Distribution  Parking Lot  Other (specify) \_\_\_\_\_

**10.1 Acres**

Proposed Building square Feet or # of Units \_\_\_\_\_ Acreage of Site \_\_\_\_\_ Zoning \_\_\_\_\_

**Check Review Required:**

Site Plan (major/minor)  Subdivision # of lots \_\_\_\_\_  PAD Review  14-403 Streets Review  
 Flood Hazard  Shoreland  Historic Preservation  DEP Local Certification  
 Zoning Conditional Use (ZBA/PB)  Zoning Variance  Other \_\_\_\_\_

Fees Paid: Site Plan **\$300.00** Subdivision \_\_\_\_\_ Engineer Review **\$1,496.00** Date: **5/27/97**

**Planning Approval Status:**

Reviewer **R. Knowland**

Approved  Approved w/Conditions See Attached  Denied

Approval Date **7/22/97** Approval Expiration **7/22/98** Extension to \_\_\_\_\_  Additional Sheets Attached

OK to Issue Building Permit **R. Knowland** **5/29/98**  
signature date

Performance Guarantee  Required\*  Not Required

\* No building permit may be issued until a performance guarantee has been submitted as indicated below

<input checked="" type="checkbox"/> Performance Guarantee Accepted	<u>4/16/98</u> date	<u>\$457,000.00</u> amount	<u>                    </u> expiration date
<input checked="" type="checkbox"/> Inspection Fee Paid	<u>4/16/98</u> date	<u>\$8,083.94</u> amount	
<input type="checkbox"/> Building Permit Issued	<u>                    </u> date		
<input type="checkbox"/> Performance Guarantee Reduced	<u>                    </u> date	<u>                    </u> remaining balance	<u>                    </u> signature
<input type="checkbox"/> Temporary Certificate of Occupancy	<u>                    </u> date	<input type="checkbox"/> Conditions (See Attached)	
<input type="checkbox"/> Final Inspection	<u>                    </u> date	<u>                    </u> signature	
<input type="checkbox"/> Certificate Of Occupancy	<u>                    </u> date		
<input type="checkbox"/> Performance Guarantee Released	<u>                    </u> date	<u>                    </u> signature	
<input type="checkbox"/> Defect Guarantee Submitted	<u>                    </u> submitted date	<u>                    </u> amount	<u>                    </u> expiration date
<input type="checkbox"/> Defect Guarantee Released	<u>                    </u> date	<u>                    </u> signature	



**CITY OF PORTLAND, MAINE  
DEVELOPMENT REVIEW APPLICATION  
PLANNING DEPARTMENT PROCESSING FORM**

**19970012**

I. D. Number

**Jewish Home for the Aged**

Applicant  
**630 Ocean Ave, Portland, ME 04103**

Applicant's Mailing Address

**L. U. C./David Kamilla**

Consultant/Agent

**878-3313 878-0201**

Applicant or Agent Daytime Telephone, Fax

**5/27/97**

Application Date

**Cedars**

Project Name/Description

**630 Ocean Ave**

Address of Proposed Site

**174-A-013 +**

Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply):  
 Office  Retail  Manufacturing  Warehouse/Distribution  Parking Lot  Other (specify) \_\_\_\_\_  
 New Building  Building Addition  Change Of Use  Residential

**10.1 Acres**

Proposed Building square Feet or # of Units

Acreage of Site

Zoning

**Check Review Required:**

Site Plan (major/minor)  Subdivision # of lots \_\_\_\_\_  PAD Review  14-403 Streets Review  
 Flood Hazard  Shoreland  Historic Preservation  DEP Local Certification  
 Zoning Conditional Use (ZBA/PB)  Zoning Variance  Other \_\_\_\_\_

Fees Paid: Site Plan **\$300.00** Subdivision \_\_\_\_\_ Engineer Review **\$1,496.00** Date: **5/27/97**

**DRC Approval Status:**

Reviewer **Jim Wendel**

Approved  Approved w/Conditions see attached  Denied

Approval Date **4/29/98** Approval Expiration **4/29/99** Extension to \_\_\_\_\_  Additional Sheets Attached

Condition Compliance **Jim Wendel** **5/29/98**  
signature date

**Performance Guarantee**

Required\*

Not Required

\* No building permit may be issued until a performance guarantee has been submitted as indicated below

<input checked="" type="checkbox"/> Performance Guarantee Accepted	<u>4/16/98</u> date	<u>\$457,000.00</u> amount	_____ expiration date
<input checked="" type="checkbox"/> Inspection Fee Paid	<u>4/16/98</u> date	<u>\$8,083.94</u> amount	
<input type="checkbox"/> Building Permit	_____ date		
<input type="checkbox"/> Performance Guarantee Reduced	_____ date	_____ remaining balance	_____ signature
<input type="checkbox"/> Temporary Certificate Of Occupancy	_____ date	<input type="checkbox"/> Conditions (See Attached)	
<input type="checkbox"/> Final Inspection	_____ date	_____ signature	
<input type="checkbox"/> Certificate Of Occupancy	_____ date		
<input type="checkbox"/> Performance Guarantee Released	_____ date	_____ signature	
<input type="checkbox"/> Defect Guarantee Submitted	_____ submitted date	_____ amount	_____ expiration date
<input type="checkbox"/> Defect Guarantee Released	_____ date	_____ signature	

CITY OF PORTLAND, MAINE  
DEVELOPMENT REVIEW APPLICATION  
PLANNING DEPARTMENT PROCESSING FORM  
ADDENDUM

19970012

I. D. Number

John Home for the Aged

Applicant

630 Ocean Ave, Portland, ME 04103

Applicant's Mailing Address

L. U. C./David Kamilla

Consultant/Agent

878-3313 878-0201

Applicant or Agent Daytime Telephone, Fax

5/27/97

Application Date

Cedars

Project Name/Description

630 Ocean Ave

Address of Proposed Site

174-A-013 +

Assessor's Reference: Chart-Block-Lot

---

**DRC Conditions of Approval**

See Planning Staff Conditions of Approval

---

**Planning Conditions of Approval**

1. Site plan shall be in compliance with the comments of Jim Wendel dated 11-5-97.
2. The applicant shall be responsible for the left-turn phase improvement at the Washington Avenue/Ocean Avenue intersection as described in Tom Errico's memo of 7-15-97.

---

**Inspections Conditions of Approval**

1. Separate permits shall be required for new signage.
2. The Board of Appeals approved a variance as shown on the Certificate of Variance on January 8, 1998.

---

**Fire Conditions of Approval**

The applicant must have state fire marshal approval

**CITY OF PORTLAND**

174 A 013

April 21, 1998

Mr. Richard Beach  
The Cedars  
620 Ocean Avenue  
Portland ME 04103

Re: Revisions to The Cedars

Dear Mr. Beach:

This letter is to confirm that certain revisions to The Cedars site plan have been reviewed and approved by the Planning Authority. The approved revisions include the following:

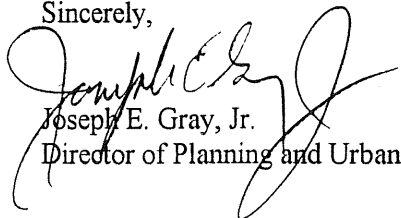
- 1) Revisions outlined in a letter dated 11-5-97 from David Kamila of Land Use Consultant (attached) except as noted below.
- 2) An increase in the number of beds from 60 to 61 in a letter dated 3-19-98 from Robert Stevens of Curtis Thaxter (attached).

Please refer to the letter dated 11-11-97 from Jim Wendel in which he requests further information on certain design details. This was previously submitted to Land Use Consultants.

It appears you have done your homework in working with your Byfield Road neighbors concerning the gas main. We do not object to a gas line being installed in Byfield Road but we want to make sure Public Works is fully satisfied with the roadway repair work proposed by Northern Utilities. We will get final comments back to you on this but it will probably be sometime after April 28th when Rick Knowland comes back from vacation.

Should you have any questions on this letter please call me.

Sincerely,



Joseph E. Gray, Jr.  
Director of Planning and Urban Development

cc: Alexander Jaegerman, Chief Planner  
Richard Knowland, Senior Planner  
Mike Nugent, Manager of Inspection Services  
Marge Schmuckal, Zoning Administrator  
P. Samuel Hoffses, Building Inspector  
Jeff Tarling, City Arborist  
William Bray, Deputy Director/City Traffic Engineer  
Tony Lombardo, Project Engineer  
Lt. Gaylen McDougall, Fire Prevention  
Associate Corporation Counsel  
Mary Gresik, Building Permit Secretary  
Development Review Coordinator  
Kathleen Brown, Director of Economic Development  
Susan Doughty, Assessor's Office  
William Walsh, Land Use Consultants, 966 Riverside Street, 04103  
Approval Letter File

CURTIS THAXTER STEVENS BRODER & MICOLEAU LLC  
ATTORNEYS AT LAW

ONE CANAL PLAZA, P.O. BOX 7320, PORTLAND, ME 04112-7320 / TEL: 207-774-9000 FAX: 207-775-0612

Robert E. Stevens  
res@curthax.com

185 STATE STREET  
P.O. BOX 5307  
AUGUSTA, ME 04332  
TEL: 207-626-0388  
FAX: 207-626-3052

March 19, 1998

Joseph E. Gray, Jr.  
Director of Planning and Urban Development  
City of Portland  
389 Congress Street  
Portland, ME 04101

KEY PLAZA  
23 WATER STREET  
BANGOR, ME 04401  
TEL: 207-942-4411  
FAX: 207-942-4488

RE: Cedars Nursing Care Center Expansion

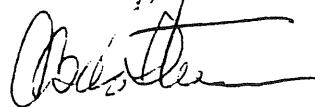
Dear Mr. Gray:

Reference is made to the letter from Cyrus Hagge, Chairman of the Planning Board, to James Broder of July 25, 1997, giving notice of the approval by the Planning Board of the conditional use and site plan for the expansion which included a 60 bed intermediate care facility. The notice of approval directed us to submit any modifications of the site plan to staff for review and approval. Our client wishes to increase the number of beds to 61. This would be accomplished with minimal increase in the ground coverage of the structures ( $\pm$  1700 sq.ft.) from that previously proposed, with the increase being reflected on the previously submitted revised site plan dated 11/5/97. The increase of beds of course will not change the approved use.

The number of beds was not referred to on the approved site plan, but it was referred to in the application. We are notifying you of the bed increase in writing by means of this letter and request approval from you if you think it is in order.

If you have any questions regarding this matter, please call me. I will plan on checking with Rick Knowland later this week about our request.

Sincerely,



Robert E. Stevens

RES:lkm  
Enc.

F:\WPDOCS\RES43353 306\LETTERS\GRAYLTR2.M18



LAND USE CONSULTANTS INC

November 5, 1997

J. David Haynes, RLA  
David A. Kamila, PE  
Frederic J. Licht, Jr., PE

Thomas N. Emery, RLA  
John D. Roberts, PLS  
3061

Richard Knowland, Senior Planner  
Dept. Of Planning and Urban Development  
City Hall  
389 Congress Street  
Portland, ME 04101

### **The Atrium at Cedars; Minor Site Plan Revisions**

Dear Rick:

For your review, attached are five (5) sets of revised site plans which reflect minor modifications to the Site Plan for your review. The changes made were necessary in the refinement of Construction Documents and generally consist of changes to the building footprint and utility issues. Specifically the changes are as follows:

1. Building Footprint - Minor changes have been made to the building footprint. The most significant change occurred at the end of the east wing where the building was extended by 20 +/- ft.
2. Garages - The garage footprints have enlarged slightly. Near the end of Byfield Road, the same setbacks have been maintained as were originally approved.
3. Gas Service - Northern Utilities has decided that they will service the site from Byfield Road, re-building the gas main in Byfield and extending it to the Cedars property. Originally we had shown the service extending from Ocean Ave. along the Cedars driveway to the mechanical room. Unfortunately, the service at Ocean Ave does not have adequate quantity and pressure to service a facility of this size. In order to provide service, NU needs to tap a main in Washington Ave. and rebuild the service from there to The Atrium. The routing up Byfield was the only feasible option that NU has to provide gas service to the Cedars.
4. Electrical Service - The original electrical service was to extend underground from CMP Pole 83, across Ocean Ave and around the southern side of the building to the mechanical room. The revised Plan calls for relocating pole 83.1 at the site entrance and connecting with the existing service for the Long term care facility. For the Atrium, a third phase will be extended from Ocean Ave. to CMP pole #5 and a new underground service will extend from CMP Pole #5 to the mechanical room.
5. Sanitary Sewer - The gravity sewer system from the western side of the Atrium to the existing system in Byfield has been eliminated. The new facility will be serviced entirely from the system in The Cedars driveway (north side of the building).
6. Plan Changes - In the transition from planning documents to Construction documents, the following changes have been made to the plans:

LAND USE CONSULTANTS INC

- a. The Project has been named "The Atrium at Cedars"
- b. The plans have been re-numbered starting at C-200
- c. Three new plans have been created as follows:
  - C - 200; Existing Conditions Plan
  - C - 201; Site Demolition Plan
  - C - 205: Courtyard and Entrance Details
- d. Miscellaneous Construction detailing has been completed

As we discussed, our project financing is being finalized and requires documentation of all permits. We would appreciate your response prior to November 19 in order to avoid any delays.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink that reads "David A. Kamila". The signature is written in a cursive, flowing style.

David A. Kamila, P.E.  
Vice President

enc.

cc. Dick Beach, Cedars  
Taki Tsomides, Tsomides Associates  
Tom McBride, Tsomides Associates  
Bob Stevens, Curtis & Thaxter Stevens Broder and Micoeau LLC

# CITY OF PORTLAND, MAINE

## PLANNING BOARD

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July 25, 1997

Mr. James Broder  
Curtis Thaxter Stevens Broder & Micoleau  
One Canal Plaza  
PO Box 7320  
Portland ME 04112

RE: Cedars Nursing Care Center Expansion; Vicinity of 630 Ocean Avenue

Dear Mr. Broder:

On July 22, 1997, the Portland Planning Board voted 6-0 (Carroll absent) on the following motions regarding the Cedars Nursing Care Center expansion:

1. That the plan was in conformance with the conditional use standards of the land use code.
2. That the plan was in conformance with the site plan standards of the land use code and the site location of development law with the following conditions:
  - i. That the applicant shall be responsible for the left-turn phase improvement at the Washington Avenue/Ocean Avenue intersection as described in Tom Errico's memo of 7-15-97.

The expansion includes a 13,848 sq. ft. addition to the existing long term care facility, a 60 bed intermediate care facility and use of the residence at 650 Ocean Avenue as administrative offices for the Cedars.

The approval is based on the submitted site plan and the findings related to site plan review standards as contained in Planning Report #27-97, which is attached.

Please note the following provisions and requirements for all site plan approvals:

1. A performance guarantee covering the site improvements as well as an inspection fee payment of 1.7% of the guarantee amount and 7 final sets of plans must be submitted to and approved by the Planning Division and Public Works prior to the release of the building permit. If you need to make any modifications to the approved site plan, you must submit a revised site plan for staff review and approval.

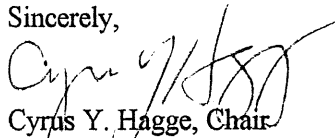


2. The site plan approval will be deemed to have expired unless work in the development has commenced within one (1) year of the approval or within a time period agreed upon in writing by the City and the applicant. Requests to extend approvals must be received before the expiration date.
3. A defect guarantee, consisting of 10% of the performance guarantee, must be posted before the performance guarantee will be released.
4. Prior to construction, a preconstruction meeting shall be held at the project site with the contractor, development review coordinator, Public Work's representative and owner to review the construction schedule and critical aspects of the site work. At that time, the site/building contractor shall provide three (3) copies of a detailed construction schedule to the attending City representatives. It shall be the contractor's responsibility to arrange a mutually agreeable time for the preconstruction meeting.
5. If work will occur within the public right-of-way such as utilities, curb, sidewalk and driveway construction, a street opening permit(s) is required for your site. Please contact Carol Merritt at 874-8300, ext. 8828. (Only excavators licensed by the City of Portland are eligible.)

The Development Review Coordinator (874-8300 ext. 8722) must be notified five (5) working days prior to date required for final site inspection. Please make allowances for completion of site plan requirements determined to be incomplete or defective during the inspection. This is essential as all site plan requirements must be completed and approved by the Development Review Coordinator prior to issuance of a Certificate of Occupancy. Please schedule any property closing with these requirements in mind.

If there are any questions, please contact the Planning Staff.

Sincerely,



Cyrus Y. Hagge, Chair  
Portland Planning Board

cc: Joseph E. Gray, Jr., Director of Planning and Urban Development  
Alexander Jaegerman, Chief Planner  
Richard Knowland, Senior Planner  
P. Samuel Hoffses, Chief of Building Inspections  
Marge Schmuckal, Zoning Administrator  
Kathi Staples PE, City Engineer  
Development Review Coordinator  
William Bray, Deputy Director of Public Works  
Jeff Tarling, City Arborist  
Natalie Burns, Associate Corporation Counsel  
Lt. Gaylen McDougall, Fire Prevention  
Mary Gresik, Building Permit Secretary  
Kathleen Brown, Director of Economic Development  
Susan Doughty, Assessor's Office  
Approval Letter File  
Dave Kamila, Land Use Consultants, 966 Riverside Street, Portland ME 04103  
Constanting Tsomides Assoc., Echo Bridge Office Pk., 385 Elliot St.,  
Newton Upper Falls, MA 02164

174-A-013  
#98-0590

BOCA®

NATIONAL BUILDING CODE/1996  
PLAN REVIEW RECORD

1998/52

Valuation: \$ 10,330,000.00

Plan Review # 19970012 Plan I.D.

Fee: \$ 51,670.00

Date: 6 June 98

JURISDICTION Portland Cumberland Maine  
(City, County, Township, etc.)

BUILDING LOCATION 630 Ocean Ave. [CEDARS] The Atrium  
(street address)

BUILDING DESCRIPTION Intermediate Care Facility A-3 Assembly  
R-2 Multi-Family Res. Type 5A Const. 3 story 35' Fully Sprinkled

REVIEWED BY S. Hoffes

Numerals indicated in parenthesis are applicable code sections of the 1996 BOCA National Building Code. The organization of this Plan Review Record follows the common Building Code format first implemented in the 1993 BOCA National Building Code. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	13,840 <del>0</del> addition, proposed	
	Building Data	
	Use Groups - A-3 Assembly . . . . . Necessary areas	302.1.2
	R-2 Multi-Family Res.	
	Type of Const. 5A wood frame 1hr. protected	
	Fully Sprinkled.	
	Service Connector	
	Use Group S-2 Storage, Low Hazard	
	Type of Const. 5B Combustible	
	Fully Sprinkled 1st 18'	
	I.C.F. Residence Garages'. (Intermediate Care Facility)	
	4 Cars MAX.	
	2 Vehicle bldg.	
	Else Group S-2 Public Garage Group 2	



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## CORRECTION LIST (cont'd.)

No.	DESCRIPTION	Code Section
	<p><del>Group 2</del>            use Group S-2 Storage Low Hazard</p> <p>Type of Const, 5B un protected            1 Story - 15'</p> <p style="text-align: right;"><i>S. Hoff</i></p>	
1.	All Site Plan requirements must be met before a Certificate of Occupancy can be issued -	111.0
2.	A list of all sub contractor with address & telephone numbers must be supplied to this office as soon as possible -	
3.	Special Inspection - As per section 1705.0 of the <sup>building code</sup> must be done and copies of their reports sent to Sam Hoff's Chief Building Insp. Rm 315 @ 389 Congress St. PTL D. Me. 04101 <del>767-8774</del> <del>Tele 807-824-0204</del>	1705.0
4.	The Fire Sprinkler Systems must have the State Fire Marshall's approval	
5.	Fire Dept. Connections as per section	916.0
6.	The Fire Alarm System must have the Portland Fire Dept. Approval	
7.	The Auto. Fire Detection System shall be <del>shall have</del> approved by the PTL D Fire Dept	
8.	Accessibility shall require the State Fire Marshall's approval -	
9.	All wood shall meet the Fastening Schedule of Table 2305.2	
10.	All Plumbing shall be done in accordance with the MAINE STATE Plumbing Code.	
11.	All Mechanicals shall be done in accordance with the BOCA NATIONAL Mechanical Code 1993	
12.	Guards shall meet the requirements	1021.0



Tsomides Associates  
 385 ELLIOT ST.  
 Newton Upper Falls, MA  
 (617) 969-4774  
 Constantine  
 Tsomides #531

NOTES: N.R. — Not required  
 N.A. — Not applicable

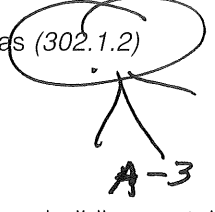
ADMINISTRATION (Chapter 1)

yes Complete construction documents (107.5, 107.6, 107.7) yes Signed/sealed construction documents (107.7, 114.1)

BUILDING PLANNING (Chapters 3, 4, 5, 6)

USE OR OCCUPANCY CLASSIFICATION (302.0-313.0)

N/A Single Use Group N/A Specific occupancy areas (302.1.1)  
✓ Mixed Use Groups ✓ Accessory areas (302.1.2)



GENERAL BUILDING LIMITATIONS (Chapters 5 & 6)

Apply Case 1 to determine the allowable height and area and permitted types of construction for a building containing a single use group or nonseparated mixed use groups. Apply Case 2 to determine the allowable height and area and permitted types of construction for a building containing separated mixed use groups.

AREA MODIFICATIONS TO TABLE 503

% of Allowable tabular area (Table 503)	100%
% Reduction for height (Table 506.4)	- 20 %
% Increase for open perimeter (506.2)	+ 146.6%
% Increase for automatic sprinklers (506.3)	+ 100 %
Total percentage factor	= 326.6%
Conversion factor $(326.6/100\%) = 3.37$	(Total percentage factor/100%)

Open perimeter (506.2)	272'	267'	62'	157'
	North	East	South	West
Open perim.	758 ft.		Perimeter 271 ft.	
% Open perimeter =	$(758/271 = 2.8) \times 2 = 98.3\%$			
	$(Open\ perim./perim.) \times 100\%$			
% Tab. area increase = (506.2)	$2 \times (98.3\% - 25\%) = 73.3\%$ 146.6			
	$2 \times (\% Open\ perim. - 25\%)$			

13,848 Propo

CASE 1 — SINGLE USE OR NONSEPARATED MIXED USE GROUPS (313.1.1, 503.0)

Using Table 503, identify the allowable height and area of the single use group or the most restrictive of the nonseparated mixed use groups. Construction types that provide an allowable tabular area equal to or greater than the adjusted floor area and allowable heights (as modified by Section 504.0) equal to or greater than the actual building height are permitted.

Actual floor area 13,848 ft.<sup>2</sup> Actual building height 35 feet 3 stories

Adjusted floor area\* 4109.19 ft.<sup>2</sup> Allowable building height 40 feet 3 stories

\*Adjusted floor area = actual floor area/conversion factor  $13,848/3.37 = 4109.19$

Permitted types of construction JB Type of construction assumed for review (602.3) 5A

OK Section 504.3

CASE 2 — MIXED USE SEPARATED USE GROUPS

Using Table 503, identify the allowable height and area of each of the separated use groups within the building. Construction types that provide, for each story of the building, tabular areas which result in a sum of the ratios of 1.00 or less and allowable heights (as modified by Section 504.0) equal to or greater than the actual height of the use group are permitted.

Story	Use Group	Actual floor area	Adjusted floor area*	Actual height		Allowable height (Table 503)	
		ft <sup>2</sup>	ft <sup>2</sup>	ft	stories	ft	stories
_____	_____	_____ ft <sup>2</sup>	_____ ft <sup>2</sup>	_____ ft	_____ stories	_____ ft	_____ stories
_____	_____	_____ ft <sup>2</sup>	_____ ft <sup>2</sup>	_____ ft	_____ stories	_____ ft	_____ stories
_____	_____	_____ ft <sup>2</sup>	_____ ft <sup>2</sup>	_____ ft	_____ stories	_____ ft	_____ stories
_____	_____	_____ ft <sup>2</sup>	_____ ft <sup>2</sup>	_____ ft	_____ stories	_____ ft	_____ stories
_____	_____	_____ ft <sup>2</sup>	_____ ft <sup>2</sup>	_____ ft	_____ stories	_____ ft	_____ stories
_____	_____	_____ ft <sup>2</sup>	_____ ft <sup>2</sup>	_____ ft	_____ stories	_____ ft	_____ stories
_____	_____	_____ ft <sup>2</sup>	_____ ft <sup>2</sup>	_____ ft	_____ stories	_____ ft	_____ stories

\*Adjusted floor area = actual floor area/conversion factor

$$\sum \frac{\text{Adjusted floor area}^*}{\text{Allowable area (Table 503)}} = \text{_____} + \text{_____} + \text{_____} + \text{_____} = \text{_____} \leq 1.00$$

Permitted types of construction \_\_\_\_\_ Type of construction assumed for review (602.3) \_\_\_\_\_

UNLIMITED AREA ONE-STORY BUILDINGS *N/A*

- |            |  |       |                                  |
|------------|--|-------|----------------------------------|
| <i>N/A</i> | Use group classification (507.1)           | _____ | School buildings (507.1.1)       |
| ↓          | Building height (story, feet) (507.1)      | _____ | High-hazard use groups (507.1.2) |
| ↓          | Type of construction (507.1)               | _____ | Exterior walls (507.2)           |
| ↓          | Automatic sprinkler system (507.1, 904.11) | _____ |                                  |

MEZZANINES

- |            |                         |       |                  |
|------------|-------------------------|-------|------------------|
| <i>N/A</i> | Area limitation (505.2) | _____ | Openness (505.4) |
| ↓          | Egress (505.3)          | _____ |                  |

SPECIAL USE AND OCCUPANCY (Chapter 4)

COVERED MALL BUILDINGS

- |            |                                     |
|------------|-------------------------------------|
| <i>N/A</i> | Tenant separations (402.4)          |
| ↓          | Egress (402.5)                      |
| ↓          | Mall width (402.6)                  |
| ↓          | Structural elements (402.7)         |
| ↓          | Roof coverings (402.8)              |
| ↓          | A-1, A-2 occupancy (402.9)          |
| ↓          | Automatic sprinkler system (402.10) |
| ↓          | Standpipes (402.11)                 |
| ↓          | Fire department access (402.12)     |
| ↓          | Kiosk requirements (402.14)         |

\_\_\_\_\_ Parking structures (402.15)

HIGH-RISE BUILDINGS

- |            |   |
|------------|---|
| <i>N/A</i> | Automatic sprinkler system (403.2)          |
| ↓          | Alternative sprinkler modifications (403.3) |
| ↓          | Automatic fire detection (403.4)            |
| ↓          | Voice/alarm signaling systems (403.5)       |
| ↓          | Fire department communication (403.6)       |
| ↓          | Fire command station (403.7)                |
| ↓          | Elevators (403.8)                           |
| ↓          | Standby systems (403.9)                     |
| ↓          | Stairway doors (403.10)                     |

ATRIUMS

- Automatic sprinkler system (404.2)
- R-2 Occupancy (404.3)
- N/A Smoke control (404.4)
- N/A Enclosure (404.5)
- N/A Fire alarm system (404.6) *Less Than 3 Floor*
- N/A Travel distance (404.7)

OTHER SPECIAL USE AND OCCUPANCY

- N/A Underground structures (405.0)
- N/A Open parking structures (406.0)

- C Private garages (407.0)
- V Public garages (408.0)
- N/A Use Group I-2 (409.0)
- N/A Use Group I-3 (410.0)
- N/A Stages and platforms (412.0)
- N/A Special amusement buildings (413.0)
- N/A HPM facilities (416.0)
- N/A Hazardous materials (307.8, 417.0)
- N/A Use Groups H-1, H-2, H-3 and H-4 (418.0)
- N/A Swimming pools (421.0)

**FIRE PROTECTION (Chapters 6, 7, 8, 9)**

**FIRERESISTANT MATERIALS AND CONSTRUCTION (Chapter 7 and Table 602)**

**Note:** Entry in  indicates required rating in hours. NC indicates noncombustible construction required.

COMBUSTIBILITY (603.0, 604.0, 605.0, 606.0)

- Exterior walls
- Interior elements
- Roof

CONSTRUCTION DOCUMENTS (703.0)

- yes Fire tests (704.0)

EXTERIOR WALLS (507.2, 705.0, 716.5)

	North	East	South	West
Fire separation distance	<u>Table 705.2</u>			
	<u>30'</u>	<u>30'</u>	<u>30'</u>	<u>30'</u>
Loadbearing	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 0
Nonloadbearing	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1

No Limit Exterior opening protectives (705.3, 706.0)

N/A Parapet walls (705.6)

FIRE SEPARATION ASSEMBLIES

- 2 Exit enclosures (709.0, 710.0, 1014.11)
- 1 Other shafts (709.0, 710.0)
- N/A Mixed use and fire area separations (313.1.2)
- 1 Other separation assemblies (302.1.1, Table 602)

FIRE PARTITIONS

- 1 Exit access corridors (711.0, 1011.4)
- 1 Tenant separations (711.0)
- 1 Dwelling unit separations (711.0)
- N/A Guestroom separations (711.0)

OTHER FIRERESISTANT CONSTRUCTION

- 707.6.2 Fire and party walls (707.0 and Table 707.1)
- N/A Smoke barriers (712.0)
- 0 Nonloadbearing partitions (Table 602)
- 1 Interior loadbearing walls, columns, girders, trusses (716.0)
- 1 Supporting construction (716.0)
- 1 Floor construction (713.0, 1006.3.1)
- 1 Roof construction (713.0, 715.0)
- 1 Penetrations (714.0)
- 1 Opening protectives (717.0, 719.0, 720.0)
- Fire dampers (718.0)
- Fireblocking/draftstopping (721.0)
- 1 Thermal and sound-insulating materials (723.0)

## INTERIOR FINISHES (Chapter 8)

N/A Smoke development (803.3.2)  
N/A Flame spread (803.4)

N/A Floor finish (805.0, 806.0)

## FIRE PROTECTION SYSTEMS (Chapter 9)

### FIRE SUPPRESSION SYSTEMS (Where required)

N/A Assembly (A-1, A-3, A-4) (904.2)  
N/A Assembly (A-2) (904.3)  
N/A Educational (E) (904.4)  
N/A High-hazard (H) (904.5)  
N/A Institutional (I) (904.6)  
N/A Mercantile (M), Moderate-hazard storage (S-1), Factory and Industrial (F-1) (904.7)  
N/A Residential (R-1) (904.8)  
Required Residential (R-2) (904.9)  
N/A Windowless story (904.10)  
N/A Specific occupancy areas (302.1.1, 904.11)  
N/A Covered mall buildings (402.10)  
N/A High-rise buildings (403.2)  
N/A Atriums (404.2)  
N/A Underground structures (405.3)  
N/A Public garages (408.3.1)  
N/A Sound stages (411.7)  
N/A Stages and enclosed platforms (412.6)  
N/A Special amusement buildings (413.4)  
N/A HPM facilities (416.4)  
N/A Paint spray booths and storage rooms (419.3)  
N/A Unlimited area buildings (507.1)  
N/A Exit lobbies (1020.3)  
N/A Drying rooms (2806.4)  
N/A Waste- and linen-chutes/termination rooms (2807.6)  
N/A Refuse vaults (2808.4)

### FIRE SPRINKLER SYSTEMS

NFPA 13 NFPA 13 system (906.2.1)  
N/A NFPA 13R system (906.2.2)  
N/A NFPA 13D system (906.2.3)  
STATE Design (906.3)  
Fire Actuation (906.4)  
marshalls Sprinkler alarms (906.5)  
N/A Sprinkler riser (906.7)

### LIMITED AREA SPRINKLER SYSTEMS

N/A Where permitted (907.2)  
N/A Design (907.3)  
N/A Actuation (907.4)  
N/A Standpipe connection (907.6)  
N/A Domestic supply (907.6.1)  
N/A Cross connection (907.6.2)  
N/A Shut-off valve (907.6.3)

### OTHER SUPPRESSION SYSTEMS

NA Water-spray fixed systems (908.0)  
NA Carbon dioxide extinguishing systems (909.0)  
NA Dry-chemical extinguishing systems (910.0)  
NA Foam-extinguishing systems (911.0)  
NA Halogenated extinguishing systems (912.0)  
NA Clean agent fire extinguishing systems (913.0)  
NA Wet-chemical range hood extinguishing systems (914.0)



STANDPIPE SYSTEMS

N/A Building height (915.2.1)  
 \_\_\_\_\_ Building area (915.2.2)  
 \_\_\_\_\_ Malls (915.2.3)  
 \_\_\_\_\_ Stages (915.2.4)  
 \_\_\_\_\_ Approved system (915.3, 915.3.1)  
 \_\_\_\_\_ Piping design (915.4)  
 \_\_\_\_\_ Water supply (915.5)  
 \_\_\_\_\_ Control valves (915.6)  
 \_\_\_\_\_ Hose connection (915.7)

FIRE DEPARTMENT CONNECTIONS

Fire Dept Required (916.1)  
 \_\_\_\_\_ Connections (916.2)

YARD HYDRANTS

Fire Dept Fire hydrants (917.1)

FIRE ALARM SYSTEMS

✓ Approval (918.3)  
N/A Assembly (A-4), Educational (E) (918.4.1)  
 \_\_\_\_\_ Business (B) (918.4.2)  
 \_\_\_\_\_ High-hazard (H) (918.4.3)  
 \_\_\_\_\_ Institutional (I) (918.4.4)  
Required Residential (R-1) (918.4.5)  
✓ Residential (R-2) (918.4.6)  
Fire Dept Location/details (918.5)  
 \_\_\_\_\_ Power supply/wiring (918.6, 918.7)  
 \_\_\_\_\_ Alarm-notification appliances (918.8)  
 \_\_\_\_\_ Voice/alarm signaling system (918.9)

AUTOMATIC FIRE DETECTION SYSTEMS

N/A Approval (919.3)  
✓ Institutional (I) (919.4.1, 919.4.2, 919.4.3)  
N/A Residential (R-1) (919.4.4)  
N/A Sprinklered buildings exception (919.5)  
✓ Zones (919.6)

SINGLE- AND MULTIPLE-STATION SMOKE DETECTORS

N/A Residential (R-1) (920.3.1)  
✓ Residential (R-2, R-3) (920.3.2)  
✓ yes Institutional (I-1) (920.3.3)  
✓ yes Interconnection (920.4)  
✓ yes Battery backup (920.5)

FIRE EXTINGUISHERS

N/A Approval (921.1)  
N/A Required (921.2)

SMOKE CONTROL SYSTEMS

N/A Passive system (922.2.1)  
 \_\_\_\_\_ Mechanical system (922.2.2)  
 \_\_\_\_\_ Smoke removal (922.3)  
 \_\_\_\_\_ Activation (922.4)  
 \_\_\_\_\_ Standby power (922.5)

SMOKE AND HEAT VENTS

Fire Dept Size and spacing (923.2)

SUPERVISION

Fire Dept Fire suppression systems (924.1)  
 \_\_\_\_\_ Fire alarm systems (924.2)

# OCCUPANT NEEDS (Chapters 10, 11, 12)

*Fire Dept.*

## MEANS OF EGRESS (Chapter 10)

### OCCUPANT LOAD (1008.0 and Table 1008.1.2)

Location	Floor Area	Sq. ft./ person	Occt. load	Other occt. loads	Total
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### CAPACITY OF EGRESS COMPONENTS (1009.0 and Table 1009.2)

Egress width (inch/occupant)	_____
Stairways	_____
Doors/ramps/corridors	_____

### CAPACITY

Location	Stairways	Doors/ramps corridors
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### NUMBER OF EXITS (1010.0)

Location	Required	Shown
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MEANS OF EGRESS (continued)**

Fine Dept.

<u>N/A</u>	General limitations (1005.0)	Ramps (1016.0)
<u>N/A</u>	Air movement in egress elements (1005.7)	Means of egress doorways (1017.0)
	Types and location of egress (1006.0)	Number of doorways (1017.2)
	Exit access travel distance (1006.5 and Table 1006.5)	Size of doors (1017.3)
	Accessible means of egress (1007.0)	Door hardware (1017.4)
	Emergency escape (1010.4)	Revolving doors (1018.0)
	Exit access passageways and corridors (1011.0)	Horizontal exits (1019.0)
	Aisles and accessways (1012.0)	Level of exit discharge passageway (1020.0)
<u>N/A</u>	Grandstands (1013.0)	Guards (1021.0)
	Interior stairways (1014.1 - 1014.11)	Handrails (1022.0)
<u>N/A</u>	Exterior stairways (1014.1 - 1014.10, 1014.12)	Exit signs and lights (1023.0)
<u>N/A</u>	Smokeproof enclosures (1015.0)	Means of egress lighting (1024.0)
		Access to roof (1027.0)

**ACCESSIBILITY (Chapter 11)**

STATE Fire Marshalls

STATE  
Fire  
Marshalls

Required (1103.0)	<u>STATE Fire Marshalls</u>	Accessible entrances (1106.0)
Accessible route (1104.0)		Special use groups (1107.0)
Parking facilities (1105.0)		Features and facilities (1108.0)

**INTERIOR ENVIRONMENT (Chapter 12)**

<u>OK</u>	Room dimensions (1204.0)	<u>✓</u>	Air-borne noise (STC) (1214.2)
<u>✓</u>	Roof spaces (1210.1, 1211.2)	<u>✓</u>	Structure-borne sound (IIC) (1214.3)
<u>N/A</u>	Crawl spaces (1210.2, 1211.1)		Ratproofing (1215.0)

**BUILDING ENVELOPE (Chapters 14, 15)**

**EXTERIOR WALL COVERINGS (Chapter 14)**

<u>✓</u>	Performance requirements (1403.0)	<u>OK</u>	Combustible material restrictions (1406.0)
<u>Both</u>	Wall sidings and veneers (1404.0, 1405.0)		

## ROOFS AND ROOF STRUCTURES (Chapter 15)

<u>Asphalt</u> <u>OK</u>	Performance requirements (1505.0)	<u>W/B</u>	Low-slope roof coverings (1507.5)
	Fire classification (1506.0)	<u>OK</u>	Flashing (1508.0)
<u>OK</u>	Steep-slope roof coverings (1507.4)	<u>OK</u>	Roof structures (1510.0) ✓

## Roof 50- + Drifting / Corridors Floors Cond. 80 PSF Room 40 + 10 Public area 100 PSF

### STRUCTURAL SYSTEMS (Chapters 16, 17, 18)

#### STRUCTURAL LOADS (Chapter 16)

#### DESIGN LOADS ON CONSTRUCTION DOCUMENTS (1603.1)

Uniformly distributed floor live loads (1603.2, 1606.0)

Floor Area Use	Loads Shown
<u>Corridors</u>	<u>80 PSF</u>
_____	_____
_____	_____
_____	_____

Live load reduction (1603.2, 1606.7)

50 Roof live loads (1603.3, 1607.0)

Roof snow loads (1603.4, 1608.0)

50+ Ground snow load,  $P_g$  (1608.3)

Drifting  
If  $P_g > 10$  psf, flat-roof snow load,  $P_f$  (1608.4)

Impact  
If  $P_g > 10$  psf, snow exposure factor,  $C_e$  (Table 1608.4)

Sloped roof snowload,  $P_s$  (1608.5)

If  $P_g > 10$  psf, snow load importance factor,  $I$  (Table 1609.5)

Wind loads (1603.5, 1609.0)

90 Basic wind speed (1609.3)

B Wind exposure category (1609.4)

Wind importance factor,  $I$  (Table 1609.5)

Wind design pressure,  $P$  (1609.7)

Earthquake loads (1603.6, 1610.0)

1.0 Peak velocity-related acceleration,  $A_v$  (1610.1.3)

0.10 Peak acceleration,  $A_a$  (1610.1.3)

1.0 Seismic hazard exposure group (1610.1.5)

C Seismic performance category (1610.1.7)

See Foundation Soil-profile type (Table 1610.3.1)

Basic structural system and seismic-resisting system (Table 1610.3.3)

Response modification factor,  $R$ , and deflection amplification factor,  $C_d$  (Table 1610.3.3)

Analysis procedure (1610.4, 1610.5)

Other loads

Attic load (1606.2.2, 1606.2.3)

Partition loads (1606.2.4)

Concentrated loads (1606.3)

Impact loads (1606.6)

Misc. loads (1606.4, 1606.8, 1606.9, 1607.5, 1612.0)

#### STRUCTURAL DESIGN CALCULATIONS

Submitted for all structural members (107.7)

Signed/sealed (107.7, 114.1)

Deflection limits considered (1604.5)

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#4246 Prof. Eng.

STRUCTURAL DESIGN CALCULATIONS (continued)

_____	Unbalanced snow loads considered (1608.6)	_____	Internal pressure effects considered (1609.7, 1609.8)
_____	Drift snow loads considered (1608.7)	_____	Components and cladding effects considered (1609.8)
_____	Sliding snow loads considered (1608.8)	_____	Load combinations considered (1613.1)

**MATERIAL PERFORMANCE (Chapter 17)**

_____	Material performance technical data or BOCA Evaluation Services or National Evaluation Services report supplied (1703.0) Report No. _____	_____	Masonry construction (1705.5)
See report ✓	Owner's special inspection program specified (1705.0)	✓	Wood construction (1705.6)
↓	Prefabricated items (1705.2)	_____	Prepared fill and foundations (1705.7, 1705.8, 1705.9)
↓	Steel construction (1705.3)	_____	Fireresistive materials (1705.12)
↓	Concrete construction (1705.4)	_____	EIFS, wall panels and veneers (1705.10, 1705.13)

Foundations section 02200

**FOUNDATIONS AND RETAINING WALLS (Chapter 18)**

02200

_____	Soil type (1611.0, 1802.1, 1804.1)	_____	Foundations (1814.0 - 1824.0)
_____	Bearing value (1611.0, 1802.1, 1804.1)	_____	Foundation walls (1611.0, 1812.0)
_____	Soil report (1802.1, 1804.1)	_____	Waterproofing/dampproofing (1813.0)
_____	Prepared fill (1804.1.1)	_____	Retaining walls (1611.0, 1825.0)
_____	Footings (1806.0 - 1811.0)	_____	

**STRUCTURAL MATERIALS (Chapters 19, 21, 22, 23)**

**CONCRETE (Chapter 19)**

Section 03300

n/a	Plain, reinforced and prestressed concrete design/construction standard specified (1901.1, 1903.1.1)	_____	Minimum concrete strength (Table 1907.1.2[1])
n/a	Minimum slab requirements (1905.1)	_____	Cold-weather and hot-weather curing speci- fied (1908.9, 1908.10)

**MASONRY (Chapter 21)**

_____	Engineered masonry design/construction standard specified (2101.1.1)	✓	Cold-weather and hot-weather construction specified (2111.3, 2111.4)
_____	Empirical masonry design (2101.1.2)	_____	Fireplaces and chimneys (2103.2, 2113.0 - 2117.0)
_____	Construction materials (2104.0)	_____	Glass block (2118.0)
✓	Mortar type (2104.7)	n/a	

Section

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STEEL (Chapter 22)

_____	Structural steel design/construction standard specified (2203.1, 2203.2)	_____	Formed steel design/construction standard specified (2206.1)
_____	Shop drawing preparation specified (2203.4)	_____	Formed steel member identification (2206.6)
_____	Open-web steel joist design/construction standard specified (2205.1)		

Section

WOOD (Chapter 23)

<u>1705.1.2</u>	Installation inspections (2301.2)	_____	Seismic bracing (2305.8)
_____	Design/construction standard specified (2303.1)	_____ ✓	Foundation anchorage (2305.17)
_____ ✓	Grade mark specified (2303.1.1)	_____ OK	Wood structural panels (2307.0) <sup>3/4 T&amp;G</sup> Floor
HEAVY TIMBER CONSTRUCTION		_____	Particleboard (2308.0)
<u>N/A</u>	Minimum dimensions (605.1, 2304.0)	_____	Fiberboard (2309.0) <sup>3/8 T&amp;G</sup>
<u>N/A</u>	Design/construction standard specified (2304.1)	_____	Fireretardant-treated wood (2310.0) Roof
* WOOD FRAME CONSTRUCTION		_____	Decay and termite protection (2311.0)
_____ ✓	Fastening and construction details (2305.0, Table 2305.2)	_____	Joist hangers (2312.0)
_____ ✓	Wind bracing design required (2305.7)	_____	Prefabricated components (2313.1, 2313.2)
		_____	Metal-plate-connected trusses (2313.3.1, 2313.3.2)

NONSTRUCTURAL MATERIALS (Chapters 24, 25, 26)

GLASS AND GLAZING (Chapter 24)

_____ ✓	<u>Skylights (2404.0)</u>	_____ ✓	Safety glazing (2405.0, 2406.0, 2407.0)
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GYPSON BOARD AND PLASTER (Chapter 25)

_____ OK	Gypsum board materials (2503.0, Table 2503.2, Table 2503.3)	_____ N/A	Plaster (2504.0, 2505.0, 2506.0)
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PLASTIC (Chapter 26)

_____ N/A	Approved materials (2601.2)	_____	FOAM PLASTIC (2603.0)
_____	Identification (2601.4)	_____ N/A	Labeling (2603.2)
_____	Interior trim (2603.7)	_____	Surface-burning characteristics (2603.3)
_____	Alternative approval (2603.8)	_____	Thermal barrier (2603.4)
		_____	Exterior walls (2603.5, 2603.6)

LIGHT-TRANSMITTING PLASTIC (2603.5, 2604.0)

N/A

Diffusing systems (2604.5)

Wall panels (2605.0)

N/A

Unprotected openings (2606.0)

Roof panels (2607.0)

✓

Skylight glazing (2608.0)

### BUILDING SERVICES (Chapters 28, 30)

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#### MECHANICAL SYSTEMS (Chapter 28)

Waste- and linen-handling systems (2807.0)

Refuse vaults (2808.0)

STATE

#### ELEVATORS AND CONVEYING SYSTEMS (Chapter 30)

STATE

Construction standard specified (3001.2)

Venting (3007.3 - 3007.6)

Elevator emergency operation (3006.2)

Opening protectives (3008.2)

Hoistway enclosure (3007.1)

Conveyors and escalators (3010.0, 3011.0)

### SPECIAL DEVICES AND CONDITIONS (Chapters 31, 34)

#### SPECIAL CONSTRUCTION (Chapter 31)

N/A

Membrane structures (3103.0)

#### PEDESTRIAN WALKWAYS (3106.0)

Flood-resistant construction (3107.0)

N/A

Construction and use (3106.1 - 3106.3)

Towers (3108.0)

Separation (3106.4)

Local approval (3106.5)

Egress and size (3106.6 - 3106.8)

N/A

#### EXISTING STRUCTURES (Chapter 34)

##### ADDITIONS, ALTERATIONS OR CHANGE OF OCCUPANCY

N/A

General requirements (3402.0)

N/A

Additions/alterations (3403.0, 3404.0)

Structural loads (1614.0, 3402.5)

Change of occupancy (1110.3, 3405.0)

Accessibility (1110.0, 3402.7)

Compliance alternative evaluation (3408.0)

#### BUILDING EVALUATION SUMMARY (Table 3408.7)

Existing use group	_____	Proposed use group	_____
Year building was constructed	_____	Number of stories	_____ Height in feet _____
Type of construction	_____	Area per floor	_____
Percentage of open perimeter	_____ %	Percentage of height reduction	_____ %
Completely suppressed:	Yes _____ No _____	Corridor wall rating	_____
Compartmentation:	Yes _____ No _____	Required door closers:	Yes _____ No _____
Fire-resistance rating of vertical opening enclosures	_____		
Type of HVAC system	_____	_____	_____ serving number of floors _____

## BUILDING EVALUATION SUMMARY (continued)

Automatic fire detection: Yes \_\_\_\_\_ No \_\_\_\_\_, type and location \_\_\_\_\_  
 Fire alarm system: Yes \_\_\_\_\_ No \_\_\_\_\_, type \_\_\_\_\_  
 Smoke control: Yes \_\_\_\_\_ No \_\_\_\_\_, type \_\_\_\_\_  
 Adequate exit routes: Yes \_\_\_\_\_ No \_\_\_\_\_ Dead ends: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Maximum exit access travel distance \_\_\_\_\_ Elevator controls: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Means of egress emergency lighting: Yes \_\_\_\_\_ No \_\_\_\_\_ Mixed use groups: Yes \_\_\_\_\_ No \_\_\_\_\_

Safety parameters	Fire safety (FS)	Means of egress (ME)	General safety (GS)
3408.6.1 Building height			
3408.6.2 Building area			
3408.6.3 Compartmentation			
3408.6.4 Tenant and dwelling unit separations			
3408.6.5 Corridor walls			
3408.6.6 Vertical openings			
3408.6.7 HVAC systems			
3408.6.8 Automatic fire detection			
3408.6.9 Fire alarm system			
3408.6.10 Smoke control	* * * *		
3408.6.11 Means of egress	* * * *		
3408.6.12 Dead ends	* * * *		
3408.6.13 Max. exit access travel distance	* * * *		
3408.6.14 Elevator control			
3408.6.15 Means of egress emergency lighting	* * * *		
3408.6.16 Mixed use groups		* * * *	
3408.6.17 Sprinklers		+ 2 =	
3408.6.18 Specific occupancy area protection			
Building score — total value			

\* \* \* \* No applicable value to be inserted.

### BUILDING SAFETY EVALUATION SCORE (Table 3408.9)

Formula	Table 3408.7		Table 3408.8		Score	Pass	Fail
FS-MFS ≥ 0	_____ (FS)	-	_____ (MFS)	=	_____	_____	_____
ME-MME ≥ 0	_____ (ME)	-	_____ (MME)	=	_____	_____	_____
GS-MGS ≥ 0	_____ (GS)	-	_____ (MGS)	=	_____	_____	_____

FS = Fire Safety  
 ME = Means of Egress  
 GS = General Safety

MFS = Mandatory Fire Safety  
 MME = Mandatory Means of Egress  
 MGS = Mandatory General Safety