

Permit No **970465**

**PERMIT ISSUED**  
 Permit Issued  
**MAY 16 1997**  
**CITY OF PORTLAND**  
 Zone: **IM** CBL: **993-A-016**

Location of Construction: **17 Bishop St - 1st flr** Owner: **Sprwink School** Phone: **871-1200**

Owner Address: **200 Riverside St - Portland ME 04103** Lessee/Buyer's Name: **S J** Phone: **929-3755**

Contractor Name: **Peter Monaghan** Address: **Box 1235 - Scarborough ME 04070** Phone: **929-3755**

Past Use: **office space** Proposed Use: **professional office**

**COST OF WORK: \$ 129,000** **PERMIT FEE: \$ 555**

**FIRE DEPT.  Approved  Denied** **INSPECTION: Use Group: B Type: 512**

Signature: **[Signature]** Signature: **[Signature]**

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)** **Approved  Denied**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: **L Chase** Date Applied For: **5/12/97**

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

**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 \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

- Zoning Approval: **[Signature]**
- Special Zone or Reviews:**
- Shoreland
  - Wetland
  - Flood Zone
  - Subdivision
  - Site Plan maj  minor  mm

- Zoning Appeal**
- Variance
  - Miscellaneous
  - Conditional Use
  - Interpretation
  - Approved
  - Denied

- Historic Preservation**
- Not in District or Landmark
  - Does Not Require Review
  - Requires Review

- Action:**
- Approved
  - Approved with Conditions
  - Denied

Date: \_\_\_\_\_

**CEO DISTRICT** **4**  
**Ms Powers**

COMMENTS

5/20/97 Marshall Fire Protection on site. Various steel studs are being ~~replaced~~ replaced. This tends to be plumbing/mechanical. Contractors' quotes for work has been returned in regards to the pull stations and smoke being temporarily unneeded. Cliff Thompson will be Electrical Subcontractor.

6/2/97 Door to basement will swing in instead of projecting out into exit corridor. Additional perimeter studs to be added to allow for proper door return around 750" high joints in corridors. To allow fire Marshall's approval as to the plumbing test not possible. Disturb on site.

6/5/97 Plumbing inspection. OK to proceed. Mike Collins also inspected.

7/30/97 Marshall Fire (Subsiders) have installed system. If we to receive occupancy report. Permit that Fire Marshall's approval, Mike Collins' Electrical Inspector (had completed his inspection, Fire alarm @ basement 30 minutes show steel of (mms) where req'd. Water traps @ 116°-118° thru out various a question in bathroom areas. All requirement. S-11-97 see add'l correspondence dated 8/1/97 re: gear storage area.

Inspection Record

Type

Date

Foundation: N/A Applicable

Framing: 0

Plumbing: 6/2/97

Final: 7/30/97

Other: S-11-97 OK

Permit No: <b>970465</b>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  MAY 16 1997  <b>CITY OF PORTLAND</b> </div>
Zone: <b>FM</b> CBL: <b>293-A-016</b>	
Zoning Approval: _____ 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	
Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Historic Preservation: <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Date: _____	
CEO DISTRICT <span style="border: 1px solid black; padding: 2px 10px;">4</span> <i>Ms Powers</i>	

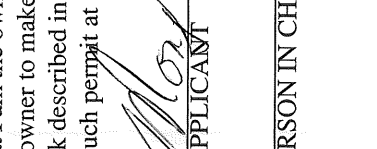
Location of Construction: 17 Bishop St - 1st flr	Owner: Spurwink School	Phone: 871-1200
Owner Address: 899 Riverside St - Portland ME 04103	Lessee/Buyer's Name: Peter Monaghan	Business Name:
Contractor Name: Peter Monaghan	Address: Box 1235 - Scarborough ME 04070	Phone: 929-3755
Past Use: office space	Proposed Use: professional office	PERMIT FEE: \$ 665
FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>MM</i> Use Group: <b>B</b> Type: <b>503</b>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Signature: <i>BOCA-44-R</i> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied
Proposed Project Description: interior renovations - 1st flr		Date: 5/12/97
Permit Taken By: L Chase	Date Applied For: 5/12/97	

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30- cy dumpster permits: # 3621    # 3622

**CERTIFICATION**

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 SIGNATURE OF APPLICANT    ADDRESS: \_\_\_\_\_    PHONE: \_\_\_\_\_  
 DATE: 5/12/97

**PERMIT ISSUED WITH REQUIREMENTS**

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE  
**White-Permit Desk    Green-Assessor's    Canary-D.P.W.    Pink-Public File    Ivory Card-Inspector**  
*Ms Powers*

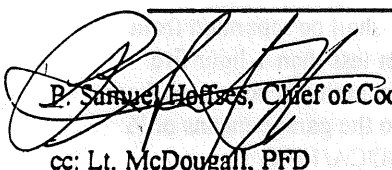
# BUILDING PERMIT REPORT

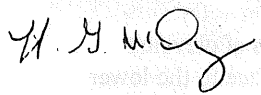
DATE: 5/12/97 ADDRESS: 17 Bishop St  
REASON FOR PERMIT: renovation  
BUILDING OWNER: Spruick School  
CONTRACTOR: Peter Managhan  
PERMIT APPLICANT: \_\_\_\_\_ APPROVAL: \*1 \*7 \*8 \*9 \*10 \*16 \*17 \*18 \*19 DENIED  
\*20 \*26 -

## CONDITION(S) OF APPROVAL

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) U.L. 103.
  7. Guardrail & 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.
  8. Headroom in habitable space is a minimum of 7'6".
  9. 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.
  10. The minimum headroom in all parts of a stairway shall not be less than 80 inches.
  11. 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.
  12. 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.
  13. 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.
  14. The boiler shall be protected by enclosing with (1) hour fire-rated construction including fire doors and ceiling, or by providing automatic extinguishment.
  15. 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)

- 16. 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.
- 17. The Fire Alarm System shall be maintained to NFPA #72 Standard.
- 18. The Sprinkler System shall maintained to NFPA #13 Standard.
- 19. 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)
- 20. All construction and demolition debris must be disposed at the City's authorized reclamation site. The fee rate is attached. Proof of such disposal must be furnished to the office of Inspection Services before final Certificate of Occupancy is issued or demolition permit is granted.
- 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".
- 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. This permit does not excuse the applicant from obtaining any license which may be needed from the City Clerk's office.
- 24. Ventilation shall meet the requirements of Chapter 12 Sections 1210. of the City's Building Code.
- 25. All electrical and plumbing permits must be obtained by a Master Licensed holders of their trade.
- 26. This project requires State Fire Marshall Approval
- 27. \_\_\_\_\_
- 28. \_\_\_\_\_

  
**P. Samuel Hoffes, Chief of Code Enforcement**  
 cc: Lt. McDougall, PFD  
 Marge Schmuckal



Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

August 7, 1997

## CITY OF PORTLAND

Spurwink School  
899 Riverside Street  
Portland, ME 04103

Attn: Mr. Peter McPherson

Re: 17 Bishop Street, ref. Building Permit #970465

Dear Mr. McPherson:

Please be advised that approved occupancy for the above referenced excludes the first floor rear storage room. That area was not included in the contract with Mr. Monaghan, however, he did patch a fire penetration that was in a common wall with the basement and the storage area in question. I also asked him to resecure a small roof above an air conditioning unit at the rear of the property.

The following items should be addressed prior to usage of the storage area, these items do not include any and or all requirements that Lt. MacDougall or Michael Collins, Chief Electrical Inspector may have.

1. Fire penetration to be sealed from ceiling to roof area. This should be done with Type X sheetrock.
2. The absence of a guardrail, handrail and balusters at the rear stair. There is a minimum 42" height requirement and a minimum 4" spacing of vertical balusters which apply to the addition of those items.

I hope you are pleased with your recent renovation, I felt they did a great job and were very pleasant to work with.

Should you have any questions, please feel free to contact me at 874-8300 x 8707.

Sincerely,

Amy E. Powers, CEO

cc: Michael Collins, C.E.I.  
P. Samuel Hoffses, C.O.I.  
Lt. MacDougall, F.P.O.



# Grinnell Fire Protection Systems

78 PLEASANT AVENUE, SOUTH PORTLAND, ME 04106  
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- Fire Pumps
- Fire Alarms & Detection
- Fire Extinguishers
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- Fabrication

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rec'd 7/31/97

**FAX COVER SHEET** NUMBER OF PAGES \_\_\_\_\_ (including this sheet)

TO: Amy / LT McDougall

FIRM: CITY OF PORTLAND

FROM: Tim Clements

DATE: 7-31-97

*Here are test papers on  
Spurwink School. System is in  
service AS OF TODAY*

*Thanks For your help*

*[Signature: Tim Clements]*



13-10

STANDARD FOR THE INSTALLATION OF SPRINKLER SYSTEMS

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

PROCEDURE

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

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

PROPERTY NAME

Spunk School

DATE

PROPERTY ADDRESS

17 Biscoe Street Portland ME

PLANS

ACCEPTED BY APPROVING AUTHORITY(S) NAMES

Pete Monahan

ADDRESS

PO BOX 1235 Scarborough ME 04074

INSTALLATION CONFORMS TO ACCEPTED PLANS

EQUIPMENT USED IS APPROVED  
IF NO, EXPLAIN DEVIATIONS

YES  NO  
 YES  NO

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT  
IF NO, EXPLAIN

Existing

YES  NO

HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES:  
1. SYSTEM COMPONENTS INSTRUCTIONS  
2. CARE AND MAINTENANCE INSTRUCTIONS  
3. NFPA 13A

YES  NO  
 YES  NO  
 YES  NO  
 YES  NO

LOCATION OF SYSTEM

SUPPLIES BLDGS.

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
Middel A Gem	A UPR	97		43	200
Gem Dendish	A	97		43	155°
Gem Sidwell	A	97		2	155°

PIPE AND FITTINGS

PIPE CONFORMS TO \_\_\_\_\_ STANDARD  
FITTINGS CONFORM TO \_\_\_\_\_ STANDARD  
IF NO, EXPLAIN

YES  NO  
 YES  NO

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
TYPE	MAKE	MODEL	MIN.	SEC.
Existing				

DRY PIPE OPERATING TEST

		DRY VALVE			G.O.D.					
		MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.			
		TIME TO TRIP THRU TEST CONNECTION*		WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET*		ALARM OPERATED PROPERLY	
		MIN.	SEC.				MIN.	SEC.	YES	NO
Without Q.O.D.										
With Q.O.D.										

IF NO, EXPLAIN

Existing

\*MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED.  
85A (0-80) PRINTED IN USA

(OVER)



DELUGE & PREACTION VALVES MA	OPERATION					
	<input type="checkbox"/> PNEUMATIC		<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> HYDRAULIC	
	PIPING SUPERVISED			DETECTING MEDIA SUPERVISED		
	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS						
<input type="checkbox"/> YES <input type="checkbox"/> NO						
IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING						
<input type="checkbox"/> YES <input type="checkbox"/> NO						
MAKE		MODEL		DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				DOES EACH CIRCUIT OPERATE VALVE RELEASE		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				MAXIMUM TIME TO OPERATE RELEASE		
				MIN. SEC.		
TEST DESCRIPTION	HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.8 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.					
	FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.					
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HRS. IF NO, STATE REASON					
	DRY PIPING PNEUMATICALLY TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO					
	EQUIPMENT OPERATES PROPERLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: _____ PSI			RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE _____ PSI	
	Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.					
MA VERIFIED BY COPY OF THE U FORM NO. 85B	<input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER EXPLAIN			
	FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING		<input type="checkbox"/> YES <input type="checkbox"/> NO			
BLANK TESTING GASKETS	NUMBER USED		LOCATIONS			NUMBER REMOVED
WELDING MA	WELDED PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO					
	IF YES, ...					
	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 <input type="checkbox"/> YES <input type="checkbox"/> NO					
	DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 <input type="checkbox"/> YES <input type="checkbox"/> NO					
DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED <input type="checkbox"/> YES <input type="checkbox"/> NO						
CUTOUTS (DISCS)	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED?					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED			IF NO, EXPLAIN		
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:					
NAME OF SPRINKLER CONTRACTOR						
<u>Grinnell Fire Protection</u>						
SIGNATURES	TESTS WITNESSED BY					
	FOR PROPERTY OWNER (SIGNED)			TITLE		DATE
	<u>Dial A. Littlefield</u>			<u>Owner</u>		<u>7-8-97</u>
	FOR SPRINKLER CONTRACTOR (SIGNED)			TITLE		DATE
<u>Kevin A. H.</u>			<u>Sprinkler Fitter</u>		<u>7/2/97</u>	

ADDITIONAL EXPLANATION AND NOTES

# EQUIPMENT'S JOB Completion and Test Report

Contractor Name \_\_\_\_\_ Date 7/29/97  
 Job Name Sparrow School  
 Address of Job 17 Bishop Street Portland ME Contractor # \_\_\_\_\_  
 Owner's Name \_\_\_\_\_ Underwriter \_\_\_\_\_  
 Owner's Address \_\_\_\_\_ Underwriter's Address \_\_\_\_\_  
 File No. \_\_\_\_\_

## INTERIOR SPRINKLER WORK

Did Alarm Values Function Properly? \_\_\_\_\_ Did All Alarms Function Properly? \_\_\_\_\_ Did Dry Pipe Values Function Properly? \_\_\_\_\_ Were All Low Points Properly Drained? \_\_\_\_\_ Was Owner Instructed on How to Drain System? \_\_\_\_\_  
 Owner's Name and Title? Sparrow School Was Instruction Along With N.F.P.A. 13-A Left With Owner? \_\_\_\_\_  
 At What Pressure Was System Tested? 200 P.S.I. How Long? 2 Hrs Give Time Required For System to Trip? \_\_\_\_\_ With Accelerator? \_\_\_\_\_  
 Were All Dry Valves Tripped? \_\_\_\_\_ If Not, Explain? \_\_\_\_\_  
 Were Fire Dept. Conn. Threads Checked? \_\_\_\_\_ Do Hose Threads Furnish Fit Plant/City Standards? \_\_\_\_\_ What Water Pressure Was Left On System? \_\_\_\_\_ Flow Test at 2" Drain: Static Pressure \_\_\_\_\_ P.S.I. Residual P.S.I. w/Drain Open \_\_\_\_\_ P.S.I.  
 What Air Pressure? \_\_\_\_\_ How Long Before Leaving Job Was Air On System? \_\_\_\_\_ How Many P.S.I. Per 24 Hrs. Did System Lose? \_\_\_\_\_ Was Automatic Air Compressor Used? \_\_\_\_\_ Cut In @ \_\_\_\_\_ Lbs. Cut Out @ \_\_\_\_\_ Lbs.  
 How Long To Raise System Pressure? \_\_\_\_\_ Was Low Air Alarm Used? \_\_\_\_\_ Cut In @ \_\_\_\_\_ Lbs. Was Water Motor Gong Tested? \_\_\_\_\_ Was Electric Alarm Tested? \_\_\_\_\_ Were All Valves Sealed In Their Position? \_\_\_\_\_  
 List Seal Number? \_\_\_\_\_ Was a Supply of Sprinklers Left on Job? \_\_\_\_\_ Was This Cabinet Shown to Owner? \_\_\_\_\_ Was There Any Damage to Building or Contents? NO If So, a Letter Must Explain Cause and Amount \_\_\_\_\_  
 Was Work Installed as Specified? \_\_\_\_\_ If Not, Explain in Detail by Letter. \_\_\_\_\_

Was Fire Dept. Present at Final Inspection? \_\_\_\_\_ What Was His Name? \_\_\_\_\_ Was Fire Dept. Instructed as to the Location of All Valves and Connections? \_\_\_\_\_ Is Job Completed As of This Date? \_\_\_\_\_

Pipe Type and Class? \_\_\_\_\_ Type Joint? \_\_\_\_\_ Conforms To \_\_\_\_\_ Standard Joints Needing Anchorage Clamped, Strapped, or Backed in Accordance with Standards \_\_\_\_\_ Yes  No

TEST REQUIRED FLUSHING TEST  
 New Underground Piping Flushed According to Standard \_\_\_\_\_ Yes  No  By (Company) \_\_\_\_\_ Flushing Obtained by: Pub. Water  Tank Res.  Fire Pump  Through What Type Opening? Hyd. Built  Open Pipe   
 Lead In Flushed According to Standards Yes  No  By (Company) \_\_\_\_\_

HYDROSTATIC TEST  
 All New Underground Piping Hydrostatically Tested at \_\_\_\_\_ P.S.I. For \_\_\_\_\_ Hours  
 LEAKAGE TEST Allowable Leakage (See N.F.P.A. #13 1-12 For Allowable Amount) Total Amount of Leakage Measured \_\_\_\_\_ Gal. \_\_\_\_\_ Hr. \_\_\_\_\_ Gal. \_\_\_\_\_ Hr.

HYDRANTS  
 Lumber Installed? \_\_\_\_\_ Type and Make? \_\_\_\_\_ Operate Satisfactorily? Yes  No  Were All Flanges and Spigots Sleeved Where Passed Through Floors? Yes  No  Were Test Blanks Used? Yes  Number Used \_\_\_\_\_ No  Date Retd. \_\_\_\_\_

Additional Sprinkler Heads in Back Uncovered Area File Room, and Tenant space w/ Laboratory

I hereby certify that all the above information is correct.  
 Job Foreman: [Signature] Date: 7/29/97 Area Supt. \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I, as the owner or owner's authorized representative of the property in which the above equipment is installed, have received and understand the instructions for the use and maintenance of the equipment.

REVIEWED FOR  
**NOT**  
PAID FOR FREE  
COMPLIANCE

**STATE OF MAINE**  
DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF STATE FIRE MARSHAL  
AUGUSTA  
**CONSTRUCTION PERMIT**



Permit No. 8622

PERMISSION IS HEREBY GIVEN TO:  
Spurwink School  
899 Riverside St.  
Portland, ME 04103

Location of project:

17 Bishop St.  
Portland, ME

PROJECT TITLE:

Spurwink School Child Abuse Pr  
OCCUPANCY CLASSIFICATION:  
Limited Care

*To construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved. No departure from such plans shall be made without prior approval in writing.*

This permit will expire at midnight on December 3, 1997.

*This permit is issued under the provisions of Title 25, Chapter 317, Section 2448*

*Nothing herein shall excuse the holder of this permit for the failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions.*

Dated the 4th day of June A.D. 19 97

FEE \$ 150.00

SPRINKLED

Commissioner - Public Safety

Electrical room not rated ceiling.

20B - mechanical  
Curt. J.P.  
Guest 1st floor  
unhooked  
meets/pull  
down

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND, ME

Street Subdivision Lot #: 17 BISHOP STREET

**PROPERTY OWNERS NAME**

Last: SPURWEN'S SCHOOL First:

Applicant Name: AIRTEMP

Mailing Address of Owner/Applicant (If Different): 11 WALLACE AVE  
5. PORTLAND ME. 04106

PERMIT # 6131 STATE COPY

Date Permit Issued: 5 28 97 \$ 52.10 FEE  Double Fee Charged

Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. # 0124

**Owner/Applicant Statement**

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

Signature of Owner/Applicant: David A. Connelly Date: 5/28/97

**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**

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type Of Structure To Be Served:</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER — SPECIFY <u>OFFICE</u></p>	<p><b>Plumbing To Be Installed By:</b></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>105685</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p><b>OR</b></p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p><b>OR</b></p> <p>TRANSFER FEE (\$6.00)</p>		Urinal	1	Sink
		Drinking Fountain	4	Wash Basin
		Indirect Waste	4	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	2	Water Heater
		<b>Fixtures (Subtotal) Column 2</b>	11	<b>Fixtures (Subtotal) Column 1</b>
			0	<b>Fixtures (Subtotal) Column 2</b>
			13	<b>Total Fixtures</b>
			\$ 52	<b>Fixture Fee</b>
			\$ -	<b>Transfer Fee</b>
			\$ -	<b>Hook-Up &amp; Relocation Fee</b>
			\$ 52	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE