City of Portland, Maine - Building or Use Permit Application

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

Permit No:	Issue Date:	CBL:
10-0853		334 A014001

Location of Construction:	Owner Name:	Owner Address:	Phone:
56 Milliken St	Kdjs Partners Llc	Po Box 4821	
Business Name:	**Contractor Name:**	**Contractor Address:**	**Phone**
Barber Foods	Barber Foods	54-70 St John St. Portland	2075412816
Lessee/Buyer's Name	**Phone:**	**Permit Type:**	**Zone:**
		~~Alterations—Commercial~~ Industrial	I-M

Past Use:	Proposed Use:	Permit Fee:	Cost of Work:	CEO District:
~~Commercial/~~ Warehouse Industrial	Industrial ~~Commercial~~/ Women's restroom and office reconfiguration.	$1,595.00	$150,000.00	5

FIRE DEPT: ☑ Approved ☐ Denied

* See Conditions

Signature: KG

INSPECTION:
Use Group: F-1 Type: 2B

IBC 2003

Signature:

Proposed Project Description:
Women's restroom and office reconfiguration.

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: ☐ Approved ☐ Approved w/Conditions ☐ Denied

Signature: Date:

Permit Taken By:	Date Applied For:
gg	07/20/2010

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

AUG 20 2010

City of Portland

Zoning Approval

Special Zone or Reviews	Zoning Appeal	Historic Preservation
☐ Shoreland	☐ Variance	☑ Not in District or Landmark
☐ Wetland	☐ Miscellaneous	☐ Does Not Require Review
☐ Flood Zone	☐ Conditional Use	☐ Requires Review
☐ Subdivision	☐ Interpretation	☐ Approved
☐ Site Plan	☐ Approved	☐ Approved w/Conditions
Maj ☐ Minor ☐ MM ☐	☐ Denied	☐ Denied
Date: 7/21/10	Date:	Date:

CERTIFICATION

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

SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

Form # P 01

ELECTRICAL PERMIT
City of Portland, Me.

To the Chief Electrical Inspector, Portland Maine:
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 7-9-10
Permit # 2010 4444
CBL# 334-A-14

LOCATION: MILLIKEN ST METER MAKE & # _____
CMP ACCOUNT # _____ OWNER BARBER FOODS
TENANT _____ PHONE # _____

						TOTAL	EACH FEE
OUTLETS		Receptacles		Switches	Smoke Detector	.20	
FIXTURES		Incandescent		Fluorescent	Strips	.20	
SERVICES	1	Overhead		Underground	TTL AMPS <800	15.00	
		Overhead		Underground	>800	25.00	
Temporary Service		Overhead		Underground	TTL AMPS	25.00	
METERS	1	(number of)				1.00	
MOTORS		(number of)				2.00	
RESID/COM		Electric units				1.00	
HEATING		oil/gas units		Interior	Exterior	5.00	
APPLIANCES		Ranges		Cook Tops	Wall Ovens	2.00	
		Insta-Hot		Water heaters	Fans	2.00	
		Dryers		Disposals	Dishwasher	2.00	
		Compactors		Spa	Washing Machine	2.00	
		Others (denote)				2.00	
MISC. (number of)		Air Cond/win				3.00	
		Air Cond/cent			Pools	10.00	
		HVAC		EMS	Thermostat	5.00	
		Signs				10.00	
		Alarms/res				5.00	
		Alarms/com				15.00	
		Heavy Duty(CRKT)				2.00	
		Circus/Carnv				25.00	
		Alterations				5.00	
		Fire Repairs				15.00	
		E Lights				1.00	
		E Generators				20.00	
PANELS		Service	1	Remote	Main	4.00	
TRANSFORMER		0-25 Kva				5.00	
		25-200 Kva				8.00	
		Over 200 Kva				10.00	
		MINIMUM FEE/COMMERCIAL 55.00			TOTAL AMOUNT DUE		
					MINIMUM FEE 45.00		

PERMIT ISSUED
JUL - 9 2010
City of Portland

CONTRACTORS NAME MARK POLLARD ELECTRIC MASTER LIC. # MC 6001 7828
ADDRESS 206 LEWISTON RD, GRAY ME LIMITED LIC. # _____
TELEPHONE 657-4333

SIGNATURE OF CONTRACTOR _____

White Copy - Office • Yellow Copy - Applicant

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	56 Milliken Street

PROPERTY OWNERS NAME

Last: Barber Foods First:

Applicant Name:	Ed Russell
Mailing Address of Owner/Applicant (If Different)	467 Gray Rd N. Yarmouth ME 04097

2010 8245

PORTLAND PERMIT # 11403 TOWN COPY

Date Permit Issued: 8/27/10 $ 24 ☐ If Double Fee Charged FEE

Local Plumbing Insector Signature L.P.I. # 360

334-A-14

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 Inspectors to deny a Permit.

Ed Russell 8/19/10

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

This Application is for

1. ☐ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

Type of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
   2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER – SPECIFY ____________

Plumbing To Be Installed By:

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

LICENSE # 22324

334A 14

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

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

OR

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

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

OR

☐ TRANSFER FEE [$6.00]

Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
	Hosebibb / Sillcock		Bathtub (and Shower)
	Floor Drain		Shower (Separate)
	Urinal		Sink
	Drinking Fountain	1	Wash Basin Hookup
	Indirect Waste	1	Water Closet (Toilet) Hookup
	Water Treatment Softener, Filter, etc.		Clothes Washer
	Grease / Oil Separator		Dish Washer
	Dental Cuspidor		Garbage Disposal
	Bidet		Laundry Tub
	Other:		Water Heater
	Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
			Fixtures (Subtotal) Column 2
		2	Total Fixtures
			Fixture Fee
			Transfer Fee
			Hook-Up & Relocation Fee
		24	Permit Fee (Total)

RECEIVED AUG 27 2010 Dept. of Building Inspections City of Portland Maine

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached

PERMIT

Permit Number: 100853

PERMIT ISSUED

This is to certify that Kdjs Partners Llc /Barber Foods

has permission to Women's restroom and office reconfiguration

AT 56 Milliken St CBL: 334 A014001 AUG 20 2010

City of Portland

provided that the person or persons, firm or corporation accepting this permit shall comply with a of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulatin the construction, maintenance and use of buildings and structures, and of the application on file i this department.

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

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. R. Gautreau

Health Dept.

Appeal Board

Other

Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

SCANNED

Sheet 1 of 2

REPORT OF FIRE SPRINKLER SYSTEM TESTING

Form T1-1

EASTERN FIRE SERVICES INCORPORATED

P.O. BOX 1582
AUBURN, MAINE 04211-1582
207-795-6314

408 HARLOW ST.
BANGOR, MAINE 04401
207-942-8014

Report # 1 of 4

Contract/DW # 3230Q

Building Name Barber Foods
Street 56 Milliken street
City and State Portland, Maine

Contract With System 1-Co
Tester Name Jim Laliberte Lic. # 314
Date 7-25-10

Test = the physical operation of equipment to validate condition
Inspect = a visual exam from floor level to validate condition.
Maintain = work performed to keep equipment operable or to make repairs.
Owner = owner's or owner representative's response to a question or actions required of them.

NOTICE
Per NFPA 25 it is the owner's responsibility to be familiar with the inspection, testing and maintenance requirements of their fire sprinkler system. Please refer to your EFSI contract for services to be performed by EFSI.

Owner's or Owner Representative's Name:

	Yes	N.A.	No*
1. General - Perform at all testing visits (UNO)			
a. **Owner:** Is the building occupancy the same as the last visit?	✓		
b. **Owner:** Is the building properly heated where water filled sprinkler piping (other than dry pipe low points) is present?	✓		
c. **Owner:** Have all new additions and building changes been properly protected with sprinklers?		✓	
d. **Owner:** Is the building use the same as the last inspection?	✓		
e. **Owner:** Are all sprinkler systems in service?	✓		
f. **Owner:** Are valve, above ground tank, and pump enclosures in good condition and properly heated / ventilated?	✓		
2. Annual Sprinkler and Piping Items – Perform at testing visit #1			
a. **Inspect:** Are hangers and seismic bracing secure?	✓		
b. **Inspect:** Are pipe, fittings and sprinkler heads in satisfactory condition?	✓		
c. **Inspect:** Does the entire building appear to be completely sprinklered?	✓		
d. **Inspect:** Are spare sprinklers and sprinkler wrenches properly stored at the property?	✓		
e. **Inspect:** Is all stock or storage at least 18" below sprinkler head deflectors?	✓		
3. Valves – Perform at all testing visits (UNO)			
a. **Inspect:** Are all control valves in satisfactory condition and sealed, locked or supervised in their normal position?	✓		
b. **Inspect:** Are all pressure reducing and relief valves in good condition and free of leakage?	✓		
c. **Inspect:** Are the exteriors of all backflow preventers in good condition and relief valves free of leakage?		✓	
d. **Maintain:** Lubricate all control valves annually. Were valves lubricated at this visit?	✓		
e. **Test:** Control valve operation per NFPA 25 Table 13.1. Are all control valves operating properly?	✓		
4. Drains, Gauges, Fire Department Connections, Anti-freeze and Misc. - Perform at all testing visits (UNO)			
a. **Inspect:** Are gauges in satisfactory condition?	✓		
b. **Inspect:** Are fire department connections in good condition and easily accessible for emergency use?	✓		
c. **Maintain:** Lubricate fire department swivel connections as necessary. Was lubrication applied at this visit?		✓	
d. **Test:** Main drain flow test per NFPA 25 Table 13.1. Was test performed at this visit?	✓		
e. **Test:** Anti-freeze at fall visit per NFPA 25 Table 5.1. Was test performed at this visit? **Temp =**		✓	
5. Alarm, Dry pipe, Preaction and Deluge Systems and Quick-Opening Devices - Perform at all testing visits (UNO)			
a. **Inspect:** At annual trip test is the interior condition of all dry pipe, preaction and deluge valves satisfactory?	✓		
b. **Inspect:** Are the exteriors of all alarm, dry pipe, quick-opening devices, preaction and deluge valves in good condition?	✓		
c. **Maintain:** At annual trip test clean the interior of all dry pipe, preaction and deluge valves. Were valves cleaned at this test?	✓		
d. **Maintain:** Air compressors. Add oil, clean air filter and check belt. Are compressors in satisfactory condition?	✓		
e. **Maintain:** At Fall visit were low point drains checked and the owner advised to continue maintenance during cold months?	✓		
f. **Test:** Quick-Opening devices per NFPA 25 Table 13.1. Are QOD's operating properly?		✓	
g. **Test:** Priming water levels per NFPA 25 Table 13.1. Is priming water satisfactory?	✓		
h. **Test:** Trip test dry pipe, preaction and deluge valves annually per NFPA 25 Table 13.1. Was test performed at this visit?	✓		
6. Alarms - Perform at all testing visits (UNO)			
a. **Inspect:** Are all alarm devices in satisfactory condition?	✓		
b. **Test:** Flow alarm devices per NFPA 25 Table 5.1. Are all sprinkler alarms working properly?	✓		
c. **Test:** Low air pressure alarms per NFPA 25 Table 13.1. Are all low air pressure alarms working properly?	✓		
d. **Test:** Valve supervisory switches per NFPA 25 Table 13.1. Are all supervisory switches working properly?	✓		

REPORT OF FIRE SPRINKLER SYSTEM TESTING

Form T1-2

EASTERN FIRE SERVICES INCORPORATED
P.O. BOX 1582, AUBURN, MAINE 04211-1582, 207-795-6314
408 HARLOW ST., BANGOR, MAINE 04401, 207-942-8014

Report # 1 of 4 Contract/DW # 32300

Systems 1-6

7. Five, Ten, Twenty, Fifty and Seventy-five Year Tests	Yes	N.A.	No*
a. Have extra-high temp. sprinklers been replaced or tested as per NFPA 25 Table 5.1? (every 5 years)		✓	
b. Have fast-response sprinklers been replaced or tested as per NFPA 25 Table 5.1? (at 20 years and 10 years thereafter)		✓	
c. Have standard-response sprinklers been replaced or tested as per NFPA 25 Table 5.1? (at 50 years and 10 years thereafter)		✓	
d. Have standard-response sprinklers over 75 years old been replaced or tested as per NFPA 25 Table 5.1? (5 years thereafter)		✓	
e. Have sprinklers manufactured prior to 1920 been replaced per NFPA 25 Table 5.1?		✓	
f. Have gauges been replaced or tested for accuracy every 5 years? YEAR last tested or replaced:		✓	
8. Obstruction Investigation			
a. Has piping been flushed / examined for obstruction within the past 5 years per NFPA 25 Chapter 14?			✓
b. If 8a = yes what year was the flushing / examination performed? YEAR:			
c. At annual trip test of dry pipe, preaction and deluge systems was ¼ cup or less scale removed from the valve interior?	✓		
d. During annual draining of low points were the valves free of scale and blockage?	✓		

9. System Information

	System Type	Valve Manufacturer, Model, Size, Year		System Type	Valve Manufacturer, Model, Size, Year
System 1	Alarm	Grinnell A 8"	System 4	Flow	8"
System 2	Dbl Interlock	Victaulic S/258 6"	System 5	Alarm	Reliable E 8"
System 3	Dbl Interlock	Victaulic S/258 4"	System 6	Alarm	Grinnell A 8"

10. Water Supply Information – PT = Pressure Tank, TP = Tank with Pump, CWP = City Water with Pump, CW = City Water

System 1	CWP	System 2	CWP	System 3	CWP	System 4	CW	System 5	CWP	System 6	CWP

11. Drain Tests

	Size	Static Before	Residual	Static After		Size	Static Before	Residual	Static After
System 1	2"	84	81	84	System 4	2"	85	82	85
System 2	2"	84	75	84	System 5	2"	85	79	85
System 3	2"	92	80	92	System 6	2"	91	87	91

12. Trip Tests

	Pressure Before Test		Test Orifice		Control Valve	Valve Tripped At		Full Flow - Time	Quick Opening Devices	
	Air	Water	Size	Location	# Turns Open	PSI Air	Time	For Water at ITC	Manuf / Model	Trip Time
System 1										
System 2	MANUALLY				TRIP	TESTED				
System 3	MANUALLY				TRIP	TESTED				
System 4										
System 5										
System 6										

13. Comments – *Explain all "no" answers here. Attach additional sheets if necessary.

8a unknown

All Pre-Action valves ~~were~~ tripped by the manually pull station next to valves.

Sheet 1 of 2

REPORT OF FIRE SPRINKLER SYSTEM TESTING

Form T1-1

EASTERN FIRE SERVICES INCORPORATED

P.O. BOX 1582
AUBURN, MAINE 04211-1582
207-795-6314

408 HARLOW ST.
BANGOR, MAINE 04401
207-942-8014

Report # 1 of 4

Contract/DW # 32302

Building Name Barber Foods — Contract With Systems 2-11

Street 56 Milliken street — Tester Name Jim Laliberte — Lic. # 314

City and State Portland, Maine — Date 7-25-10

Test = the physical operation of equipment to validate condition
Inspect = a visual exam from floor level to validate condition.
Maintain = work performed to keep equipment operable or to make repairs.
Owner = owner's or owner representative's response to a question or actions required of them.

NOTICE
Per NFPA 25 it is the owner's responsibility to be familiar with the inspection, testing and maintenance requirements of their fire sprinkler system. Please refer to your EFSI contract for services to be performed by EFSI.

Owner's or Owner Representative's Name:

	Yes	N.A.	No*
1. General - Perform at all testing visits (UNO)			
a. **Owner:** Is the building occupancy the same as the last visit?	✓		
b. **Owner:** Is the building properly heated where water filled sprinkler piping (other than dry pipe low points) is present?	✓		
c. **Owner:** Have all new additions and building changes been properly protected with sprinklers?		✓	
d. **Owner:** Is the building use the same as the last inspection?	✓		
e. **Owner:** Are all sprinkler systems in service?	✓		
f. **Owner:** Are valve, above ground tank, and pump enclosures in good condition and properly heated / ventilated?	✓		
2. Annual Sprinkler and Piping Items – Perform at testing visit #1			
a. **Inspect:** Are hangers and seismic bracing secure?	✓		
b. **Inspect:** Are pipe, fittings and sprinkler heads in satisfactory condition?	✓		
c. **Inspect:** Does the entire building appear to be completely sprinklered?	✓		
d. **Inspect:** Are spare sprinklers and sprinkler wrenches properly stored at the property?	✓		
e. **Inspect:** Is all stock or storage at least 18" below sprinkler head deflectors?	✓		
3. Valves – Perform at all testing visits (UNO)			
a. **Inspect:** Are all control valves in satisfactory condition and sealed, locked or supervised in their normal position?	✓		
b. **Inspect:** Are all pressure reducing and relief valves in good condition and free of leakage?	✓		
c. **Inspect:** Are the exteriors of all backflow preventers in good condition and relief valves free of leakage?		✓	
d. **Maintain:** Lubricate all control valves annually. Were valves lubricated at this visit?		✓	
e. **Test:** Control valve operation per NFPA 25 Table 13.1. Are all control valves operating properly?	✓		
4. Drains, Gauges, Fire Department Connections, Anti-freeze and Misc. - Perform at all testing visits (UNO)			
a. **Inspect:** Are gauges in satisfactory condition?	✓		
b. **Inspect:** Are fire department connections in good condition and easily accessible for emergency use?	✓		
c. **Maintain:** Lubricate fire department swivel connections as necessary. Was lubrication applied at this visit?		✓	
d. **Test:** Main drain flow test per NFPA 25 Table 13.1. Was test performed at this visit?	✓		
e. **Test:** Anti-freeze at fall visit per NFPA 25 Table 5.1. Was test performed at this visit? **Temp =**		✓	
5. Alarm, Dry pipe, Preaction and Deluge Systems and Quick-Opening Devices - Perform at all testing visits (UNO)			
a. **Inspect:** At annual trip test is the interior condition of all dry pipe, preaction and deluge valves satisfactory?	✓		
b. **Inspect:** Are the exteriors of all alarm, dry pipe, quick-opening devices, preaction and deluge valves in good condition?	✓		
c. **Maintain:** At annual trip test clean the interior of all dry pipe, preaction and deluge valves. Were valves cleaned at this test?	✓		
d. **Maintain:** Air compressors. Add oil, clean air filter and check belt. Are compressors in satisfactory condition?	✓		
e. **Maintain:** At Fall visit were low point drains checked and the owner advised to continue maintenance during cold months?	✓		
f. **Test:** Quick-Opening devices per NFPA 25 Table 13.1. Are QOD's operating properly?		✓	
g. **Test:** Priming water levels per NFPA 25 Table 13.1. Is priming water satisfactory?	✓		
h. **Test:** Trip test dry pipe, preaction and deluge valves annually per NFPA 25 Table 13.1. Was test performed at this visit?	✓		
6. Alarms - Perform at all testing visits (UNO)			
a. **Inspect:** Are all alarm devices in satisfactory condition?	✓		
b. **Test:** Flow alarm devices per NFPA 25 Table 5.1. Are all sprinkler alarms working properly?	✓		
c. **Test:** Low air pressure alarms per NFPA 25 Table 13.1. Are all low air pressure alarms working properly?	✓		
d. **Test:** Valve supervisory switches per NFPA 25 Table 13.1. Are all supervisory switches working properly?	✓		

Form T1-2

REPORT OF FIRE SPRINKLER SYSTEM TESTING

EASTERN FIRE SERVICES INCORPORATED
P.O. BOX 1582
AUBURN, MAINE 04211-1582
207-795-6314

408 HARLOW ST.
BANGOR, MAINE 04401
207-942-8014

Report # 1 of 4

Contract/DW # 32300

Systems 7-11

7. Five, Ten, Twenty, Fifty and Seventy-five Year Tests	Yes	N.A.	No*
a. Have extra-high temp. sprinklers been replaced or tested as per NFPA 25 Table 5.1? (every 5 years)		—	
b. Have fast-response sprinklers been replaced or tested as per NFPA 25 Table 5.1? (at 20 years and 10 years thereafter)		—	
c. Have standard-response sprinklers been replaced or tested as per NFPA 25 Table 5.1? (at 50 years and 10 years thereafter)		—	
d. Have standard-response sprinklers over 75 years old been replaced or tested as per NFPA 25 Table 5.1? (5 years thereafter)		—	
e. Have sprinklers manufactured prior to 1920 been replaced per NFPA 25 Table 5.1?		—	
f. Have gauges been replaced or tested for accuracy every 5 years? YEAR last tested or replaced:			—
8. Obstruction Investigation			
a. Has piping been flushed / examined for obstruction within the past 5 years per NFPA 25 Chapter 14?			
b. If 8a = yes what year was the flushing / examination performed? YEAR:			
c. At annual trip test of dry pipe, preaction and deluge systems was ¼ cup or less scale removed from the valve interior?	—		
d. During annual draining of low points were the valves free of scale and blockage?	—		

9. System Information

	System Type	Valve Manufacturer, Model, Size, Year		System Type	Valve Manufacturer, Model, Size, Year
System 7	Dbl Interlock	Victaulic S/758 6"	System 10	Deluge	TYCO DV-5 2"
System 8	Dry	Victaulic S/756 6"	System 11	Flow	1" Pump House
System 9	Dbl Interlock	Victaulic S/758 4"	System 6		

10. Water Supply Information – PT = Pressure Tank, TP = Tank with Pump, CWP = City Water with Pump, CW = City Water

System 1		System 2		System 3		System 4		System 5		System 6	
	CWP		CWP		CWP		CWP		CWP		

11. Drain Tests

	Size	Static Before	Residual	Static After		Size	Static Before	Residual	Static After
System 7	2"	80	75	80	System 10	3/4"	70	69	70
System 8	2"	82	75	82	System 11	1/2"	82	80	82
System 9	2"	85	80	85	System 6				

12. Trip Tests

	Pressure Before Test		Test Orifice		Control Valve	Valve Tripped At		Full Flow - Time	Quick Opening Devices	
	Air	Water	Size	Location	# Turns Open	PSI Air	Time	For Water at ITC	Manuf / Model	Trip Time
System 7	Manually TRIP TESTED									
System 8	32	82	½"	alt valve	5	5	:05		—	—
System 9	MANUALLY TRIP TESTED									
System 10	MANUALLY TRIPPED									
System 11										
System 6										

13. Comments – *Explain all "no" answers here. Attach additional sheets if necessary.

9a unknown

EASTERN SPRINKLER SERVICES FIRE PUMP TEST RECORD

PROPERTY NAME: Barbour Foods **ADDRESS:** Portland, Maine

IDENTIFY SYSTEMS INVOLVED (including base of riser hydraulic design requirements if available):

3 Alarm valves, 4 Double Interlocks, 1 Deluge
1 Dry valve & 2 Flows

IDENTIFY SPECIAL CONDITIONS THAT MAY HAVE EFFECTED THE TEST RESULTS:

PUMP INFORMATION

PUMP: MAKE and MODEL Fairbanks Morse/5823 **CONTROLLER:** MAKE Lexington
TYPE Horizontal MODEL LX-1000
RATED CAPACITY 2000 GPM **DRIVER:** TYPE Diesel
RATED PRESSURE @ 100% 63 RATED RPM 1750
RATED PRESSURE @ 150% 41.8 **WATER SUPPLY SOURCE:** Portland water

suction pressure	discharge pressure	net pressure	rpm		orifice size (2.5, 1.75. 1.125)						total discharge
					1.75	1.75	1.75	1.75	1.75	1.75	
81	161	80	1832	pitot							
				gpm							
71	144	73	1791	pitot	14	14	14	14	14	13	2,028
				gpm	340	340	340	340	340	328	
61	103	52	1752	pitot	33	33	33	33	33	33	3,132
				gpm	522	522	522	522	522	522	
				pitot							
				gpm							
				pitot							
				gpm							

ESSI EMPLOYEE(S) PRESENT: Jim Lalibarte & Fred Taylor
OWNER'S REPRESENTATIVE(S) PRESENT:
DATE AND TIME OF TEST: 4-28-10 5AM

Sheet 1 of 2

REPORT OF FIRE SPRINKLER SYSTEM TESTING

Form T1-1

EASTERN FIRE SERVICES INCORPORATED

P.O. BOX 1582
AUBURN, MAINE 04211-1582
207-795-6314

408 HARLOW ST.
BANGOR, MAINE 04401
207-942-8014

Report # 4 of 4

Contract/DW # 3230Q

Building Name Barber Foods — Contract With Systems 1-6

Street 56 Milliken — Tester Name Jim Laliberte — Lic. # 314

City and State Portland, Maine — Date 4-25-10

Test = the physical operation of equipment to validate condition
Inspect = a visual exam from floor level to validate condition.
Maintain = work performed to keep equipment operable or to make repairs.
Owner = owner's or owner representative's response to a question or actions required of them.

NOTICE
Per NFPA 25 it is the owner's responsibility to be familiar with the inspection, testing and maintenance requirements of their fire sprinkler system. Please refer to your ESSI contract for services to be performed by ESSI.

Owner's or Owner Representative's Name:

	Yes	N.A.	No*
1. General - Perform at all testing visits (UNO)			
a. **Owner:** Is the building occupancy the same as the last visit?	✓		
b. **Owner:** Is the building properly heated where water filled sprinkler piping (other than dry pipe low points) is present?	✓		
c. **Owner:** Have all new additions and building changes been properly protected with sprinklers?		✓	
d. **Owner:** Is the building use the same as the last inspection?	✓		
e. **Owner:** Are all sprinkler systems in service?	✓		
f. **Owner:** Are valve, above ground tank, and pump enclosures in good condition and properly heated / ventilated?	✓		
2. Annual Sprinkler and Piping Items – Perform at testing visit #1			
a. **Inspect:** Are hangers and seismic bracing secure?	✓		
b. **Inspect:** Are pipe, fittings and sprinkler heads in satisfactory condition?	✓		
c. **Inspect:** Does the entire building appear to be completely sprinklered?	✓		
d. **Inspect:** Are spare sprinklers and sprinkler wrenches properly stored at the property?	✓		
e. **Inspect:** Is all stock or storage at least 18" below sprinkler head deflectors?	✓		
3. Valves – Perform at all testing visits (UNO)			
a. **Inspect:** Are all control valves in satisfactory condition and sealed, locked or supervised in their normal position?	✓		
b. **Inspect:** Are all pressure reducing and relief valves in good condition and free of leakage?	✓		
c. **Inspect:** Are the exteriors of all backflow preventers in good condition and relief valves free of leakage?		✓	
d. **Maintain:** Lubricate all control valves annually. Were valves lubricated at this visit?		✓	
e. **Test:** Control valve operation per NFPA 25 Table 9-1. Are all control valves operating properly?	✓		
4. Drains, Gauges, Fire Department Connections, Anti-freeze and Misc. - Perform at all testing visits (UNO)			
a. **Inspect:** Are gauges in satisfactory condition?	✓		
b. **Inspect:** Are fire department connections in good condition and easily accessible for emergency use?	✓		
c. **Maintain:** Lubricate fire department swivel connections as necessary. Was lubrication applied at this visit?		✓	
d. **Test:** Main drain flow test per NFPA 25 Table 9-1. Was test performed at this visit?	✓		
e. **Test:** Anti-freeze at fall visit per NFPA 25 Table 2-1. Was test performed at this visit? **Temp =**		✓	
5. Alarm, Dry pipe, Preaction and Deluge Systems and Quick-Opening Devices - Perform at all testing visits (UNO)			
a. **Inspect:** At annual trip test is the interior condition of all dry pipe, preaction and deluge valves satisfactory?	✓		
b. **Inspect:** Are the exteriors of all alarm, dry pipe, quick-opening devices, preaction and deluge valves in good condition?	✓		
c. **Maintain:** At annual trip test clean the interior of all dry pipe, preaction and deluge valves. Were valves cleaned at this test?	✓		
d. **Maintain:** Air compressors. Add oil, clean air filter and check belt. Are compressors in satisfactory condition?	✓		
e. **Maintain:** At Fall visit were low point drains checked and the owner advised to continue maintenance during cold months?	✓		
f. **Test:** Quick-Opening devices per NFPA 25 Table 9-1. Are QOD's operating properly?		✓	
g. **Test:** Priming water levels per NFPA 25 Table 9-1. Is priming water satisfactory?	✓		
h. **Test:** Trip test dry pipe, preaction and deluge valves annually per NFPA 25 Table 9-1. Was test performed at this visit?			✓
6. Alarms - Perform at all testing visits (UNO)			
a. **Inspect:** Are all alarm devices in satisfactory condition?	✓		
b. **Test:** Flow alarm devices per NFPA 25 Table 2-1. Are all sprinkler alarms working properly?	✓		
c. **Test:** Low air pressure alarms per NFPA 25 Table 9-1. Are all low air pressure alarms working properly?	✓		
d. **Test:** Valve supervisory switches per NFPA 25 Table 9-1. Are all supervisory switches working properly?	✓		

Form T1-2

REPORT OF FIRE SPRINKLER SYSTEM TESTING

EASTERN FIRE SERVICES INCORPORATED
P.O. BOX 1582
AUBURN, MAINE 04211-1582
207-795-6314

408 HARLOW ST.
BANGOR, MAINE 04401
207-942-8014

Report # 4 of 4

Contract/DW # 3270Q

Systems 1-6

7. Five, Ten, Twenty, Fifty and Seventy-five Year Tests	Yes	N.A.	No*
a. Have extra-high temp. sprinklers been replaced or tested as per NFPA 25 Table 5.1? (every 5 years)		/	
b. Have fast-response sprinklers been replaced or tested as per NFPA 25 Table 5.1? (at 20 years and 10 years thereafter)		/	
c. Have standard-response sprinklers been replaced or tested as per NFPA 25 Table 5.1? (at 50 years and 10 years thereafter)		/	
d. Have standard-response sprinklers over 75 years old been replaced or tested as per NFPA 25 Table 5.1? (5 years thereafter)		/	
e. Have sprinklers manufactured prior to 1920 been replaced per NFPA 25 Table 5.1?		/	
f. Have gauges been replaced or tested for accuracy every 5 years? **YEAR last tested or replaced:**		/	
8. Obstruction Investigation			
a. Has piping been flushed / examined for obstruction within the past 5 years per NFPA 25 Chapter 14?			/
b. If 8a = yes what year was the flushing / examination performed? **YEAR:**			
c. At annual trip test of dry pipe, preaction and deluge systems was ¼ cup or less scale removed from the valve interior?	/		
d. During annual draining of low points were the valves free of scale and blockage?	/		

9. System Information

	System Type	Valve Manufacturer, Model, Size, Year		System Type	Valve Manufacturer, Model, Size, Year
System 1	Alarm	Grinnell A 8"	System 4	Flow	8"
System 2	Dbl Inter.	Victaulic S/758 6"	System 5	Alarm	Reliable E 8"
System 3	Dbl Inter.	Victaulic S/758 4"	System 6	Alarm	Grinnell A 8"

10. Water Supply Information – PT = Pressure Tank, TP = Tank with Pump, CWP = City Water with Pump, CW = City Water

System 1	CWP	System 2	CWP	System 3	CWP	System 4	CWP	System 5	CWP	System 6	CWP

11. Drain Tests

	Size	Static Before	Residual	Static After		Size	Static Before	Residual	Static After
System 1	2"	87	80	87	System 4	2"	82	80	82
System 2	2"	88	75	88	System 5	2"	83	79	83
System 3	2"	86	81	86	System 6	2"	90	85	90

12. Trip Tests

	Pressure Before Test		Test Orifice		Control Valve	Valve Tripped At		Full Flow - Time	Quick Opening Devices	
	Air	Water	Size	Location	# Turns Open	PSI Air	Time	For Water at ITC	Manuf / Model	Trip Time
System 1										
System 2										
System 3										
System 4										
System 5										
System 6										

13. Comments – *Explain all "no" answers here. Attach additional sheets if necessary.

5f The Double interlocks were last trip tested 2-26-10

8a unknown

Sheet 1 of 2

REPORT OF FIRE SPRINKLER SYSTEM TESTING

Form T1-1

EASTERN FIRE SERVICES INCORPORATED

P.O. BOX 1582
AUBURN, MAINE 04211-1582
207-795-6314

408 HARLOW ST.
BANGOR, MAINE 04401
207-942-8014

Report # 4 of 4

Contract/DW # 32306

Building Name Barber Foods

Street 56 Milliken

City and State Portland, Maine

Contract With Systems 2-11

Tester Name Jim Laliberte Lic. # 314

Date 4-25-10

Test = the physical operation of equipment to validate condition
Inspect = a visual exam from floor level to validate condition.
Maintain = work performed to keep equipment operable or to make repairs.
Owner = owner's or owner representative's response to a question or actions required of them.

NOTICE
Per NFPA 25 it is the owner's responsibility to be familiar with the inspection, testing and maintenance requirements of their fire sprinkler system. Please refer to your ESSI contract for services to be performed by ESSI.

Owner's or Owner Representative's Name:

	Yes	N.A.	No*
1. General - Perform at all testing visits (UNO)			
a. **Owner:** Is the building occupancy the same as the last visit?	✓		
b. **Owner:** Is the building properly heated where water filled sprinkler piping (other than dry pipe low points) is present?	✓		
c. **Owner:** Have all new additions and building changes been properly protected with sprinklers?		✓	
d. **Owner:** Is the building use the same as the last inspection?	✓		
e. **Owner:** Are all sprinkler systems in service?	✓		
f. **Owner:** Are valve, above ground tank, and pump enclosures in good condition and properly heated / ventilated?	✓		
2. Annual Sprinkler and Piping Items – Perform at testing visit #1			
a. **Inspect:** Are hangers and seismic bracing secure?	✓		
b. **Inspect:** Are pipe, fittings and sprinkler heads in satisfactory condition?	✓		
c. **Inspect:** Does the entire building appear to be completely sprinklered?	✓		
d. **Inspect:** Are spare sprinklers and sprinkler wrenches properly stored at the property?	✓		
e. **Inspect:** Is all stock or storage at least 18" below sprinkler head deflectors?	✓		
3. Valves – Perform at all testing visits (UNO)			
a. **Inspect:** Are all control valves in satisfactory condition and sealed, locked or supervised in their normal position?	✓		
b. **Inspect:** Are all pressure reducing and relief valves in good condition and free of leakage?	✓		
c. **Inspect:** Are the exteriors of all backflow preventers in good condition and relief valves free of leakage?		✓	
d. **Maintain:** Lubricate all control valves annually. Were valves lubricated at this visit?		✓	
e. **Test:** Control valve operation per NFPA 25 Table 9-1. Are all control valves operating properly?	✓		
4. Drains, Gauges, Fire Department Connections, Anti-freeze and Misc. - Perform at all testing visits (UNO)			
a. **Inspect:** Are gauges in satisfactory condition?	✓		
b. **Inspect:** Are fire department connections in good condition and easily accessible for emergency use?	✓		
c. **Maintain:** Lubricate fire department swivel connections as necessary. Was lubrication applied at this visit?	✓		
d. **Test:** Main drain flow test per NFPA 25 Table 9-1. Was test performed at this visit?	✓		
e. **Test:** Anti-freeze at fall visit per NFPA 25 Table 2-1. Was test performed at this visit? **Temp =**		✓	
5. Alarm, Dry pipe, Preaction and Deluge Systems and Quick-Opening Devices - Perform at all testing visits (UNO)			
a. **Inspect:** At annual trip test is the interior condition of all dry pipe, preaction and deluge valves satisfactory?	✓		
b. **Inspect:** Are the exteriors of all alarm, dry pipe, quick-opening devices, preaction and deluge valves in good condition?	✓		
c. **Maintain:** At annual trip test clean the interior of all dry pipe, preaction and deluge valves. Were valves cleaned at this test?	✓		
d. **Maintain:** Air compressors. Add oil, clean air filter and check belt. Are compressors in satisfactory condition?	✓		
e. **Maintain:** At Fall visit were low point drains checked and the owner advised to continue maintenance during cold months?	✓		
f. **Test:** Quick-Opening devices per NFPA 25 Table 9-1. Are QOD's operating properly?		✓	
g. **Test:** Priming water levels per NFPA 25 Table 9-1. Is priming water satisfactory?	✓		
h. **Test:** Trip test dry pipe, preaction and deluge valves annually per NFPA 25 Table 9-1. Was test performed at this visit?			✓
6. Alarms - Perform at all testing visits (UNO)			
a. **Inspect:** Are all alarm devices in satisfactory condition?	✓		
b. **Test:** Flow alarm devices per NFPA 25 Table 2-1. Are all sprinkler alarms working properly?	✓		
c. **Test:** Low air pressure alarms per NFPA 25 Table 9-1. Are all low air pressure alarms working properly?	✓		
d. **Test:** Valve supervisory switches per NFPA 25 Table 9-1. Are all supervisory switches working properly?	✓		

REPORT OF FIRE SPRINKLER SYSTEM TESTING

Form T1-2

EASTERN FIRE SERVICES INCORPORATED
P.O. BOX 1582
AUBURN, MAINE 04211-1582
207-795-6314

408 HARLOW ST.
BANGOR, MAINE 04401
207-942-8014

Report # 4 of 4

Contract/DW # 3230Q

Systems 7-11

7. Five, Ten, Twenty, Fifty and Seventy-five Year Tests	Yes	N.A.	No*
a. Have extra-high temp. sprinklers been replaced or tested as per NFPA 25 Table 5.1? (every 5 years)		✓	
b. Have fast-response sprinklers been replaced or tested as per NFPA 25 Table 5.1? (at 20 years and 10 years thereafter)		✓	
c. Have standard-response sprinklers been replaced or tested as per NFPA 25 Table 5.1? (at 50 years and 10 years thereafter)		✓	
d. Have standard-response sprinklers over 75 years old been replaced or tested as per NFPA 25 Table 5.1? (5 years thereafter)		✓	
e. Have sprinklers manufactured prior to 1920 been replaced per NFPA 25 Table 5.1?		✓	
f. Have gauges been replaced or tested for accuracy every 5 years? **YEAR last tested or replaced:**		✓	
8. Obstruction Investigation			
a. Has piping been flushed / examined for obstruction within the past 5 years per NFPA 25 Chapter 14?			✓
b. If 8a = yes what year was the flushing / examination performed? **YEAR:**			
c. At annual trip test of dry pipe, preaction and deluge systems was ¼ cup or less scale removed from the valve interior?	✓		
d. During annual draining of low points were the valves free of scale and blockage?	✓		

9. System Information

	System Type	Valve Manufacturer, Model, Size, Year		System Type	Valve Manufacturer, Model, Size, Year
System 7	Dbl Inter.	Victaulic S/258 6"	System 10	Deluge	TYCO DV-5 2"
System 8	Dry	Victaulic S/256 6"	System 11	Flow	1" Pump House
System 9	Dbl Inter.	Victaulic S/258 4"	System 6		

10. Water Supply Information – PT = Pressure Tank, TP = Tank with Pump, CWP = City Water with Pump, CW = City Water

System 1	CWP	System 2	CWP	System 3	CWP	System 4	CWP	System 5	CWP	System 6	CWP

11. Drain Tests

	Size	Static Before	Residual	Static After		Size	Static Before	Residual	Static After
System 7	2"	81	77	81	System 10	3/4"	72	71	72
System 8	2"	83	78	83	System 11	1½"	83	81	83
System 9	2"	88	80	88	System 6				

12. Trip Tests

	Pressure Before Test		Test Orifice		Control Valve	Valve Tripped At		Full Flow - Time	Quick Opening Devices	
	Air	Water	Size	Location	# Turns Open	PSI Air	Time	For Water at ITC	Manuf / Model	Trip Time
System 1										
System 2										
System 3										
System 4										
System 5										
System 6										

13. Comments – *Explain all "no" answers here. Attach additional sheets if necessary.

5a The Dry and Double Interlocks were last trip tested 7-26-c

8a unknown

Flame Control Coatings, LLC

FLAME CONTROL NO. 40-40A

A Water Base

Low-Gloss Fire Resistant Paint (Overcoat)
Fire Hazard Classification, CLASS "A"

DESCRIPTION:

Flame Control No. 40-40A is a Class "A", low-gloss, interior-exterior (*) general purpose latex, (water base), coating. It is rated for use on noncombustible surfaces, and as a topcoat for Flame Control Intumescent Fire Retardant Paint. It dries quickly to yield a highly cleansible-scrubbable water resistant film that possesses excellent adhesion, flexibility and toughness. No. 40-40A is suitable for application to all interior surfaces (except floors and shelving).

(*) Exterior application: May be used on exterior masonry surfaces where a highly water resistant, decorative, fire resistant coating is desired.

RECOMMENDED USES:

Interior: For use on all noncombustible surfaces (except floors and shelving) and as an overcoat for Flame Control Intumescent Fire Retardant Paint, where a low-gloss highly cleansable coating is desired. Exterior: For use on masonry surfaces where a flame resistant coating is required.

USED BY:

Schools, Colleges, Nursing Homes, Child Care Centers, Hospitals, Penal Institutions, Apartments, Hotels, Factories, Warehouses, Retail Stores, Restaurants, Utilities, Railroad and other Transportation Companies, Oil and Chemical Installations, Military Installations, and other facilities where fire resistant coatings are required.

PERFORMANCE INFORMATION:

- Class "A" fire rated on noncombustible surfaces. (see fire hazard classification section.
- Class "A" fire rated as a topcoat for intumescent fire retardant paint. (see fire hazard classification section)
- Complies with federal, state, local building and fire code requirements.
- Dries by water evaporation to a tough, flexible, low-gloss finish.
- Does not leach (lose fire resistant properties) on exposure to high humidity.
- Meets all current environmental regulations.

CHARACTERISTICS:

Finish . Low-gloss, 15-20 units @ 60°

Color. . . . . White, Off-White and 13 standard pastel colors

Tinting . . Can be tinted with up to 4 fl. oz. of Universal Tint. Check colorant for compatibility.

Spreading Rate . . . . . 350 to 625 sq. ft./gal. (8.6 to 15.3 m^2/L)
2.6 to 4.6 mils wet, 1.0 to 1.8 mils dry, depending on substrate. See ULC section for specific spread rate.

Volume Solids . . . . . 40% ± 2

Weight Solids . . . . . 55% ± 2

V.O.C. Less Than . . . . . 1.5 lbs./gal. (180 g/L)

Drying Time @ 77°F & 50% RH: . . To touch 30 min.
To handle 1hours
To recoat 1 to 2 hours

Type of Cure . . . . . Coalescence

Flash Point. . . . . None (Pensky-Martens Closed Cup)

Reducer/Cleaner . . . . . Water

Shelf Life. . . . . 1 year (unopened)

Packaging . . . . . 1 & 5 gal. containers weight/gal. 10.8 ± 0.2 lbs.

Shipping weight . . . . 4 gals - 48 lbs.
5 gals - 56 lbs.

Application . . . . . Brush, roller, and airless spray

PRECAUTIONS:

Adequate ventilation must be provided during and after application until the coating has dried. Avoid breathing vapors or spray mist. Close container after use. DO NOT TAKE INTERNALLY.

Read MSDS before opening containers.

KEEP OUT OF REACH OF CHILDREN

SURFACE PREPARTION:

Surface preparation should be carried out according to good painting practices. Remove all loose, peeling or powdery paint from the surface. All dirt, grease, oil, wax and other foreign matter MUST be removed with a detergent. Rinse surfaces thoroughly with clear water and allow to dry. Repair all cracks, holes and other surface irregularities. Allow to dry, sand lightly and prime repaired surfaces with No.40-40A.

NEW SURFACES:

Can be applied directly to primed steel and directly to all other noncombustible surfaces; i.e., dry wall, plaster board, plaster and masonry surfaces. All combustible surfaces, such as wood, plywood, fiberboard, etc., must be coated with Flame Control Intumescent Fire Retardant Paint, before application of No. 40-40A. New ferrous metal surfaces must be primed. Apply Flame Control No. 3003 Acrylic Primer. Allow to dry 3-4 hours or until hard, before applying No. 40-40A.

PREVIOUSLY PAINTED SURFACES

Noncombustible surfaces havi excessive conventional paint f build up, and all combustible surfa such as wood, plywood, fiberbo etc., must be coated with F Control Intumescent Fire Ret Paint, before application of N 40A.

FLAME CONTROL NO. 40-40A

A Water Base

Low-Gloss Fire Resistant Paint (Overcoat)
Fire Hazard Classification, CLASS "A"

No. 40-40A may be applied directly to existing paint that is tightly adherent and in good condition. All glossy surfaces should be dulled with sandpaper. Spot prime where necessary with appropriate primer as shown above, before application of No. 40-40A.

APPLICATION:

Mix paint thoroughly by boxing or stirring. Flame Control No. 40-40A can be applied by brush, roller, airless or conventional heavy duty spray equipment. Apply using a full bodied coat at the recommended coverage rates. To conform with surface burning characteristics established for this paint, dilution of the paint should be compensated with reduced coverage rates. Do not apply when surface or air temperatures are below 50°F (10°C). Protect from freezing.

APPLICATION EQUIPMENT:

Airless Spray

Titan 440 Impact (or Equivalent)

Pump
Fluid Pressure..... 2250-2700 psi
Manifold Filter ..... 60 Mesh
Gun Filter ..... 60 Mesh
Fluid Hose ..... ¼" diameter
Gun ..... LX-80 II
Tip..... .017 - .023
Reduction ..... Up to 7%

FIRE HAZARD CLASSIFICATION

Flame Spread Rating. Class "A" when tested in accordance with ASTM E-84 (NFPA 255), the coating obtained the following UNDERWRITERS' LABORATORIES OF CANADA fire hazard classification.

COATING (SYSTEM) DETAILS	CLASSIFICATION OR RATING (WHEN APPLIED TO DOUGLAS FIR) Flame Spread	Smoke Developed
PRIMER None **BASE COAT** – Type 10-10 applied in one coat at 190 sq. ft./U.S. gal. (4.7 m^2/L) **TOP COAT** Type 40-40A applied in one coat at 625 sq. ft./U.S. gal (15.3 m^2/L)	10	15

Flame Spread Rating. Class "A" when tested in accordance with ASTM E-84 (NFPA 255), the coating obtained the following UNDERWRITERS LABORATORIES INC. AND UNDERWRITERS' LABORATORIES OF CANADA fire hazard classification.

COATING (SYSTEM) DETAILS	CLASSIFICATION OR RATING (WHEN APPLIED TO INORGANIC-CEMENT BOARD) Flame Spread	Smoke Developed
PRIMER None **BASE COAT** Type 40-40A applied in one coat at 330 sq. ft./U.S. gal. (8.1 m^2/L)/coat **TOP COAT** None	0	0

City of Portland, Maine - Building or Use Permit

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

Permit No:	Date Applied For:	CBL:
10-0853	07/20/2010	334 A014001

Location of Construction:	Owner Name:	Owner Address:	Phone:
56 Milliken St	Kdjs Partners Llc	Po Box 4821	
Business Name:	**Contractor Name:**	**Contractor Address:**	**Phone**
Barber Foods	Barber Foods	54-70 St John St Portland	(207) 541-2816
Lessee/Buyer's Name	**Phone:**	**Permit Type:**	
		Industrial	

Proposed Use:	Proposed Project Description:
Industrial / Women's restroom and office reconfiguration.	Women's restroom and office reconfiguration.

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schnuckal **Approval Date:** 07/21/2010

Note: **Ok to Issue:** ✓

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 08/20/2010

Note: **Ok to Issue:** ✓

1) All penetratios through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approrval prior to work.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 07/29/2010

Note: **Ok to Issue:** ✓

1) A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model .
2) Fire Alarm system shall be maintained.
   If system is to be off line over 4 hours a fire watch shall be in place.
   Dispatch notification required 874-8576.
3) Sprinkler protection shall be maintained.
   Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
4) Emergency lights are required to be tested at the electrical panel on the same circuit as the lighting for the area they serve.
5) Fire extinguishers required. Installation per NFPA 10
6) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit.
7) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance.
   Compliance letters are required.
8) The fire alarm system shall comply with the City of Portland Standard for Signaling Systems for the Protection of Life and Property. All fire alarm installation and servicing companies shall have a Certificate of Fitness from the Fire Department.
9) All construction shall comply with NFPA 1 and 101.
10) This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require ammendments and approval.

Location of Construction:	Owner Name:	Owner Address:	Phone:
56 Milliken St	Kdjs Partners Llc	Po Box 4821	
Business Name:	**Contractor Name:**	**Contractor Address:**	**Phone**
Barber Foods	Barber Foods	54-70 St John St Portland	(207) 541-2816
Lessee/Buyer's Name	**Phone:**	**Permit Type:**	
		Industrial	

Comments:

7/21/2010-gg: entered emailed pdf plans in the system. /gg

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

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

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

__X__ **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

__X__ **Final inspection required at completion of work.**

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

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

100853

General Building Permit Application

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

Location/Address of Construction: 56 MILLIKEN STREET		
Total Square Footage of Proposed Structure/Area 45,000 SF	Square Footage of Lot N/A	Number of Stories 1
Tax Assessor's Chart, Block & Lot Chart# 334 Block# A Lot# 014	Applicant *must be owner, Lessee or Buyer* Name BARBER FOODS INC. Address 54-70 ST JOHN ST. City, State & Zip PORTLAND, ME 04102	Telephone: 541.2816 MIKE LUSHING SR. PLANT ENG.
Lessee/DBA (If Applicable) N/A	Owner (if different from Applicant) Name SAME Address City, State & Zip	Cost Of Work: $ #150,000.– C of O Fee: $ #1,595.00 Total Fee: $

RECEIVED
JUL 20 2010
Dept. of Building Inspections
City of Portland Maine

Current legal use (i.e. single family) INDUSTRIAL Number of Residential Units 0
If vacant, what was the previous use? N/A
Proposed Specific use: SAME
Is property part of a subdivision? NO If yes, please name N/A
Project description:
WOMEN'S RESTROOM & OFFICE RECONFIGURATION; RATED PARTITION AT PRODUCTION AREA Barber Foods

Contractor's name: BARBER FOODS c/o MIKE LUSHING
Address: 54-70 ST. JOHN ST.
City, State & Zip PORTLAND, ME 04102 Telephone: 207.541.2816
Who should we contact when the permit is ready: MIKE LUSHING Telephone: 207.541.2816
Mailing address: SAME

Waiting for emailed PDF
Received PDF

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

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

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

Signature: Michael [illegible], Architect for Barber Foods	Date: 7/20/10

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

Revised 9-26-08

Certificate of Design Application

rom Designer: MICHAEL F. HAYS / GRANT HAYS ASSOC.

)ate: 7/20/10

)b Name: BAB.BCH FOODS ALTERATIONS AT 56 MUNJOY

.ddress of Construction: 56 MUNJOY STREET; PORTLAND

2003 International Building Code

Construction project was designed to the building code criteria listed below:

uilding Code & Year IBC 2003 Use Group Classification (s) F-1

ype of Construction II B

there a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IBC? YES Supervisory alarm system? YES

the Structure mixed use? YES NO If yes, separated or non separated or non separated (section 302.3) YES

eotechnical/Soils report required? (See Section 1802.2) NO

:tructural Design Calculations

_____ Submitted for all structural members (106.1 – 106.11)

esign Loads on Construction Documents (1603)

niformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
N/A	

'ind loads (1603.1.4, 1609)

_____ Design option utilized (1609.1.1, 1609.6)

_____ Basic wind speed (1809.3)

_____ Building category and wind importance Factor, I_w table 1604.5, 1609.5)

N/A Wind exposure category (1609.4)

_____ Internal pressure coefficient (ASCE 7)

_____ Component and cladding pressures (1609.1.1, 1609.6.2.2)

_____ Main force wind pressures (7603.1.1, 1609.6.2.1)

arth design data (1603.1.5, 1614-1623)

_____ Design option utilized (1614.1)

N/A Seismic use group ("Category")

_____ Spectral response coefficients, SDs & SD1 (1615.1)

_____ Site class (1615.1.5)

_____ Live load reduction

_____ Roof *live* loads (1603.1.2, 1607.11)

_____ Roof snow loads (1603.7.3, 1608)

_____ Ground snow load, P_g (1608.2)

_____ If P_g > 10 psf, flat-roof snow load P_f

_____ If P_g > 10 psf, snow exposure factor, C_e

N/A If P_g > 10 psf, snow load importance factor, I_s

_____ Roof thermal factor, C_t (1608.4)

_____ Sloped roof snowload, P_s (1608.4)

_____ Seismic design category (1616.3)

_____ Basic seismic force resisting system (1617.6.2)

_____ Response modification coefficient, R_I and deflection amplification factor C_d (1617.6.2)

_____ Analysis procedure (1616.6, 1617.5)

_____ Design base shear (1617.4, 16175.5.1)

Flood loads (1803.1.6, 1612)

N/A Flood Hazard area (1612.3)

_____ Elevation of structure

Other loads

_____ Concentrated loads (1607.4)

_____ Partition loads (1607.5)

N/A Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404

Certificate of Design

Date: 7/20/10

From: MICHAEL F. HAYS

These plans and / or specifications covering construction work on:

BAILEY FOODS INC ; 56 MARKET ST ; PORTLAND ME FOR WOMEN'S RESTROOM ; I.T. OFFICE & PRODUCTION AREA RENOVATIONS

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2003 International Building Code* and local amendments.

LICENSED ARCHITECT MICHAEL F. HAYS (SEAL) NO. 1724 STATE OF MAINE

Signature: Michael F. Hays

Title: PRINCIPAL

Firm: GRANT HAYS ASSOCIATES

Address: P.O. BOX 6179

FALMOUTH, MAINE 04105

Phone: 207.871.5900

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov

Accessibility Building Code Certificate

Designer: MICHAEL F. HAYS

Address of Project: 56 MILLIKEN STREET; PORTLAND

Nature of Project: WOMEN'S RESTROOM RENOVATION

OPEN OFFICE (CUBICLE) RECONFIGURATION

PRODUCTION AREA PAPER PARTITION

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.

LICENSED ARCHITECT
MICHAEL F. HAYS
NO. 1724
STATE OF MAINE
(SEAL)

Signature: Michael F. Hays

Title: Principal

Firm: GRANT HAYS ASSOCIATES

Address: P. O. BOX 6179

FALMOUTH, MAINE 04105

Phone: 207-878-5900

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov

Revised 9-26-08

CBL: 334-A-014

From: <Mike_Cushing@barberfoods.com>
To: <wallaceb@portlandmaine.gov>, <mc@portlandmaine.gov>, <scott_schmitz@barberfoods.com>
Date: 11/17/2008 2:14:35 PM
Subject: Occupancy certificate for Milliken.

Mike, as a follow up to the inspection of Milliken Facilities the six deficiencies were noted:
(See attached file: REMEDIATION OF ISSUES TO OBTAIN OCCUPANCY CERTIFIATE.doc) In remediation of these issues the following actions have been undertaken:

A. An inspection by Simplex Grinnel outlines the following plan for Fire extinguishers, emergency lighting and exit signs. The proposal is as follows:

(See attached file:
S08-145-BarberFoods-MillikenSt.EE's&FE's-Cover-11-14-08.doc)

B. Protection One to forward a bid to tie the six dry sprinkler mains to annunciator panel, for supervisor alarms when valves are in closed position. These valves are also locked out.

C. The appropriate lettering will be purchased and each riser identified from the outside of the building. this will be done in house and is under way.

D &E. The valve position indicators and facing will be repaired or replaced and all PIV valves will be chained and locked to prevent anyone from tampering with the valves.

F. I will forward the sprinkler reports for both buildings and the sprinklers are tested and check every quarter to ensure there safe operations.. This done in a Maintenance contract with Eastern Sprinkler.

G. I will have some general maintenance done and the lexan windows replaced or sealed as needed.

I would ask that the need for annunciators to all 11 PIV valves be reconsidered as this item alone will range in the 25 to 30 thousand dollar range to get conduit and position indicators installed and tie back in to the building> As these valves will be locked out with a common key and added to the lock box for the fire department, this should provide sufficient evidence of any one tampering with them. In addition to a monthly inspection of the PIV valves from in house personnel should provide adequate protection.

Mike, I believe I have addressed all the issues to complete the occupancy slip, and if I have missed anything, please let me know. As soon as the issues are done, we can schedule a second review of the facilities.

As we experienced a break in the 10" Line on 11-13-2008 that circles the building; we have had the opportunity to use most of the PIV valves and was rather pleased at the working condition of these valves. We were able to isolate the fire system, pump house, and still maintain domestic water

to keep production and other activities going. I feel that with a regular schedule of exercising these valves will work as intended. In the spring, may need to do some tighten on the packing and then exercising them again..

Resp.

MMC
Sr. Facilities Eng.

Protection One®

INSTALLATION WORK ORDER ADDENDUM

Customer # 2766 7476

CS# NE2 2307

Site Number 2604974

Branch Number 1166

Job Number 41215333

Customer Last Name or Business Name Barber Foods

First Name

MI

Today's Date 12/9/08

On Site Contact Michael Cashing

Area Code 207 Contact Telephone Number 541 2800

Site Address 56 Milliken Street City Portland State ME Zip Code 04103

Billing Address (If different from above) P.O. Box 4821 City Portland State ME Zip Code 04112

EQUIPMENT AND LABOR Page ____ of ____

Use this box to list any existing equipment that will NOT be connected to the Protection One System. (List equipment attached to system below.)

QUANTITY SOLD	QUANTITY INSTALLED	MATERIAL CODE	DESCRIPTION	LOCATION	ZONE	UNIT PRICE	EXTENDED PRICE ITEMS INSTALLED
8			PORIT II UL Low Current				
50			Conduit Cont ½"				

TIE IN DRY VALVES

mmc

NOTES

	Sold	Installed
Equipment Charge		
Labor Charge		
Monitoring Fee		
Activation Fee		
Applicable Tax		
Subtotal		
Payment Received		
TOTAL DUE	1,435.00	

Add-on equipment (signature required on both signature lines)

Installation information only (signature only required at bottom to accept installation)

Michael Cashing
Customer/Authorized Signatory Printed Name

Customer/Authorized Signatory Signature 12/8/08 Date

Robin Russell
Security Professional Printed Name

Security Professional Signature Agent Reg# (California Only) 12/8/08 Date

Payment at Sale made by:

Check Check # DL # DL State

MC VS AMEX Credit Card # Expiration Date Authorization

Collected at Sale Balance Due at Installation Name on Credit Card

INSTALLATION INFORMATION

Job # Alarm Permit # Commitment Date/Time Authorization #

Tech Name Total Travel Time System Type

Tech ID Arrive Time

Tech Name Depart Time AC&T Contact Panel Location

Tech ID Total Work Time AC Location

MONITORING CENTER

Quarterly Test Sheets

REPORT OF FIRE SPRINKLER SYSTEM TESTING

Quarterly

Form T1-1

EASTERN SPRINKLER SERVICES INCORPORATED

P.O. BOX 1582
AUBURN, MAINE 04211-1582
207-795-6314

408 HARLOW ST.
BANGOR, MAINE 04401
207-942-8014

Report # 2 of 4

Contract/DW # 32309

Building Name	Barber Foods	Contract With	Systems 1-6
Street	56 Milliken	Tester Name	Jim Laliberte Lic. # 314
City and State	Portland, Maine	Date	~~10-22-2008~~ 10-26-08

Test = the physical operation of equipment to validate condition
Inspect = a visual exam from floor level to validate condition.
Maintain = work performed to keep equipment operable or to make repairs.
Owner = owner's or owner representative's response to a question or actions required of them.

NOTICE
Per NFPA 25 it is the owner's responsibility to be familiar with the inspection, testing and maintenance requirements of their fire sprinkler system. Please refer to your ESSI contract for services to be performed by ESSI.

Owner's or Owner Representative's Name:

1. General - Perform at all testing visits (UNO)	Yes	N.A.	No*
a. **Owner:** Is the building occupancy the same as the last visit?	✓		
b. **Owner:** Is the building properly heated where water filled sprinkler piping (other than dry pipe low points) is present?	✓		
c. **Owner:** Have all new additions and building changes been properly protected with sprinklers?		✓	
d. **Owner:** Is the building use the same as the last inspection?	✓		
e. **Owner:** Are all sprinkler systems in service?	✓		
f. **Owner:** Are valve, above ground tank, and pump enclosures in good condition and properly heated / ventilated?	✓		
2. Annual Sprinkler and Piping Items – Perform at testing visit #1			
a. **Inspect:** Are hangers and seismic bracing secure?	✓		
b. **Inspect:** Are pipe, fittings and sprinkler heads in satisfactory condition?	✓		
c. **Inspect:** Does the entire building appear to be completely sprinklered?	✓		
d. **Inspect:** Are spare sprinklers and sprinkler wrenches properly stored at the property?	✓		
e. **Inspect:** Is all stock or storage at least 18" below sprinkler head deflectors?	✓		
3. Valves – Perform at all testing visits (UNO)			
a. **Inspect:** Are all control valves in satisfactory condition and sealed, locked or supervised in their normal position?	✓		
b. **Inspect:** Are all pressure reducing and relief valves in good condition and free of leakage?	✓		
c. **Inspect:** Are the exteriors of all backflow preventers in good condition and relief valves free of leakage?		✓	
d. **Maintain:** Lubricate all control valves annually. Were valves lubricated at this visit?	✓		
e. **Test:** Control valve operation per NFPA 25 Table 9-1. Are all control valves operating properly?	✓		
4. Drains, Gauges, Fire Department Connections, Anti-freeze and Misc. - Perform at all testing visits (UNO)			
a. **Inspect:** Are gauges in satisfactory condition?	✓		
b. **Inspect:** Are fire department connections in good condition and easily accessible for emergency use?	✓		
c. **Maintain:** Lubricate fire department swivel connections as necessary. Was lubrication applied at this visit?		✓	
d. **Test:** Main drain flow test per NFPA 25 Table 9-1. Was test performed at this visit?	✓		
e. **Test:** Anti-freeze at fall visit per NFPA 25 Table 2-1. Was test performed at this visit? Temp =		✓	
5. Alarm, Dry pipe, Preaction and Deluge Systems and Quick-Opening Devices - Perform at all testing visits (UNO)			
a. **Inspect:** At annual trip test is the interior condition of all dry pipe, preaction and deluge valves satisfactory?	✓		
b. **Inspect:** Are the exteriors of all alarm, dry pipe, quick-opening devices, preaction and deluge valves in good condition?	✓		
c. **Maintain:** At annual trip test clean the interior of all dry pipe, preaction and deluge valves. Were valves cleaned at this test?	✓		
d. **Maintain:** Air compressors. Add oil, clean air filter and check belt. Are compressors in satisfactory condition?	✓		
e. **Maintain:** At Fall visit were low point drains checked and the owner advised to continue maintenance during cold months?	✓		
f. **Test:** Quick-Opening devices per NFPA 25 Table 9-1. Are QOD's operating properly?		✓	
g. **Test:** Priming water levels per NFPA 25 Table 9-1. Is priming water satisfactory?	✓		
h. **Test:** Trip test dry pipe, preaction and deluge valves annually per NFPA 25 Table 9-1. Was test performed at this visit?	✓		
6. Alarms - Perform at all testing visits (UNO)			
a. **Inspect:** Are all alarm devices in satisfactory condition?	✓		
b. **Test:** Flow alarm devices per NFPA 25 Table 2-1. Are all sprinkler alarms working properly?	✓		
c. **Test:** Low air pressure alarms per NFPA 25 Table 9-1. Are all low air pressure alarms working properly?	✓		
d. **Test:** Valve supervisory switches per NFPA 25 Table 9-1. Are all supervisory switches working properly?	✓		

REPORT OF FIRE SPRINKLER SYSTEM TESTING

Form T1-2

EASTERN SPRINKLER SERVICES INCORPORATED
P.O. BOX 1582
AUBURN, MAINE 04211-1582
207-795-6314
408 HARLOW ST.
BANGOR, MAINE 04401
207-942-8014

Report # 2 of 4 — System 2-11 — Contract/DW # 32500

7. Five, Ten, Twenty, Fifty and Seventy-five Year Tests	Yes	N.A.	No*
a. Have extra-high temp. sprinklers been replaced or tested as per NFPA 25 Table 2-1? (every 5 years)		—	
b. Have fast-response sprinklers been replaced or tested as per NFPA 25 Table 2-1? (at 20 years and 10 years thereafter)		—	
c. Have standard-response sprinklers been replaced or tested as per NFPA 25 Table 2-1? (at 50 years and 10 years thereafter)		—	
d. Have standard-response sprinklers over 75 years old been replaced or tested as per NFPA 25 Table 2-1? (every 5 years)		—	
e. Have sprinklers manufactured prior to 1920 been replaced per NFPA 25 Table 2-1?		—	
8. Obstruction Investigation			
a. Has piping been flushed / examined for obstruction within the past 5 years per NFPA 25 Chapter 10?			—
b. If 8a = yes what year was the flushing / examination performed? **YEAR:**			
c. At annual trip test of dry pipe, preaction and deluge systems was ¼ cup or less scale removed from the valve interior?	—		
d. During annual draining of low points were the valves free of scale and blockage?	—		

9. System Information

	System Type	Valve Manufacturer, Model, Size, Year		System Type	Valve Manufacturer, Model, Size, Year
System 1	DBL Interlock	Victaulic S/758 6"	System 4	Deluge	TYCO DV-5 2"
System 2	Dry	Victaulic S/756 6"	System 5	Flow	1" Pump House
System 3	DBL Interlock	Victaulic S/758 6"	System 6		

10. Water Supply Information – PT = Pressure Tank, TP = Tank with Pump, CWP = City Water with Pump, CW = City Water

System 1	CWP	System 2	CWP	System 3	CWP	System 4	CWP	System 5	CWP	System 6	

11. Drain Tests

	Size	Static Before	Residual	Static After		Size	Static Before	Residual	Static After
System 1	2"	80	75	80	System 4	3/4"	72	70	72
System 2	2"	80	75	80	System 5	1"	72	70	72
System 3	2"	85	80	85	System 6				

12. Trip Tests

	Pressure Before Test		Test Orifice		Control Valve	Valve Tripped At		Full Flow - Time	Quick Opening Devices	
	Air	Water	Size	Location	# Turns Open	PSI Air	Time	For Water at ITC	Manuf / Model	Trip Time
System 1	160	80		MANUALLY		TRIPPED				
System 2	31	80	½"	at Valve	5	6	:05	—	—	—
System 3	15	85		MANUALLY		TRIPPED				
System 4										
System 5	33	155		MANUALLY		TRIPPED				
System 6										

13. Comments – *Explain all "no" answers here. Attach additional sheets if necessary.

See continuation

Sheet 1 of 2

REPORT OF FIRE SPRINKLER SYSTEM TESTING

Form T1-1

EASTERN SPRINKLER SERVICES INCORPORATED

P.O. BOX 1582
AUBURN, MAINE 04211-1582
207-795-6314

408 HARLOW ST.
BANGOR, MAINE 04401
207-942-8014

Report # 2 of 4

Contract/DW # 32300

Building Name Barber Foods

Street 56 Milliken's

City and State Portland, Maine

Contract With Systems 2-11

Tester Name Jim Lalibarte Lic. # 314

Date 10-26-08

Test = the physical operation of equipment to validate condition
Inspect = a visual exam from floor level to validate condition.
Maintain = work performed to keep equipment operable or to make repairs.
Owner = owner's or owner representative's response to a question or actions required of them.

NOTICE
Per NFPA 25 it is the owner's responsibility to be familiar with the inspection, testing and maintenance requirements of their fire sprinkler system. Please refer to your ESSI contract for services to be performed by ESSI.

Owner's or Owner Representative's Name:

	Yes	N.A.	No*
1. General - Perform at all testing visits (UNO)			
a. **Owner:** Is the building occupancy the same as the last visit?	✓		
b. **Owner:** Is the building properly heated where water filled sprinkler piping (other than dry pipe low points) is present?	✓		
c. **Owner:** Have all new additions and building changes been properly protected with sprinklers?		✓	
d. **Owner:** Is the building use the same as the last inspection?	✓		
e. **Owner:** Are all sprinkler systems in service?	✓		
f. **Owner:** Are valve, above ground tank, and pump enclosures in good condition and properly heated / ventilated?	✓		
2. Annual Sprinkler and Piping Items – Perform at testing visit #1			
a. **Inspect:** Are hangers and seismic bracing secure?	✓		
b. **Inspect:** Are pipe, fittings and sprinkler heads in satisfactory condition?	✓		
c. **Inspect:** Does the entire building appear to be completely sprinklered?	✓		
d. **Inspect:** Are spare sprinklers and sprinkler wrenches properly stored at the property?	✓		
e. **Inspect:** Is all stock or storage at least 18" below sprinkler head deflectors?	✓		
3. Valves – Perform at all testing visits (UNO)			
a. **Inspect:** Are all control valves in satisfactory condition and sealed, locked or supervised in their normal position?	✓		
b. **Inspect:** Are all pressure reducing and relief valves in good condition and free of leakage?	✓		
c. **Inspect:** Are the exteriors of all backflow preventers in good condition and relief valves free of leakage?		✓	
d. **Maintain:** Lubricate all control valves annually. Were valves lubricated at this visit?	✓		
e. **Test:** Control valve operation per NFPA 25 Table 9-1. Are all control valves operating properly?	✓		
4. Drains, Gauges, Fire Department Connections, Anti-freeze and Misc. - Perform at all testing visits (UNO)			
a. **Inspect:** Are gauges in satisfactory condition?	✓		
b. **Inspect:** Are fire department connections in good condition and easily accessible for emergency use?	✓		
c. **Maintain:** Lubricate fire department swivel connections as necessary. Was lubrication applied at this visit?	✓		
d. **Test:** Main drain flow test per NFPA 25 Table 9-1. Was test performed at this visit?	✓		
e. **Test:** Anti-freeze at fall visit per NFPA 25 Table 2-1. Was test performed at this visit? **Temp =**		✓	
5. Alarm, Dry pipe, Preaction and Deluge Systems and Quick-Opening Devices - Perform at all testing visits (UNO)			
a. **Inspect:** At annual trip test is the interior condition of all dry pipe, preaction and deluge valves satisfactory?	✓		
b. **Inspect:** Are the exteriors of all alarm, dry pipe, quick-opening devices, preaction and deluge valves in good condition?	✓		
c. **Maintain:** At annual trip test clean the interior of all dry pipe, preaction and deluge valves. Were valves cleaned at this test?	✓		
d. **Maintain:** Air compressors. Add oil, clean air filter and check belt. Are compressors in satisfactory condition?	✓		
e. **Maintain:** At Fall visit were low point drains checked and the owner advised to continue maintenance during cold months?	✓		
f. **Test:** Quick-Opening devices per NFPA 25 Table 9-1. Are QOD's operating properly?		✓	
g. **Test:** Priming water levels per NFPA 25 Table 9-1. Is priming water satisfactory?	✓		
h. **Test:** Trip test dry pipe, preaction and deluge valves annually per NFPA 25 Table 9-1. Was test performed at this visit?	✓		
6. Alarms - Perform at all testing visits (UNO)			
a. **Inspect:** Are all alarm devices in satisfactory condition?	✓		
b. **Test:** Flow alarm devices per NFPA 25 Table 2-1. Are all sprinkler alarms working properly?	✓		
c. **Test:** Low air pressure alarms per NFPA 25 Table 9-1. Are all low air pressure alarms working properly?	✓		
d. **Test:** Valve supervisory switches per NFPA 25 Table 9-1. Are all supervisory switches working properly?	✓		

REPORT OF FIRE SPRINKLER SYSTEM TESTING

Form T1-2

EASTERN SPRINKLER SERVICES INCORPORATED
P.O. BOX 1582
AUBURN, MAINE 04211-1582
207-795-6314

408 HARLOW ST.
BANGOR, MAINE 04401
207-942-8014

Report # 2 of 4

Contract/DW # 32800

Systems 1-6

7. Five, Ten, Twenty, Fifty and Seventy-five Year Tests	Yes	N.A.	No*
a. Have extra-high temp. sprinklers been replaced or tested as per NFPA 25 Table 2-1? (every 5 years)		✓	
b. Have fast-response sprinklers been replaced or tested as per NFPA 25 Table 2-1? (at 20 years and 10 years thereafter)		✓	
c. Have standard-response sprinklers been replaced or tested as per NFPA 25 Table 2-1? (at 50 years and 10 years thereafter)		✓	
d. Have standard-response sprinklers over 75 years old been replaced or tested as per NFPA 25 Table 2-1? (every 5 years)		✓	
e. Have sprinklers manufactured prior to 1920 been replaced per NFPA 25 Table 2-1?		✓	
8. Obstruction Investigation			
a. Has piping been flushed / examined for obstruction within the past 5 years per NFPA 25 Chapter 10?			✓
b. If 8a = yes what year was the flushing / examination performed? **YEAR:**			
c. At annual trip test of dry pipe, preaction and deluge systems was ¼ cup or less scale removed from the valve interior?	✓		
d. During annual draining of low points were the valves free of scale and blockage?	✓		

9. System Information

	System Type	Valve Manufacturer, Model, Size, Year		System Type	Valve Manufacturer, Model, Size, Year
System 1	Alarm	Grinnell A 8"	System 4	Flow	8"
System 2	DW Tyco	Victaulic 5/258 6"	System 5	Alarm	Reliable E 8"
System 3	DW Tyco	Victaulic 5/258 4"	System 6	Alarm	Grinnell A 8"

10. Water Supply Information – PT = Pressure Tank, TP = Tank with Pump, CWP = City Water with Pump, CW = City Water

System 1	CWP	System 2	CWP	System 3	CWP	System 4	CWP	System 5	CWP	System 6	CWP

11. Drain Tests

	Size	Static Before	Residual	Static After		Size	Static Before	Residual	Static After
System 1	2"	88	80	88	System 4	2"	80	75	80
System 2	2"	80	70	80	System 5	2"	82	77	82
System 3	2"	84	80	84	System 6	2"	88	83	88

12. Trip Tests

	Pressure Before Test		Test Orifice		Control Valve	Valve Tripped At		Full Flow - Time	Quick Opening Devices	
	Air	Water	Size	Location	# Turns Open	PSI Air	Time	For Water at ITC	Manuf / Model	Trip Time
System 1										
System 2	13	80	MANUAL			TRIPPED				
System 3	15	84	MANUAL			TRIPPED				
System 4										
System 5										
System 6										

13. Comments – *Explain all "no" answers here. Attach additional sheets if necessary.

No unknown

Tom Varney

LOCK STOCK & BARREL, INC.

P.O. Box 939
PORTLAND, MAINE 04104
TEL. (207) 773-2904

RECEIPT / WORK ORDER

Date 19 December '08

Initials

SOLD TO: Barber Foods
P.O. Box 2841
Portland, ME

P.O.# MM08-00393

Location Millikey

MATERIALS:

	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
80	20	Abus 83/45 / 45 (3)	23.40	468.00
523	20	Keymark interchangeable core	29.20	584.00
505	2	Pro-Flow (large)	8.50	17.00
	12	Keymark keys (AA)	9.00	108.00

LABOR: ☐ - SURVEY ☒ - SERVICE CALL ☐ - AFTER HOURS SERVICE ☐ - AUTOMOTIVE

	ON-SITE SERVICE		
20	Rekey - specialty cylinder (Pomerance direction)	17.00	340.00

COMMENTS / RECOMMENDATIONS:

TERMS: DUE AND PAYABLE UPON PRESENTATION OF INVOICE.
BALANCES OVER 30 DAYS SUBJECT TO A 1½% MONTHLY LATE FEE.

LABOR	340.00
MATERIALS	1177.00
SALES TAX	58.85
TOTAL	1575.85

RECEIVED BY:

THANK YOU!

From: Benjamin Wallace
To: Gregory Cass; Michael Collins
Date: 11/4/2008 1:47:04 PM
Subject: 56 Milliken Road, Barber Foods

Hello,
This is what I've got for Barber Foods:
The sprinkler system is required to be supervised because of path of travel. Must not exceed 50' w/o supervised sprinkler or 100' with supervised sprinkler. Still must verify that they can get to an exit with in the 100' travel allowance from anywhere in the warehouse.
The OS&Ys and PIVs on the exterior of the building were not secured and the supervisory devices were either cut off or rotted off. Some of the PIVs were not indicating their position because the window was clouded over or otherwise didn't say.
They will be labeling the valves on the exterior of the building.
The supervisory devices on the newer risers inside the building were not connected to the fire alarm.
Need fire alarm and sprinkler test reports.
The EXIT signage in the warehouse was wholly inadequate, and what was there was damaged.
Emergency lighting must be tested.
There were no fire extinguishers in the warehouse.
Is that enough?
Ben

tyco
Fire & Security

SimplexGrinnell

Work Done on Emergency Lite's Fire Extinguishers Signs

SimplexGrinnell LP
20 Thomas Drive
Westbrook, ME 04092
P. 207-842-6440 F. 207-842-6439

PROPOSAL AND SERVICE AGREEMENT

SimplexGrinnell Contract #	Salesperson: License No.	Date: 10 DEC 08
Customer: BARBER FOODS Invoice To (if different from Customer):	Job Location: 56 MILLIKEN ST ~~RIVERSIDE INDUSTRIAL PKWY.~~ PORTLAND, ME. 04102 Customer P.O. #	

SimplexGrinnell ("Company"), for and in consideration of the prices herein named, proposes to furnish the work, and/or materials hereinafter described, subject to the terms and conditions of this Agreement.

SCOPE OF WORK:

REPLACE PARTS FOUND DEFECTIVE DURING EMERGENCY LIGHT INSPECTION CONDUCTED 10 DEC 08

24	6V-12 AH BATTERIES @ 40.80 EA	979.20
1	6V-700 MAH NICAD PACK @ 32.00 EA	32.00
25	BATT. DISPOSAL FEE @ 6.00 EA	150.00
	5% TAX ON MAT'L ONLY	50.56
		1211.76
	VERBAL APPROVAL FOR LED EXIT REPLACEMENT	140.00
	TOTAL -	1351.76

Payment ☐ Net 10 ☐ Net 30 ☐ C.O.D. Deposit: $
☐ Time and Material ☐ Price Not to Exceed $ ☒ Fixed Price of $ Balance Due: $
☐ AMEX ☐ MC/Visa ☐ Discover ☐ CREDIT CARD # Expiration Date:
Name on Credit Card
*(If work under this Agreement is tax exempt, Customer **MUST** provide exemption certificate.)*

IMPORTANT NOTICE TO CUSTOMER

In accepting this Proposal, Customer agrees to the terms and conditions contained herein including those on the reverse side of this Agreement and any attachments or riders attached hereto that contain additional terms and conditions. It is understood that these terms and conditions shall prevail over any variation in terms and conditions on any purchase order or other document that the Customer shall issue. Any changes in the system requested by the Customer after the execution of this Agreement shall be paid for by the Customer and such changes shall be authorized in writing.
ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.

Customer

By: Authorized Signature

Name:

Title:

SIMPLEXGRINNELL, LP

By: Gregory G Tobias

Name: GREG TOBIAS

Title: SERV. TECH

SG4269R7

SimplexGrinnell **Emergency Light / Exit Sign Inspection Report**

Date 10 DEC 08 Emergency Light X Exit Sign _____ Combo _____
Customer _____
Contact _____ Phone # _____

Unit # 1 Brand GOULD Model ?
_____ Pass Location FRONT WAREHOUSE @ ISLE 19 - ABOVE MAN DOOR
X Fail Charging Voltage N/A 5 Min Disch Voltage N/A
Notes / Comments: * NO AC PWR AVAILABLE AT UNIT (1) BAT 612 (4) W/ AC PWR AVAIL.

Unit # 2 Brand PRESCOLITE Model ESB 7-12
_____ Pass Location ISLE 19 @ MAN DOOR
X Fail Charging Voltage 13.71 5 Min Disch Voltage N/A
Notes / Comments: BATT FAILED VISUAL ✓ - QUOTE (2) BAT 612

Unit # 3 Brand PRESCOLITE Model ESB-7-12
_____ Pass Location ISLE 18 MIDDLE
X Fail Charging Voltage 13.78 5 Min Disch Voltage N/A
Notes / Comments: BATT FAILED VISUAL ✓ - QUOTE (2) BAT 612

Unit # 4 Brand PRESCOLITE Model ESB-7-12
_____ Pass Location ISLE 17 - MIDDLE
X Fail Charging Voltage 13.70 5 Min Disch Voltage N/A
Notes / Comments: BATT FAILED VISUAL ✓ - QUOTE (2) BAT 612

Unit # 5 Brand PRESCOLITE Model ESB-7-12
_____ Pass Location ISLE 16 - MIDDLE
X Fail Charging Voltage 13.95 5 Min Disch Voltage N/A
Notes / Comments: BATT FAILED VISUAL ✓ - QUOTE (2) BAT 612

Unit # 6 Brand PRESCOLITE Model ESB 7-12
_____ Pass Location ISLE 15 - MIDDLE
X Fail Charging Voltage 13.82 5 Min Disch Voltage N/A
Notes / Comments: BATT FAILED VISUAL ✓ - QUOTE (2) BAT 612

Unit # 7 Brand PRESCOLITE Model ESB - 7-12
_____ Pass Location ISLE 21 - WAREHOUSE / HIGH
X Fail Charging Voltage 13.76 5 Min Disch Voltage N/A
Notes / Comments: BATT FAILED VISUAL ✓ - QUOTE (2) BAT 612

S/G Tech Gregory Tobias Greg Tobias Date 10 DEC 08
Cust Rep _____ Date _____

SimplexGrinnell **Emergency Light / Exit Sign Inspection Report**

Date 10 DEC 08 Emergency Light X Exit Sign _____ Combo _____
Customer BARBIER FUNDS
Contact _____ Phone # _____

Unit # 8 Brand PRESCOLITE Model ESB-7-12
Pass Location ISLE 21 - MIDDLE - HIGH
X Fail Charging Voltage 13.42 5 Min Disch Voltage N/A
Notes / Comments: BAT FAILED VISUAL ✓ - QVOTE
(2) BAT612

Unit # 9 Brand PRESCOLITE Model ESB 7-12
Pass Location ISLE 21 - NEAR STAIRS - HIGH
X Fail Charging Voltage 13.86 5 Min Disch Voltage N/A
Notes / Comments: BAT FAILED VISUAL ✓ - QVOTE
(2) BAT612

Unit # 10 Brand LITHONIA Model ELT-36
Pass Location WHRS - OLD - NEAR OFFICE DOOR
X Fail Charging Voltage N/A 5 Min Disch Voltage N/A
Notes / Comments: NO AC PWR @ UNIT
(2) BAT612 WHEN PWR AVAIL.

Unit # 11 Brand EXIDE - MC BRITE Model M-100
Pass Location WHRS - OLD - FRONT @ ISLE 4
X Fail Charging Voltage N/A 5 Min Disch Voltage N/A
Notes / Comments: NO AC PWR @ UNIT
(1) BAT612 (*)

Unit # 12 Brand PRESCOLITE Model ESB 7-12
Pass Location STAIRS TO MEZZ.
X Fail Charging Voltage 13.78 5 Min Disch Voltage N/A
Notes / Comments: BAT FAILED VISUAL ✓ - QVOTE
(2) BAT612

Unit # 13 Brand PRESCOLITE Model ESB-7-12
Pass Location MEZZ - MIDDLE - REAR
X Fail Charging Voltage 13.76 5 Min Disch Voltage N/A
Notes / Comments: BAT FAILED VISUAL ✓ - QVOTE
(2) BAT612

Unit # 14 Brand PRESCOLITE Model ESB 7-12
Pass Location MEZZ - MIDDLE - FRONT
X Fail Charging Voltage 13.63 5 Min Disch Voltage N/A
Notes / Comments: BAT FAILED VISUAL ✓ - QVOTE
(2) BAT612

S/G Tech Gregory Tobias G. Tobias Date 10 DEC 08

Cust Rep _____ Date _____

SimplexGrinnell

Emergency Light / Exit Sign Inspection Report

Date 10 DEC 08 Emergency Light X Exit Sign ______ Combo ______
Customer BARBER FOODS
Contact ______ Phone # ______

Unit # 15
Pass ______
Fail X
Brand PRESOLUTE Model ESB 7-12
Location MEZZ. END
Charging Voltage 13.67 5 Min Disch Voltage N/A
Notes / Comments: BATT FAILED VISUAL ✓ - QUOTE

(2) BAT 612

Unit # ______
Pass ______
Fail ______
Brand ______ Model ______
Location ______
Charging Voltage ______ 5 Min Disch Voltage ______
Notes / Comments: ______

Unit # ______
Pass ______
Fail ______
Brand ______ Model ______
Location ______
Charging Voltage ______ 5 Min Disch Voltage ______
Notes / Comments: ______

Unit # ______
Pass ______
Fail ______
Brand ______ Model ______
Location ______
Charging Voltage ______ 5 Min Disch Voltage ______
Notes / Comments: ______

Unit # ______
Pass ______
Fail ______
Brand ______ Model ______
Location ______
Charging Voltage ______ 5 Min Disch Voltage ______
Notes / Comments: ______

Unit # ______
Pass ______
Fail ______
Brand ______ Model ______
Location ______
Charging Voltage ______ 5 Min Disch Voltage ______
Notes / Comments: ______

Unit # ______
Pass ______
Fail ______
Brand ______ Model ______
Location ______
Charging Voltage ______ 5 Min Disch Voltage ______
Notes / Comments: ______

S/G Tech Gregory Tobias G. Tobias Date 10 DEC 08

Cust Rep ______ Date ______

SimplexGrinnell **Emergency Light / Exit Sign Inspection Report**

Date 10 DEC 08 Emergency Light _____ Exit Sign X Combo _____
Customer BARBER FOODS
Contact _____ Phone # _____

Unit # 1 Brand GENLYTE Model 6205P
X Pass Location CHARGER ROOM
_____ Fail Charging Voltage AC ONLY 5 Min Disch Voltage N/A
Notes / Comments: FOUND CKT BOARD DISCONNECTED — RECONN. — √A GOOD

Unit # 2 Brand GENLYTE Model 6205P
X Pass Location SPRINKLER RISER AREA
_____ Fail Charging Voltage AC ONLY 5 Min Disch Voltage N/A
Notes / Comments:

Unit # 3 Brand GENLYTE Model 6205P
X Pass Location 2ND FL EQUIPMENT ROOM
_____ Fail Charging Voltage AC ONLY 5 Min Disch Voltage N/A
Notes / Comments:

Unit # 4 Brand HUBBELL Model PUP RN 1-9
X Pass Location MEZZ. @ FIRE ESCAPE
_____ Fail Charging Voltage 6.75 5 Min Disch Voltage N/A
Notes / Comments: UNIT DEFECTIVE — DC PWR ALWAYS ON — TRANSFER RELAY FROZEN IN DC POSITION (1) LED 1 EXT.

Unit # 5 Brand ? Model ?
_____ Pass Location RACEHORSE - REAR @ OVND DOOR
X Fail Charging Voltage AC ONLY 5 Min Disch Voltage N/A
Notes / Comments: AC BULBS OUT — NO AC PWR AT EXIT SIGN.

Unit # 6 Brand PRESCOLITE Model LED R/G 123/NB
_____ Pass Location MEZZ-C STAIRS
X Fail Charging Voltage 6.83 5 Min Disch Voltage N/A
Notes / Comments: UNIT FAILED VISUAL — BATTERY — QUOTE (1) 6V 700mah NICAD

Unit # _____ Brand _____ Model _____
_____ Pass Location _____
_____ Fail Charging Voltage _____ 5 Min Disch Voltage _____
Notes / Comments:

S/G Tech Gregory Tobias G. Tobias Date 10 DEC 08

Cust Rep _____ Date _____

tyco
Fire & Security

SimplexGrinnell
20 Thomas Drive
Westbrook, ME 04092

Tel: 207-842-6440
Fax: 207-842-6439

SimplexGrinnell

NAME: BARBER FOODS
DATE: 10 DEC 08

PHYSICAL ADDRESS:
~~RIVERSIDE INDUSTRIAL PKWY~~ 56 MILLIKEN ST
PORTLAND, ME 04103

POC: STEVE

BILLING ADDRESS:

PURCHASE ORDER #	PHONE #	SOLD BY	TECH.
	207-482-5510		G. TOBIAS

INSPECTION

	CODE	DESCRIPTION		CODE	DESCRIPTION
15	EL 1-4	EMERGENCY LIGHT UNIT 1-4	1	ES	EXIT SIGN
	EL 5-8	EMERGENCY LIGHT UNIT 5-8	5	ESWB	EXIT SIGN W/BATT.
	EL9-16	EMERGENCY LIGHT UNIT 9-16		LABOR	LABOR
	EL17-24	EMERGENCY LIGHT UNIT 17-24			

REPAIRS

	CODE	DESCRIPTION
	BAT121	12V 1.2AH
	BAT1212	12V 12AH
	BAT1217	12V 17AH
	BAT1235	12V 35AH
	BAT1232	12V 45AH
	BAT 1255	12V 55AH
	DG-12-60	12V 60AH
	BAT1270	12V 70AH
	PRB127	12V 7AH
	BAT410	4V 10AH
	GSB45	4V 5AH
	BAT47	4V 7AH
	GSB48	4V 8AH
	BAT610	6V 10AH
	BAT612	6V 12AH
	BAT620	6V 20AH
	BAT636	6V 36AH
	BAT64	6V 4AH
	BAT67	6V 7AH
	GSB68	6V 8AH

	CODE	DESCRIPTION
	B170	4V 7.2W BAY BASE
	BH7555	12V 8W SEALED BEAM
	B7613	6V 8W SEALED BEAM
	B7C7	120V 7W CANDEL.
	B909	6V 3.7W WEDGE
	BV912	12V 12.8W MINI WDG
	B914	4V 3.6W MINI WEDGE BULB
	B939	6V 5.4W MINI WEDGE BULB
	B927	6V 7.2W MINI WEDGE BULB
	B915	12V 9W MINI WEDGE BULB
	GE784	6V MINI WEDGE HALOGEN BULB
	GE783	12V MINI WEDGE HALOGEN BULB
	LENS1	RED INCAND. EXIT LENS
	LENS3	RED LED DAY-GLO LENS
	BPL5	5 WATT FLR. BULB
	BPL9	9 WATT FLR. BULB
	BF6T5	120V 6W MINI BI-PIN FL. BULB
	BF8TS	120V 8W MINI BI-PIN FL. BULB
	B914	4V 9W MINI WEDGE
	BPL7	7 WATT FLR. BULB
	BT6	145V 15W T/6 LAMP
	BT65S	120V 20W INTERM BASE
	BT65SDC	120V 20W BAYBASE
	BT82	6V 6.3W BAY BASE

	CODE	DESCRIPTION
	WS1	LED CANDEL. BASE
	WS3	LED ITERM BASE
	WS4	INC. CANDELABRA
	WS5	INC. BAY BASE
	WS6	INC. INTERM BASE
	WS7	LED FLR BULB
	SCES2	EXIT SIGN W/BATT PCK
	6ELM2P	6V 24W YUNIT
	8RHD	8W REMOTE HEAD 6V
	9RHD	9W REMOTE HEAD 12V
	LED4	COMBO UNIT ELITE/EXIT
	ELM	ECON. 6V UNIT
	ELM2	ECON. 6V UNIT SWIVEL
	ELM4	12V 50W UNIT
	ERL1	RED EXIT LENS
	LED1	LED EXIT SIGN W/BATT
	LED2	LED EXIT W/BATT PACK
	LABOR	LABOR
	BLRK	2 RED LED RETRO BULB
	TLR	LED T-LAMP RETRO BULB
	BATT DISP.	BATTERY DISPOSAL FEE

SIGNATURE: [signature]
PRINT: Stephen N. Flanagan
W/O #:

NOTE:
* QUOTE REPAIRS AS PART OF CONTRACT. EXCEPT REPLACE (1) LED EXIT SIGN IN MEZZ @ FIRE ESCAPE. ** PER STEVE

tyco
Fire & Security

SimplexGrinnell LP

20 Thomas Drive
Westbrook, ME 04092
P 207.842.2440 F 207.842.2439

SimplexGrinnell

PROPOSAL AND SERVICE AGREEMENT

SimplexGrinnell Contract #	Salesperson: License No.	Date: 10 DEC 08
Customer: BARBER FOODS Invoice To (if different from Customer):	Job Location: 56 MILLIKEN ST PORTLAND, ME 04102 Customer P.O. #	

SimplexGrinnell ("Company"), for and in consideration of the prices herein named, proposes to furnish the work, and/or materials hereinafter described, subject to the terms and conditions of this Agreement.

SCOPE OF WORK:

REPLACE PARTS FOUND DEFECTIVE DURING EMERGENCY LIGHT INSPECTION CONDUCTED 10 DEC 08

24	6V - 12 AH BATTERIES @ 40.00 EA	979.20
1	6V - 700 MAH NICAD PACK @ 32.00 EA	32.00
25	BATT. DISPOSAL FEE @ 6.00 EA	150.00
	5% TAX ON MATL ONLY	50.56
		1211.76
	VERBAL APPROVAL FOR LED EXIT REPLACEMENT	140.00
	TOTAL -	1351.76

Payment ☐ Net 10 ☐ Net 30 ☐ C.O.D.
☐ Time and Material ☐ Price Not to Exceed $_____ ☒ Fixed Price of $_____ Deposit: $_____
☐ AMEX ☐ MC/Visa ☐ Discover ☐ CREDIT CARD #_____ Expiration Date: Balance Due: $_____
Name on Credit Card _____
*(If work under this Agreement is tax exempt, Customer **MUST** provide exemption certificate.)*

IMPORTANT NOTICE TO CUSTOMER

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ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.

Customer
By:_____ Authorized Signature
Name:_____
Title:_____

SIMPLEXGRINNELL, LP
By: Gregory G Travis
Name: GREG TRAVIS
Title: SERV TECH

SG4269R7

GRANT HAYS ASSOCIATES

ARCHITECTURE & INTERIOR DESIGN

MEMO

DATE: August 18, 2010

TO: Jim Graves

FROM: Mike Hays

RE: Barber Foods – 56 Milliken Street Renovations

CC: Tammy Munson – Portland CEO; Mike Cushing – Barber Foods; Bob Mohlin – Mohlin & Company, file

---

Attached are revised drawings for the above referenced project. Design adjustments were made to the areas indicated within the bubble outlines and identified with shaded deltas.

Please contact me directly with any questions or comments.

Regards,

Mike

334-A-14

P. O. BOX 6179, FALMOUTH, MAINE 04105 ♦ (207) 871-5900, FAX (207) 871-9308

CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

12-30 20 03

Received from Joe Gale

Location of Work 50 Wilton

Cost of Construction $ Building Fee:

Permit Fee $ 75 Site Fee:

Certificate of Occupancy Fee: 75

Total: 75

Building (IL) ___ Plumbing (I5) ___ Electrical (I2) ___ Site Plan (U2) ___

Other

CBL: 334-A-14 II 31951

Check #: Cash

Total Collected $ 75

No work is to be started until permit issued.

If permit is Withdrawn or Denied, amount of the Refund is based on $20.00 or 20% of the fee, (whichever is greater)

In order to receive a refund, you MUST present the Original Receipt.

Taken by:

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 56 Milliken St CBL 334 A014001

Issued to Kdjs Partners Llc /Food Tech Structures LLC Date of Issue 12/24/2008

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. 04-1851, 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

APPROVED OCCUPANCY

Storage/Office Space
Use Group B, S1, S2
Type 2B
IBC 2003

Limiting Conditions:

No cooking or processing. Preperation only.

This certificate supersedes certificate issued

Approved:

(Date) *Inspector* *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.

CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

July 20 2010

Received from [illegible] Company

Location of Work 56 [illegible]

Cost of Construction $______ Building Fee: 1,520.00

Permit Fee $______ Site Fee: ______

Certificate of Occupancy Fee: 75.00

Total: 1,595.00

Building (IL) ✓ Plumbing (I5) ___ Electrical (I2) ___ Site Plan (U2) ___

Other ______

CBL: 334 A014

Check #: 1514

Total Collected $ 1,595.00

No work is to be started until permit issued.
Please keep original receipt for your records.

Taken by: [signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

CITY OF PORTLAND, MAINE
Department of Building Inspections

Original Receipt

7.9 20 10

Received from Pollard

Location of Work 56 Winter

Cost of Construction $_____ Building Fee: _____

Permit Fee $_____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 55

Building (IL) ___ Plumbing (I5) ___ (Electrical (I2) ___ Site Plan (U2) ___

Other _____

CBL: 331 A-11

Check #: CC **Total Collected** $ 55

No work is to be started until permit issued.
Please keep original receipt for your records.

Taken by: J. Hill

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 56 Milliken St **CBL** 334 A014001

Issued to Kdjs Partners Llc /Barber Foods Date of Issue 09/16/2010

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. 10-0853, 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

APPROVED OCCUPANCY
Industrial Warehouse and Offices
Use Group F-1
Type 2B
IBC-2003

Limiting Conditions:
None

This certificate supersedes certificate issued

Approved:

9-16-10
(Date) *Inspector*

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.