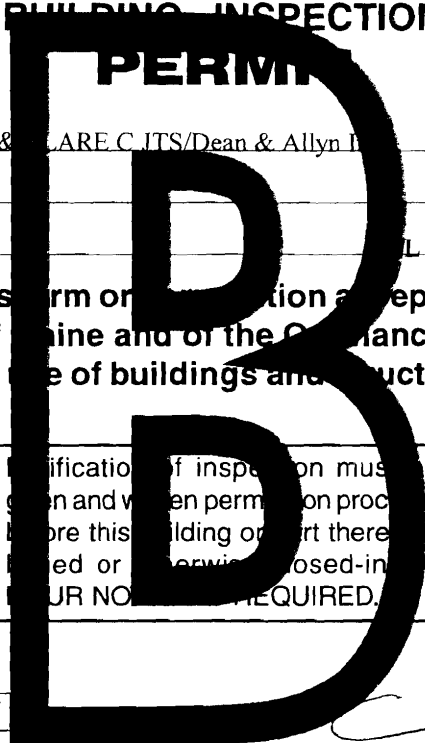


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT



Please Read Application And Notes, If Any, Attached

Permit Number: 081040

PERMIT ISSUED
SEP 18 2008

This is to certify that LABRECQUE SCOTT P & CLARE C ITS/Dean & Allyn I

has permission to Install Sprinkler System

AT 1340 OLD RIVERSIDE ST

357 C004001

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

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

Classification of inspection must be given and when permission procured before this building or part thereof is occupied or service closed-in. YOUR NOTICE REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. Craig Cress
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-1040	Issue Date:	CBL: 357 C004001
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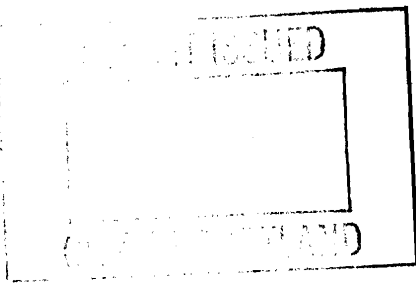
Location of Construction: 1340 OLD RIVERSIDE ST	Owner Name: LABRECQUE SCOTT P & CLARE	Owner Address: 18 BROOKSIDE DR	Phone:
Business Name:	Contractor Name: Dean & Allyn Inc.	Contractor Address: P.O. Box 709 Gray	Phone: 2076575646
Lessee/Buyer's Name	Phone:	Permit Type: Sprinkler Systems	Zone: I-M

Past Use: Commercial / Day Care for 20 Children <i>single family</i>	Proposed Use: Commercial / Day Care for 20 Children - Install Sprinkler System	Permit Fee: \$110.00	Cost of Work: \$8,520.00	CEO District: 5
Proposed Project Description: Install Sprinkler System		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>U</i> Type:	
		Signature: <i>Greg Cass</i>		Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: Idobson	Date Applied For: 08/20/2008	Zoning Approval		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>8/22/08</i>	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 _____

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-1040	Date Applied For: 08/20/2008	CBL: 357 C004001
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Location of Construction: 1340 OLD RIVERSIDE ST	Owner Name: LABRECQUE SCOTT P & CLARE	Owner Address: 18 BROOKSIDE DR	Phone:
Business Name:	Contractor Name: Dean & Allyn Inc.	Contractor Address: P.O. Box 709 Gray	Phone (207) 657-5646
Lessee/Buyer's Name	Phone:	Permit Type: Sprinkler Systems	

Proposed Use: Commercial /Day Care for 20 Children - Install Sprinkler System	Proposed Project Description: Install Sprinkler System
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 08/22/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Tammy Munson	Approval Date: 09/18/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved	Reviewer: Capt Greg Cass	Approval Date: 08/25/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.			
2) Application requires State Fire Marshal approval.			



General Building Permit Application

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

Location/Address of Construction: <u>1340 Riverside Street</u>		
Total Square Footage of Proposed Structure <u>4400</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Payson Street Child Care Inc</u> <u>29 Payson St</u> <u>Portland, Me 04102</u>	Telephone: <u>332 9435</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Dean and Allyn Inc</u> <u>Po Box 709</u> <u>GRAY Me 04039</u>	Cost Of Work: \$ _____ Fee: \$ _____ C of O Fee: \$ _____
Current legal use (i.e. single family) _____ If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Install sprinkler system Cost \$8520</u>		
Contractor's name, address & telephone: <u>Dean and Allyn Inc P.O. Box 709 GRAY, Me 04039</u>		
Who should we contact when the permit is ready: <u>Harry King</u> Mailing address: _____ Phone: <u>233-9105</u> <u>AUG 20</u>		

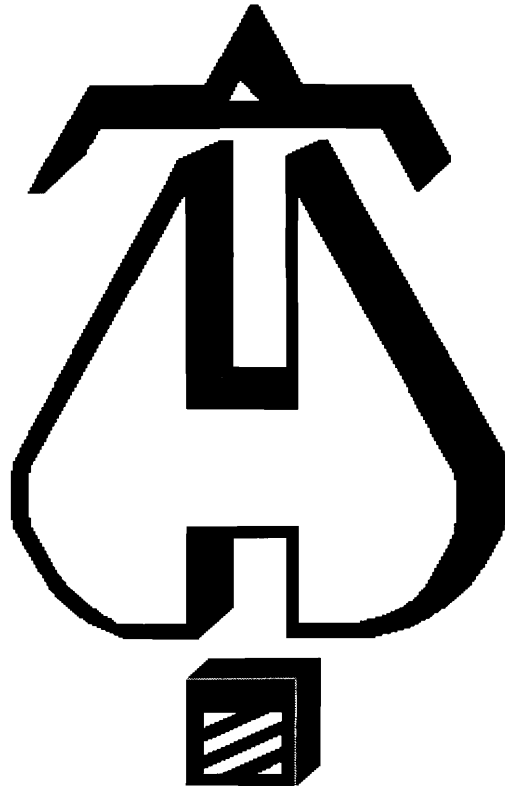
Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

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 of applicant: <u>Harry King</u>	Date: <u>8-19-08</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



... Fire Protection by Computer Design

DEAN & ALLYN, INC.
32 LEWISTON ROAD BUILDING 1C
P.O. BOX 709
GRAY, ME 04039
207-657-5646

Job Name : PAYSON STREET CHILD CARE
Building : ONE
Location : 1340 RIVERSIDE STREET PORTLAND MAINE
System : ONE
Contract : TBD
Data File : PAYSON CHILD CARE3.WXF

HYDRAULIC DESIGN INFORMATION SHEET

Name - PAYSON STREET CHILD CARE Date - 8-9-08
Location - 1340 RIVERSIDE STREET PORTLAND MAINE
Building - ONE System No. - ONE
Contractor - DEAN AND ALLYN, INC. Contract No. - TBD
Calculated By - H KING Drawing No. - 1 OF 1
Construction: (X) Combustible () Non-Combustible Ceiling Height 8'
OCCUPANCY - CHILD CARE FAC.

S Type of Calculation: ()NFPA 13 Residential ()NFPA 13R (X)NFPA 13D
Y Number of Sprinklers Flowing: ()1 ()2 ()4 (X)3

S ()Other

T ()Specific Ruling Made by Date

E
M Listed Flow at Start Point - 22 Gpm System Type
Listed Pres. at Start Point - 14.4 Psi (X) Wet () Dry
D MAXIMUM LISTED SPACING 16 x 18 () Deluge () PreAction
E Domestic Flow Added - 0 Gpm Sprinkler or Nozzle
S Additional Flow Added - 0 Gpm Make VIKING Model FREEDOM
I Elevation at Highest Outlet - 16' Feet Size 1/2" K-Factor 5.8
G Note:CUSHION 5.51 PSI Temperature Rating 155
N

Calculation Gpm Required 49.0 Psi Required 44.68 At Test
Summary C-Factor Used: Overhead 120 Underground 120

W Water Flow Test: Pump Data: Tank or Reservoir:
A Date of Test - Rated Cap. Cap.
T Time of Test - @ Psi Elev.
E Static (Psi) - 55 Elev.
R Residual (Psi) - 50 Other Well
Flow (Gpm) - 50 Proof Flow Gpm
S Elevation - 0

P Location:

P

L Source of Information:

Y

Fittings Used Summary

DEAN & ALLYN, INC.
PAYSON STREET CHILD CARE

Page 2
Date 8-9-08

Fitting Legend

Abbrev.	Name	1/2	3/4	1	1 1/4	1 1/2	2	2 1/2	3	3 1/2	4	5	6	8	10	12	14	16	18	20	24
E	90° Standard Elbow	2	2	2	3	4	5	6	7	8	10	12	14	18	22	27	35	40	45	50	61
S	Generic Swing Check Valve	4	5	5	7	9	11	14	16	19	22	27	32	45	55	65	76	87	98	109	130
T	90° Flow thru Tee	3	4	5	6	8	10	12	15	17	20	25	30	35	50	60	71	81	91	101	121

Units Summary

Diameter Units Inches
 Length Units Feet
 Flow Units US Gallons per Minute
 Pressure Units Pounds per Square Inch

Pressure / Flow Summary - STANDARD

DEAN & ALLYN, INC.
PAYSON STREET CHILD CARE

Page 3
Date 8-9-08

Node No.	Elevation	K-Fact	Pt Actual	Pn	Flow Actual	Density	Area	Press Req.
5A	24.0	4.9	12.0	na	16.97	0.06	256	12.0
7	16.0	4.2	9.99	na	13.28	0.08	144	8.2
8	16.0	4.2	10.66	na	13.71	0.08	144	8.2
9	16.0	5.8	14.4	na	22.01	0.07	288	14.4
20	16.0		17.0	na				
13	16.0		23.29	na				
14	8.0		31.6	na				
TR	8.0		36.36	na				
FF	0.0		43.78	na				
PMP	0.0		44.68	na				

The maximum velocity is 10.51 and it occurs in the pipe between nodes 9 and 20

Final Calculations - Hazen-Williams

DEAN & ALLYN, INC.
PAYSON STREET CHILD CARE

Page 4
Date 8-9-08

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv. Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	*****	Notes	*****
5A to 5	16.97	1.049 120	1T 5.0 0.0	1.000 5.000	12.000 10.394			K Factor = 4.90	
	16.97	0.0962	0.0	6.000	0.577			Vel = 6.30	
	0.0 16.97					22.971		K Factor = 3.54	
7 to 8	13.28	1.049 120	0.0 0.0	11.000 0.0	9.991 0.0			K Factor = 4.20	
	13.28	0.0610	0.0	11.000	0.671			Vel = 4.93	
8 to 9	13.71	1.049 120	1E 2.0 0.0	14.500 2.000	10.662 0.0			K Factor = 4.20	
	26.99	0.2265	0.0	16.500	3.738			Vel = 10.02	
9 to 20	22.01	1.38 120	1T 6.0 1E 3.0	5.500 9.000	14.400 0.0			K Factor = 5.80	
	49.0	0.1796	0.0	14.500	2.604			Vel = 10.51	
20 to 13	0.0	1.38 120	2T 12.0 1E 3.0	20.000 15.000	17.004 0.0				
	49.0	0.1796	0.0	35.000	6.286			Vel = 10.51	
13 to 14	0.0	1.38 120	3E 9.0 1T 6.0	12.000 15.000	23.290 3.465				
	49.0	0.1796	0.0	27.000	4.849			Vel = 10.51	
14 to TR	0.0	1.38 120	2T 12.0 0.0	14.500 12.000	31.604 0.0				
	49.0	0.1796	0.0	26.500	4.759			Vel = 10.51	
TR to FF	0.0	1.38 120	2E 6.0 1S 7.0	6.000 13.000	36.363 3.465				
	49.0	0.2079	1Z 0.0	19.000	3.951			Vel = 10.51	
FF to PMP	0.0	1.38 120	0.0 0.0	5.000 0.0	43.779 0.0				
	49.0	0.1796	0.0	5.000	0.898			Vel = 10.51	
	0.0 49.00					44.677		K Factor = 7.33	

Water Supply Curve (C)

DEAN & ALLYN, INC.
PAYSON STREET CHILD CARE

Page 5
Date 8-9-08

City Water Supply:
C1 - Static Pressure : 55
C2 - Residual Pressure: 50
C2 - Residual Flow : 50

Demand:
D1 - Elevation : 6.930
D2 - System Flow : 48.999
D2 - System Pressure : 44.677
Hose (Adj City) : _____
Hose (Demand) : _____
D3 - System Demand : 48.999
Safety Margin : 5.507

