

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that A & D REALTY LLC

Located At 91 AUBURN ST

Job ID: 2011-06-1333-CH OF USE

CBL: 375 - - C - 001 - - - - -

has permission to Change of Use from retail to Health Cub (Anytime Fitness) with interior fit up including bathrooms 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 the buildings and structures, and of the application on file in the department.

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

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

Fire Prevention Officer

[Signature] 7/1/11
Code Enforcement Officer / Plan Reviewer

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

SCANNED



Certificate of Occupancy



CITY OF PORTLAND, MAINE

Department of Planning and Urban Development Building Inspections Division

Location: 91 AUBURN ST

CBL: 375- C-001-001

Issued to: A & D Reality LLC

Date Issued: November 4, 2011

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. 2011-06-1333-CH OF USE, has had a final inspection, has been found to conform substantially to the requirements of the Building Code and the Land Use Code of the City of Portland, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Suite S

APPROVED OCCUPANCY

Health Club
Use Group A-3
Type 2B
IBC-2009

Limiting Conditions: None

Approved:

11-4-11
(Date)

Inspector

Inspections Division Director



Certificate of Occupancy



CITY OF PORTLAND, MAINE
Department of Planning and Urban Development
Building Inspections Division

Issued to: A & D Realty LLC
Date Issued: 9/21/2011

Location: 57 Auburn St
CBL: 323 C001001

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.2011-06-1333, has had a final inspection, has been found to conform substantially to the requirements of the Building Code and the Land Use Code of the City of Portland, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Suite S

APPROVED OCCUPANCY

Health Club
Use Group A-3
Type 2B
IBC-2009

Limiting Conditions: This is a temporary occupancy permit which has an expiration date of 10/21/2011. See attached Memo

Approved:

9-21-11

Inspector

Inspections Division Director

Notice: This certificate identifies the legal use of the building or premises, and ought to be transferred from owner to owner upon the sale of the property.



Certificate of Occupancy



CITY OF PORTLAND, MAINE

Department of Planning and Urban Development
Building Inspections Division

Issued to: A & D Realty LLC

Date Issued: 9/21/2011

Location: 9 Auburn St

CBL: 53 C001001

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.2011-06-1333, has had a final inspection, has been found to conform substantially to the requirements of the Building Code and the Land Use Code of the City of Portland, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Suite S

APPROVED OCCUPANCY

Health Club

Use Group A-3

Type 2B

IBC-2009

Limiting Conditions: This is a temporary occupancy permit which has an expiration date of 10/21/2011. See attached Memo

Approved:

9-21-11

Inspector

[Handwritten Signature]
Inspections Division Director

Notice: This certificate identifies the legal use of the building or premises, and ought to be transferred from owner to owner upon the sale of the property.



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

_____ 20__

Received from _____

Location of Work _____

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: _____

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

Other _____

CBL: _____

Check #: _____ Total Collected \$ _____

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

Taken by: _____

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

Job No: 2011-06-1333-CH OF USE	Date Applied: 6/7/2011	CBL: 375 - - C - 001 - 001 - - - - -
Location of Construction: 91 AUBURN ST	Owner Name: A & D REALTY LLC - Jonathan Smith	Owner Address: 5 MILITIA DR LEXINGTON, MA - MASSACHUSETTS 02421
Business Name: Anytime Fitness	Contractor Name: HardyPond Construction -	Contractor Address: 77 Tee Drive, Portland ME
Lessee/Buyer's Name:	Phone:	Permit Type:
Past Use: Retail (old CVS)	Proposed Use: To change the use from Retail to Health Club (Anytime Fitness with Alterations)	Cost of Work: \$125,000.00
		Fire Dept: <input checked="" type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A
		Signature: <i>CAPT. R. Sauter</i> 6/23
Proposed Project Description: change of use, retail space to fitness center		Pedestrian Activities District (P.A.D.)
Permit Taken By: Gayle	Zoning Approval	

Phone:
781-674-2020 x214

Phone:
797-6066

Zone:
B-2

CEO District:

Inspection:
Use Group: A-3
Type: 2B
IBC-2009
Signature: *[Signature]*
7/1/11

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>[Signature]</i> 6/10/11	<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	<input checked="" type="checkbox"/> Not in Dist or Landmark <input type="checkbox"/> Does not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</i>

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

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 _____ PHON _____

9-21-11

- 8101 toilets
- WH up off floor
- Soap Dispensers
- Clean Cop John Vent

- 91 Arthur St

Suite S

- Light in Sprinkler Ln
- FD Code Book
- Recessed outlets work
- Green LED
- Sprinkler tags
- Update FD Inspection Sheet

- Temp for 30 days



PO Box 2551
2257 West Broadway
South Portland, ME 04106

1.800.370.3473
fax 207.879.0540

www.norrisinc.com

September 12, 2011

Pickrell Electric
36 Sebago Lake Rd
Gorham, ME 04038

Subject: Anytime Fitness

Dear Dana,

As requested, I am writing to confirm the fire alarm system add for the above mentioned subject, was inspected and tested and at the time of inspection the system was found to be operational and to the best of our knowledge, met or exceeded all of the requirements as established by the plans and specifications for the project and all applicable codes including NFPA 72.

It was a pleasure working with you on this project. Should you have any questions or need additional information please do not hesitate to contact me.

Sincerely,

Douglas W. Driesen
Service Manager

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM INSPECTION AND TESTING FORM

To be completed by the system inspector or tester at the time of the inspection or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Date of this inspection or test: 9-9-2011 Time of inspection or test: 2:30

1. PROPERTY INFORMATION

Name of property: Northgate Shopping Center (Anytime Fitness Space)
Address: Washington Ave, Portland, Me.
Description of property: Strip Mall Occupant
Occupancy type:
Name of property representative: Johnathan Smith
Address:
Phone: 978-866-6752 Fax: E-mail:
Authority having jurisdiction over this property: Portland Fire department
Phone: 207-874-8576 Fax: E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: Norris Inc
Address: 2257 West Broadway, S. Portland, Me.,
Phone: 207-883-3473 Fax: E-mail: service@norrising.com
Service technician or tester: Christopher A. Small
Qualifications of technician or tester: Master Electrician
A contract for test and inspection in accordance with NFPA standards is in effect as of: February 2004
The contract expires: N/A Contract number: 308594IV Frequency of tests and inspections: Annual
Monitoring organization for this equipment: Portland Fire Department (Fire alarms Only)
A contract for test and inspection in accordance with NFPA standards is in effect as of: February 2004
Address: 2257 West Broadway, S. Portland, Me.
Phone: 207-883-3473 Fax: E-mail: service@norrising.com
Entity to which alarms are retransmitted: Portland Fire Department (Fire Alarms Only) Phone: 207-874-8576

3. TYPE OF SYSTEM OR SERVICE

- Fire alarm system (nonvoice)
- Fire alarm with in-building fire emergency voice alarm communication system (EVACS)
- Mass notification system (MNS)
- Combination system, with the following components:
 - Fire alarm
 - EVACS
 - MNS
 - Two-way, in-building, emergency communication system

NFPA 72, Fig. 14.6.2.4 (p. 1 of 11)

Other (specify):

3. TYPE OF SYSTEM OR SERVICE (continued)

NFPA 72 edition: 2011

Additional description of system(s):

3.1 Control Unit

Manufacturer: Notifier

Model number: System 500

This system does not incorporate an MNS

3.2 Mass Notification System

3.2.1 System Type:

In-building MNS—combination

In-building MNS—stand-alone

Wide-area MNS

Distributed recipient MNS

Other (specify):

3.2.2 System Features:

Combination fire alarm/MNS

MNS ACU only

Wide-area MNS to regional national alerting interface

Local operating console (LOC)

Direct recipient MNS (DRMNS)

Wide-area MNS to DRMNS interface

Wide-area MNS to high-power speaker array (HPSA) interface

In-building MNS to wide-area MNS interface

Other (specify):

3.3 System Documentation

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

3.4 System Software

Software revision number:

This system does not have alterable site-specific software.
Software last updated on:

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

4. SYSTEM POWER

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel: 120VAC

Control panel amps:

This system does not have a generator.

4.1.2 Engine-Driven Generator

Location of generator:

Location of fuel storage:

Type of fuel:

This system does not have UPS.

4.1.3 Uninterruptible Power System

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

NFPA 72, Fig. 14.6.2.4 (p. 2 of 11)

4. SYSTEM POWER (continued)

4.1.4 Batteries

Location: in FACP Type: Lead Acid Nominal voltage: 12VDC Amp/hour rating: 12AH

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture.

4.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

This system does not have an EVACS or MNS.

4.2.1 Primary Power

Input voltage of EVACS or MNS panel: _____

EVACS or MNS panel amps: _____

This system does not have a generator.

4.2.2 Engine-Driven Generator

Location of generator: _____

Location of fuel storage: _____

Type of fuel: _____

This system does not have a UPS.

4.2.3 Uninterruptible Power System

Equipment powered by a UPS system: _____

Location of UPS system: _____

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

4.2.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____

In alarm mode (minutes): _____

Batteries are marked with date of manufacture.

4.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

4.3.1 Primary Power

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

Power extender panel amps: _____

This system does not have a generator.

4.3.2 Engine-Driven Generator

Location of generator: _____

Location of fuel storage: _____

Type of fuel: _____

This system does not have a UPS.

4.3.3 Uninterruptible Power System

Equipment powered by a UPS system: _____

Location of UPS system: _____

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

NFPA 72, Fig. 14.6.2.4 (p. 3 of 11)

4. SYSTEM POWER (continued)

4.3.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____ In alarm mode (minutes): _____
 Batteries are marked with date of manufacture.

This system does not have annunciators.

5. ANNUNCIATORS

5.1 Location and Description of Annunciators

Annunciator 1: Front of building at Pet Life
 Annunciator 2: _____
 Annunciator 3: _____

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: <u>Portland Fire department</u>	Time: <u>11:36</u>
Building management	Contact: <u>Hardy Pond construction</u>	Time: <u>11:36</u>
Building occupants	Contact: <u>All</u>	Time: <u>14:00</u>
Authority having jurisdiction	Contact: <u>Portland Fire department</u>	Time: <u>11:36</u>
Other, if required	Contact: _____	Time: _____

7. TESTING RESULTS

7.1 Control Unit and Related Equipment

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

NFPA 72, Fig. 14.6.2.4 (p. 4 of 11)

7. TESTING RESULTS (continued)

7.2 Control Unit Power Supplies

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

7.3 In-Building Fire Emergency Voice Alarm Communications Equipment

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

7. TESTING RESULTS (continued)

7.4 Notification Appliance Power Extender Panels

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

7.5 Mass Notification Equipment

Description	Visual Inspection	Functional Test	Comments
Functional test	<input type="checkbox"/>	<input type="checkbox"/>	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
UPS power test	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
CCU security mechanism	<input type="checkbox"/>	<input type="checkbox"/>	
Prerecorded message content	<input type="checkbox"/>	<input type="checkbox"/>	
Prerecorded message activation	<input type="checkbox"/>	<input type="checkbox"/>	
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	
MNS to fire alarm interface	<input type="checkbox"/>	<input type="checkbox"/>	
In-building MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.5 Mass Notification Equipment (continued)

Description	Visual Inspection	Functional Test	Comments
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	
Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient _____ dBA Alarm _____ dBA (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.6 Two-Way Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in signal	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
System audibility	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	
Area of refuge communication system	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator emergency communications system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.7 Combination Systems

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

7.8 Special Hazard Systems

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

7.9 Emergency Communications System

- Visual
- Functional
- Simulated operation
- Ensure pre-discharge notification appliances of special hazard systems are not overridden by the MNS.
See *NFPA 72*, 24.4.1.7.1.

7.10 Monitored Systems

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

7. TESTING RESULTS *(continued)*

7.11 Auxiliary Functions

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

7.12 Alarm Initiating Device

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

7.13 Supervisory Alarm Initiating Device

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

7.14 Alarm Notification Appliances

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

7.15 Supervisory Station Monitoring

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

8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: Portland Fire department	Time: 15:35
Building management	Contact: Hardy Pond Construction	Time: 15:35
Building occupants	Contact: All	Time: 15:35
Authority having jurisdiction	Contact: Portland fire department	Time: 15:35
Other, if required	Contact:	Time:

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: 9-9-2011 Time: 15:35

10. CERTIFICATION

10.1 Inspector Certification:

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

Signed:	Printed name: Christopher Small	Date: 9-9-2011
Organization: Norris Inc	Title: Technician	Phone: 207-883-3473

10.2 Acceptance by Owner or Owner's Representative:

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

Signed:	Printed name: Dana Pickrell	Date: 9-9-2011
Organization: Pickrell Electric	Title: Owner	Phone:

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

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

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

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

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



PORTLAND MAINE

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

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-06-1333-CH OF USE

Located At: 91 AUBURN

CBL: 375 - - C - 001 - 001 - - - -

Conditions of Approval:

Fire

1. Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.
2. 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
3. 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.
4. Fire extinguishers are required. Installation per NFPA 10.
5. All construction shall comply with City Code Chapter 10.
6. This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval.
7. Occupancies with an occupant load of 100 persons or more require panic hardware on all doors serving as a means of egress.
8. 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.

Building

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
2. All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2009 Section 713.
3. 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.

RESIDENTIAL FIRE PROTECTION

September 14, 2011

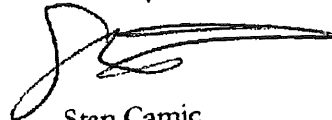
Nick Adams
Portland Code enforcement
389 Congress Street
Portland, Maine 04101

Re: Anytime Fitness
21 Auburn Street

Please be informed that the above Fire Sprinkler System has been design and installed to meet NFPA #13, State of Maine Fire Marshall office and Portland Fire Department requirements.

If you have any questions or concerns please contact us at (207) 946-3473

Thank you



Stan Camic

64 DAGGETT HILL RD. • GREENE, MAINE • 04236
PHONE: (207) 946-3473 • FAX: (207) 946-3474

Entered
PDS
66

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2011 06 1333



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: 91 <u>21 Auburn Street</u>			Square Footage of Lot 12.095 acres	
Total Square Footage of Proposed Structure/Area 5,025 sf renovation			Telephone: 781-674-2020 x214	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant *must be owner, Lessee or Buyer* Name Address City, State & Zip		Cost Of Work: \$	
375 C 1-15-17	A & D Realty LLC c/o Winslow Property Mgmt. 5 Militia Drive Lexington, MA 02421		(\$125,000) 1,270.00	
Lessee/DBA (If Applicable) RECEIVED	Owner (if different from Applicant) Name Address City, State & Zip		C of O Fee: \$ Total Fee: \$	
JUN - 7 2011			75.00 1,345.00	
Current legal use (i.e. single family) <u>Vacant</u> (CVS) Northgate Shopping Center				
If vacant, what was the previous use? <u>Retail</u>				
Proposed Specific use: <u>Assembly A-3 (fitness center)</u>				
Is property part of a subdivision? <u>No.</u> If yes, please name _____				
Project description: <u>Renovation of 5,025 sf of vacant retail space for a new Anytime Fitness franchise.</u>				
Contractor's name: <u>Hardypond Construction</u>				
Address: <u>7 Tee Drive</u>				
City, State & Zip <u>Portland, ME 04103</u>			Telephone: <u>207-797-6066</u>	
Who should we contact when the permit is ready: <u>Jonathan Smith</u>			Telephone: <u>781-674-2020 x214</u>	
Mailing address: <u>Winslow Property Management, 5 Militia Dr., Lexington, MA 02421</u>				

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

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

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

Signature: [Signature] Date: June 7, 2011

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



Certificate of Design Application

From Designer:

Michael Charek Architects

Date:

June 7, 2011

Job Name:

Anytime Fitness

Address of Construction:

21 Auburn Street, Portland, ME 04103

2009 International Building Code
~~2003 International Building Code~~

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

Building Code & Year IBC 2009 Use Group Classification (s) A-3 Assembly

Type of Construction II-B

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC Yes

Is the Structure mixed use? Yes If yes, separated or non separated or non separated (section 302.3) Non separated

Supervisory alarm System? Yes Geotechnical/Soils report required? (See Section 1802.2) No

Structural Design Calculations

N/A Submitted for all structural members (106.1 - 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
<u>N/A</u>	<u>N/A</u>
↓	↓
↓	↓
↓	↓

Wind loads (1603.1.4, 1609)

N/A 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

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)

Earth design data (1603.1.5, 1614-1623)

N/A Design option utilized (1614.1)

Seismic use group ("Category")

Spectral response coefficients, S_D & S_{D1} (1615.1)

Site class (1615.5)

N/A 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

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 , and deflection amplification factor, C_d (1617.6.2)

Analysis procedure (1616.6, 1617.5)

Design base shear (1617.4, 1617.5.1)

Flood loads (1803.1.6, 1612)

N/A Flood Hazard area (1612.3)

Elevation of structure

Other loads

N/A Concentrated loads (1607.4)

Partition loads (1607.5)

Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



Commercial Interior & Change of Use Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

One (1) complete set of construction drawings must include:

Note: Construction documents for costs in excess of \$50,000.00 must be prepared by a Design Professional and bear their seal.

- Cross sections w/framing details
- Detail of any new walls or permanent partitions
- Floor plans and elevations
- Window and door schedules
- Complete electrical and plumbing layout.
- Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment or other types of work that may require special review
- Insulation R-factors of walls, ceilings, floors & U-factors of windows as per the IEBC 2003
- Proof of ownership is required if it is inconsistent with the assessors records.
- Reduced plans or electronic files in PDF format are required if originals are larger than 11" x 17".
- Per State Fire Marshall, all new bathrooms must be ADA compliant.

Separate permits are required for internal and external plumbing, HVAC & electrical installations.

For additions less than 500 sq. ft. or that does not affect parking or traffic, a site plan exemption should be filed including:

- The shape and dimension of the lot, footprint of the existing and proposed structure and the distance from the actual property lines.
- Location and dimensions of parking areas and driveways, street spaces and building frontage.
- Dimensional floor plan of existing space and dimensional floor plan of proposed space.

A Minor Site Plan Review is required for any change of use between 5,000 and 10,000 sq. ft. (cumulatively within a 3-year period)

Fire Department requirements.

The following shall be submitted on a separate sheet:

- Name, address and phone number of applicant **and** the project architect.
- Proposed use of structure (NFPA and IBC classification)
- Square footage of proposed structure (total and per story)
- Existing and proposed fire protection of structure.
- Separate plans shall be submitted for
 - a) Suppression system
 - b) Detection System (separate permit is required)
- A separate Life Safety Plan must include:
 - a) Fire resistance ratings of all means of egress
 - b) Travel distance from most remote point to exit discharge
 - c) Location of any required fire extinguishers
 - d) Location of emergency lighting
 - e) Location of exit signs
 - f) NFPA 101 code summary
- Elevators shall be sized to fit an 80" x 24" stretcher.

For questions on Fire Department requirements call the Fire Prevention Officer at (207) 874-8405.

Please submit all of the information outlined in this application checklist. If the application is incomplete, the application may be refused.

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.

Permit Fee: \$30.00 for the first \$1000.00 construction cost, \$10.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.



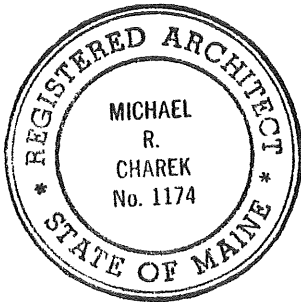
Accessibility Building Code Certificate

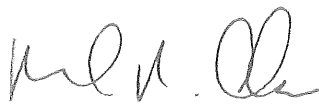
Designer: Michael Charek Architects

Address of Project: 21 Auburn Street

Nature of Project: Renovation of existing vacant retail space into
new Anytime Fitness franchise.

To the best of my knowledge and belief,
 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.



Signature: 

Title: Principal

Firm: Michael Charek Architects

Address: 25 Hartley Street
Portland, ME 04103

Phone: 207-761-0556

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



Certificate of Design

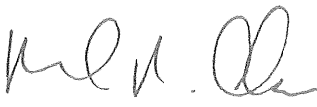
Date: June 7, 2011

From: Michael Charek Architects

To the best of my knowledge and belief,
These plans and / or specifications covering construction work on:

Renovation of existing vacant retail space into new Anytime Fitness franchise.

Have been designed and drawn up by the undersigned, a Maine registered Architect /
Engineer according to the ~~2003 International Building Code~~ and local amendments.
2009 International Building Code

Signature: 

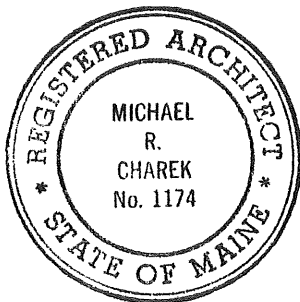
Title: Principal

Firm: Michael Charek Architects

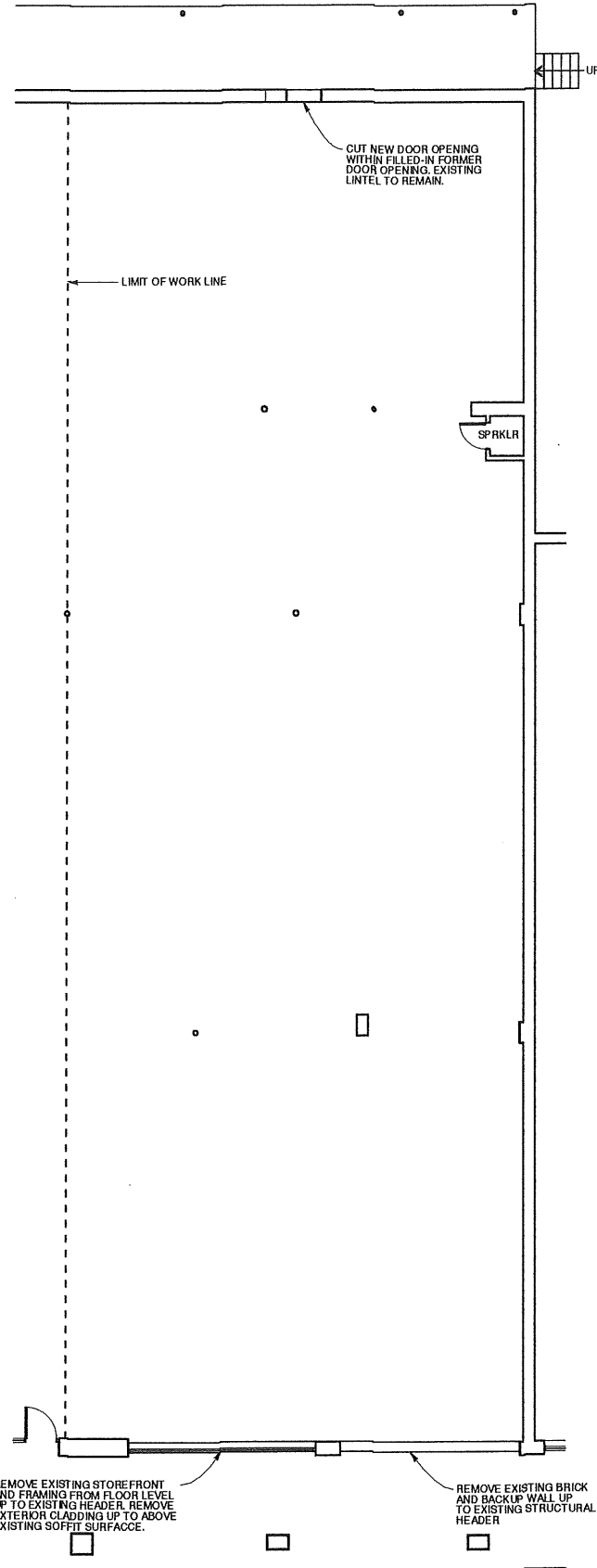
Address: 25 Hartley Street

Portland, ME 04103

Phone: 207-761-0556



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



DEMOLITION GENERAL NOTES

- A. ITEMS INDICATED TO BE REMOVED AND SALVAGED REMAIN OWNER'S PROPERTY. REMOVE, CLEAN, AND DELIVER TO OWNER'S DESIGNATED STORAGE AREA.
- B. COMPLY WITH EPA REGULATIONS AND HAULING AND DISPOSAL REGULATIONS OF AUTHORITIES HAVING JURISDICTION.
- C. OWNER WILL OCCUPY PORTIONS OF BUILDING IMMEDIATELY ADJACENT TO SELECTIVE DEMOLITION AREA. CONDUCT SELECTIVE DEMOLITION SO OWNER'S OPERATIONS WILL NOT BE DISRUPTED.
- D. IT IS NOT EXPECTED THAT HAZARDOUS MATERIALS WILL BE ENCOUNTERED IN THE WORK. IF MATERIALS SUSPECTED OF CONTAINING HAZARDOUS MATERIALS ARE ENCOUNTERED, DO NOT DISTURB; IMMEDIATELY NOTIFY ARCHITECT AND OWNER. OWNER WILL REMOVE HAZARDOUS MATERIALS UNDER A SEPARATE CONTRACT.
- E. MAINTAIN SERVICES/SYSTEMS INDICATED TO REMAIN AND PROTECT THEM AGAINST DAMAGE DURING SELECTIVE DEMOLITION OPERATIONS. BEFORE PROCEEDING WITH DEMOLITION, PROVIDE TEMPORARY SERVICES/SYSTEMS THAT BYPASS AREA OF SELECTIVE DEMOLITION AND THAT MAINTAIN CONTINUITY OF SERVICES/SYSTEMS TO OTHER PARTS OF THE BUILDING.
- F. LOCATE, IDENTIFY, SHUT OFF, DISCONNECT, AND CAP OFF UTILITY SERVICES AND MECHANICAL/ELECTRICAL SYSTEMS SERVING AREAS TO BE SELECTIVELY DEMOLISHED.
- G. PROVIDE TEMPORARY BARRICADES AND OTHER PROTECTION REQUIRED TO PREVENT INJURY TO PEOPLE AND DAMAGE TO ADJACENT BUILDINGS AND FACILITIES TO REMAIN.
- H. PROVIDE AND MAINTAIN SHORING, BRACING, AND STRUCTURAL SUPPORTS AS REQUIRED TO PRESERVE STABILITY AND PREVENT MOVEMENT, SETTLEMENT, OR COLLAPSE OF CONSTRUCTION AND FINISHES TO REMAIN OR CONSTRUCTION BEING DEMOLISHED.
- I. PROVIDE TEMPORARY WEATHER PROTECTION TO PREVENT WATER LEAKAGE AND DAMAGE TO STRUCTURE AND INTERIOR AREAS.
- J. PROTECT WALLS, CEILINGS, FLOORS, AND OTHER EXISTING FINISH WORK THAT ARE TO REMAIN. ERECT AND MAINTAIN DUST-PROOF PARTITIONS. COVER AND PROTECT FURNITURE, FURNISHINGS, AND EQUIPMENT THAT HAVE NOT BEEN REMOVED.
- K. NEATLY CUT OPENINGS AND HOLES PLUMB, SQUARE, AND TRUE TO DIMENSIONS REQUIRED. USE CUTTING METHODS LEAST LIKELY TO DAMAGE CONSTRUCTION TO REMAIN OR ADJOINING CONSTRUCTION.
- L. PROMPTLY REMOVE DEMOLISHED MATERIALS FROM OWNER'S PROPERTY AND LEGALLY DISPOSE OF THEM. DO NOT BURN DEMOLISHED MATERIALS.
- M. ITEMS TO BE REMOVED:
 - 1. SPECIFIC ITEMS AS INDICATED BY NOTE AND LEGEND.
 - 2. SUSPENDED CEILINGS IN ALL AREAS.

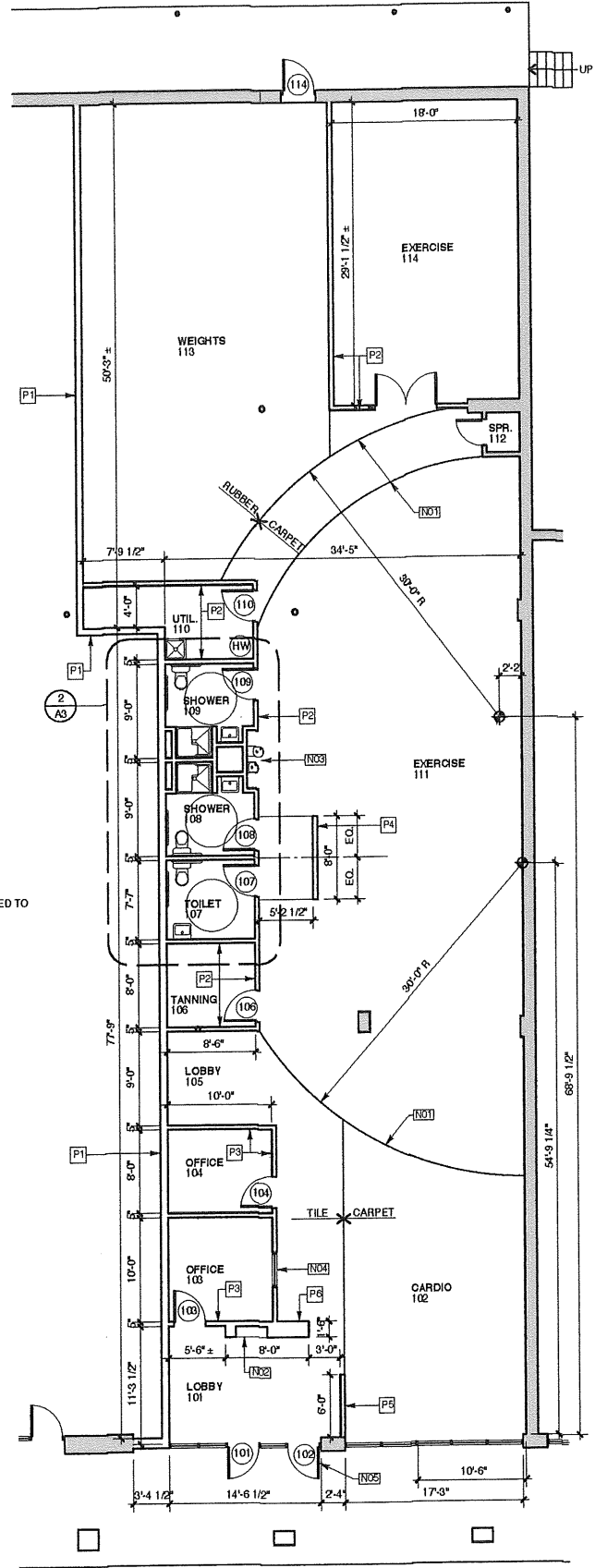
PARTITION TYPES (SEE ALSO SHEET A3)

- | | |
|---|---|
| <p>P1 6" 20 GAGE STEEL STUD FRAMING 16" O.C. 5/8" GYPSUM BOARD BOTH SIDES ACOUSTIC INSULATION FULL HEIGHT PARTITION HEAD UP TO ROOF DECK SLIP TRACK AT HEAD ACOUSTICAL SEALANT AT FLOOR TRACK</p> <p>P2 3 5/8" 20 GAGE STEEL STUD FRAMING 16" O.C. 5/8" GYPSUM BOARD BOTH SIDES ACOUSTIC INSULATION FULL HEIGHT PARTITION HEAD UP TO ROOF DECK SLIP TRACK AT HEAD ACOUSTICAL SEALANT AT FLOOR TRACK</p> <p>P3 3 5/8" 20 GAGE STEEL STUD FRAMING 16" O.C. 5/8" GYPSUM BOARD ONE SIDE ACOUSTIC INSULATION FULL HEIGHT PARTITION HEAD UP TO 6" ABOVE CEILING BRACE TO STRUCTURE ABOVE ACOUSTICAL SEALANT AT FLOOR TRACK</p> | <p>P4 3 5/8" 20 GAGE STEEL STUD FRAMING 16" O.C. 5/8" GYPSUM BOARD BOTH SIDES PARTITION HEAD UP TO SOFFIT SOFFIT FRAMING SAME AS PARTITION BRACE TO ADJACENT FULL HEIGHT PARTITION</p> <p>P5 3 5/8" 20 GAGE STEEL STUD FRAMING 16" O.C. 5/8" GYPSUM BOARD BOTH SIDES PARTITION HEAD AT 6'-0" A.F.F. BRACE TO FLOOR WITH 3" X 3" STEEL COLUMN BOLTED TO FLOOR SLAB</p> <p>P6 1 5/8" 20 GAGE STEEL STUD FRAMING 16" O.C. 5/8" GYPSUM BOARD ONE SIDE PARTITION HEAD UP TO 6" ABOVE CEILING BRACE TO STRUCTURE ABOVE CULTURED STONE VENEER</p> |
|---|---|

NOTE: PARTITIONS AND WALLS NOT OTHERWISE NOTED BY PARTITION TYPE OR BY NEW WORK KEYNOTE ARE EXISTING TO REMAIN. PATCH AS NECESSARY AND PAINT.

NEW WORK KEYNOTES - THIS SHEET ONLY

- N01** LINE OF GYPSUM BOARD SOFFIT ABOVE.
- N02** MERCHANDISING AREA - SEE DESIGN MANUAL.
- N03** DRINKING FOUNTAIN.
- N04** FIXED LIGHT: HOLLOW METAL FRAME, GLASS 36" WIDE X 48" HIGH TOP OF FRAME LEVEL WITH DOOR FRAMES.
- N05** MEMBERS' DOOR WITH ACCESS CARD LOCKING SYSTEM.



2 FLOOR PLAN
SCALE: 1/8" = 1'-0"
2' 4' 8' 16'

- PARTITIONS/WALLS KEY**
- EXISTING TO REMAIN
 - NEW PARTITION/WALL

GENERAL NOTES

1. BEFORE BEGINNING WORK AT THE SITE, AND THROUGHOUT THE COURSE OF THE WORK, INSPECT AND VERIFY THE LOCATION AND CONDITION OF EVERY ITEM AFFECTED BY THE WORK UNDER THIS CONTRACT AND REPORT DISCREPANCIES TO ARCHITECT BEFORE BEGINNING WORK RELATED TO THAT BEING INSPECTED.
2. THE ARCHITECTURAL DRAWINGS SHOW PRINCIPAL AREAS WHERE WORK MUST BE ACCOMPLISHED UNDER THIS CONTRACT. INCIDENTAL WORK MAY ALSO BE NECESSARY IN AREAS NOT SHOWN ON THE ARCHITECTURAL DRAWINGS DUE TO CHANGES AFFECTING EXISTING MECHANICAL, ELECTRICAL, PLUMBING, OR OTHER SYSTEMS. SUCH INCIDENTAL WORK IS ALSO PART OF THIS CONTRACT. INSPECT THOSE AREAS, ASCERTAIN WORK NEEDED, AND DO THAT WORK IN ACCORDANCE WITH THE CONTRACT REQUIREMENTS, AT NO ADDITIONAL COST.
3. DO NOT DRILL OR CUT EXISTING FLOOR JOISTS, BEAMS, COLUMNS, OR OTHER STRUCTURAL MEMBERS UNLESS SPECIFICALLY INDICATED.
4. PROTECT EXISTING WORK TO REMAIN FROM DAMAGE.
5. REPAIR, PATCH, AND FINISH, OR REFINISH AS APPLICABLE, TO MATCH ADJACENT EXISTING FINISHES, THOSE EXISTING SURFACES DAMAGED OR NEWLY EXPOSED DURING PERFORMANCE OF THE WORK.
6. PATCH EXISTING WALL SURFACES AS NEEDED TO PROVIDE A SMOOTH SURFACE FOR FINISHES.
7. EXCEPT IN SPACES WHERE NO WORK UNDER THIS CONTRACT IS REQUIRED, ENCLOSE EXISTING AND NEW CONDUITS, DUCTS, PIPES, AND SIMILAR ITEMS IN FURRING WHERE SUCH ITEMS PASS THROUGH FINISHED SPACES WHETHER OR NOT FURRING IS INDICATED. INSULATE IN UNHEATED SPACES.
8. WHERE CONDUITS, WIRES, PIPES, AND SIMILAR ITEMS ARE TO BE INSTALLED IN EXISTING WALLS OR PARTITIONS, NEATLY CHASE THE WALLS OR PARTITIONS, INSTALL THE ITEMS, AND PATCH THE WALLS OR PARTITIONS TO MAKE THE INSTALLATION NOT DISCERNIBLE IN THE FINISHED WORK.
9. WHERE "MATCH EXISTING" IS INDICATED, NEW CONSTRUCTION OR FINISHES, AS APPROPRIATE TO THE NOTE, SHALL MATCH THE EXISTING IN EVERY PARTICULAR.
10. DIMENSIONS ARE TO FINISH WALL SURFACE AND TO OPENING CENTERLINE UNLESS NOTED OTHERWISE.
11. DESIGN MANUAL FOR ANYTIME FITNESS FRANCHISES IS INCORPORATED BY REFERENCE.

MECHANICAL SYSTEM NOTES

1. PROVIDE ADDITIONS AND MODIFICATIONS TO EXISTING HVAC SYSTEM TO PROVIDE ADEQUATE HEAT, COOLING, AND VENTILATION TO RENOVATED SPACES. PROVIDE SPIRAL DUCT IN EXPOSED STRUCTURE CEILING AREAS.

PLUMBING SYSTEM NOTES

1. PROVIDE ADDITIONS AND MODIFICATIONS TO EXISTING SUPPLY AND WASTE PIPING AS NECESSARY TO CONNECT NEW FIXTURES.
2. PLUMBING FIXTURES: PROVIDE FIXTURES NOTED BELOW, OR APPROVED EQUAL.
 - LAVATORY: AMERICAN STANDARD MURRO UNIVERSAL DESIGN WALL HUNG LAV, WITH CONCEALED ARM HANGER, MOEN 8218 2-LEVER HANDLE FAUCET, GRID DRAIN ASSEMBLY.
 - SHOWER: AQUARIUS BATHWARE S-4165 BF TRANSFER SHOWER, WITH MOEN 8346 COMMERCIAL SHOWER WITH HAND SHOWER SYSTEM AND MIXING VALVE.
 - WATER CLOSET: AMERICAN STANDARD CADET RIGHT HEIGHT PRESSURE-ASSISTED ELONGATED TOILET, WITH OPEN FRONT SEAT.
 - MOP SINK: DURASTONE 24" X 24" MOP SINK WITH WALL MOUNT FAUCET AND MOP HOLDER.
 - WATER HEATER: 10-YEAR ELECTRIC WATER HEATER OF A SIZE SUFFICIENT TO SUPPLY DEMAND.

SPRINKLER SYSTEM NOTES

1. PROVIDE MODIFICATIONS TO EXISTING SPRINKLER SYSTEM AS NECESSARY TO PROVIDE COVERAGE TO RENOVATED AREAS.

LIFE SAFETY SYSTEM NOTES

1. PROVIDE MODIFICATIONS TO EXISTING LIFE SAFETY SYSTEM AS NECESSARY TO PROVIDE COVERAGE TO RENOVATED AREAS: FIRE ALARM, EXIT SIGNS, AND EMERGENCY LIGHTING.

ELECTRICAL SYSTEM NOTES

1. PROVIDE MODIFICATIONS TO ELECTRICAL SYSTEM AS NEEDED IN RENOVATED SPACES, INCLUDING NEW DISTRIBUTION PANEL IN UTILITY 110.
2. PROVIDE NEW LIGHT FIXTURES OF TYPE SPECIFIED IN DESIGN MANUAL AND IN SUFFICIENT QUANTITIES TO PROVIDE SPECIFIED LIGHTING LEVELS.
3. PROVIDE POWER WIRING AND DEVICES AS SPECIFIED IN DESIGN MANUAL.
4. PROVIDE J BOXES AND CONDUITS AT LOCATIONS SPECIFIED IN DESIGN MANUAL FOR DATA WIRING BY OTHERS.

DOOR NOTES

1. ALL INTERIOR DOOR LEAVES ARE 3'-0" X 7'-0" SOLID CORE WOOD, IN HOLLOW METAL FRAMES, WITH LEVER HANDLE HARDWARE.
2. NEW EXTERIOR DOOR AT REAR 3'-0" X 7'-0" HOLLOW METAL, INSULATED, WITH HOLLOW METAL FRAME, CLOSER, AND SURFACE EXIT DEVICE.
3. NEW STOREFRONT DOORS 3'-0" X 7'-0" INSULATED ALUMINUM WITH INSULATED GLASS, CLOSER, AND RIM ROD EXIT DEVICE. MEMBERS' DOOR TO HAVE ELECTRIC STRIKE OR MAGNETIC LOCK CONTROLLED BY CARD READER, AS SPECIFIED IN DESIGN MANUAL.

FINISH NOTES

1. FINISH MATERIALS AND COLORS AS SPECIFIED IN DESIGN MANUAL AND ON FINISH PLAN. COLOR SCHEME IS "EARTH".



Michael Charek Architects

25 Hartley Street
Portland, Maine 04103
(207) 761-0556



Anytime Fitness

21 Auburn Street
Portland, ME 04103

Title
DEMOLITION PLAN & FLOOR PLAN

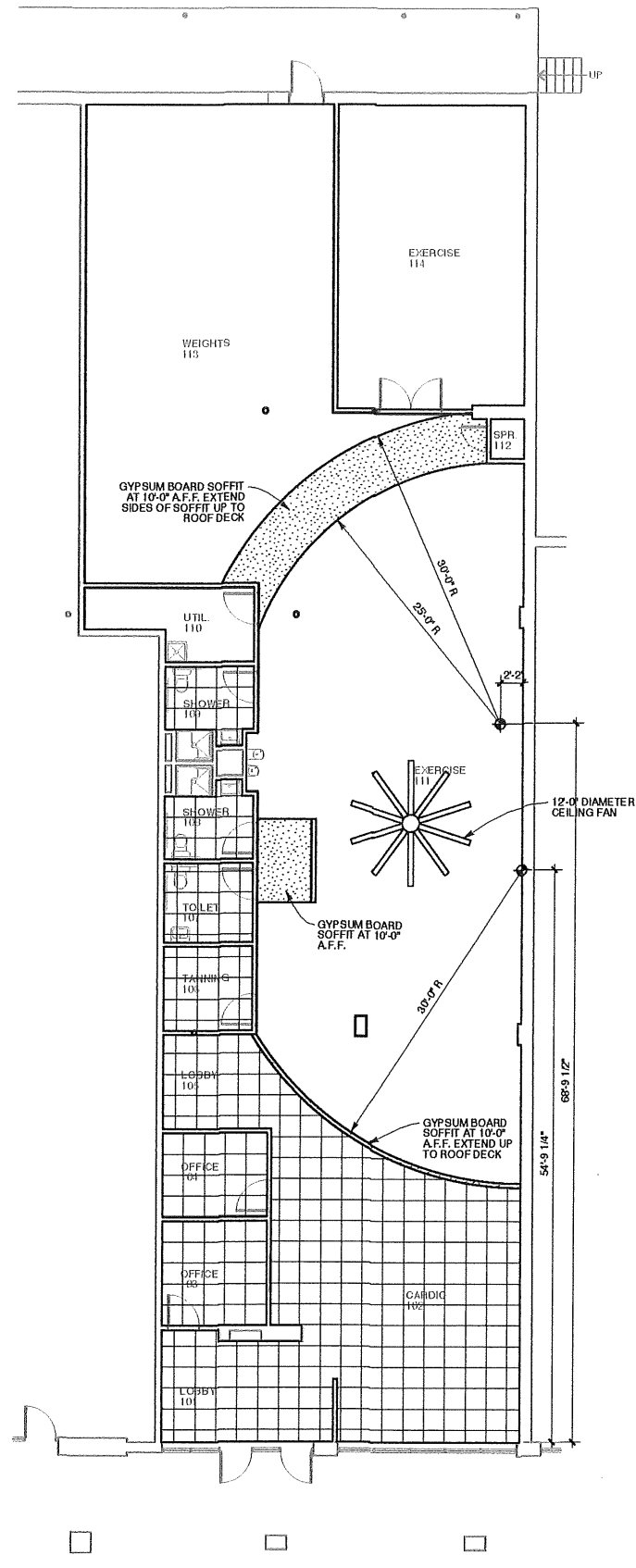
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Date: 6/6/11

Revisions

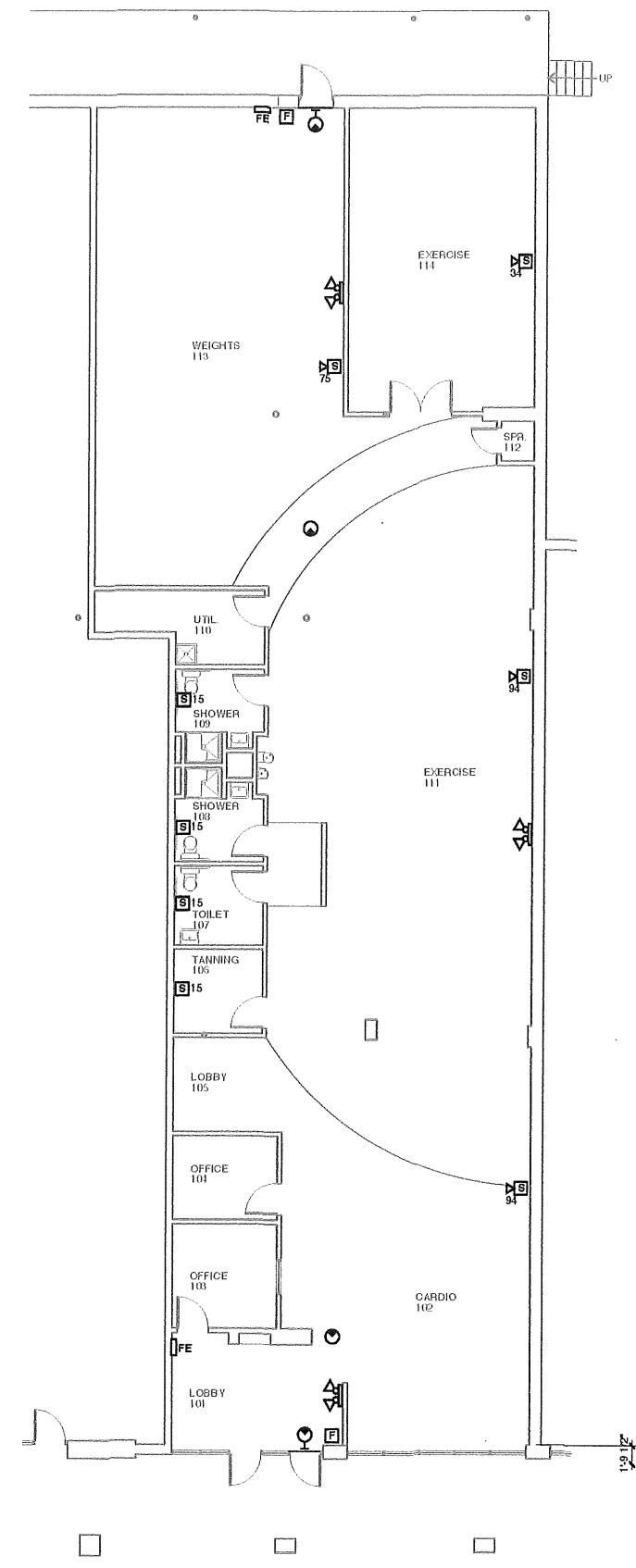
Sheet

A1



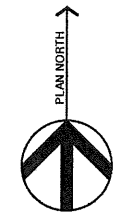
- REFLECTED CEILING PLAN NOTES**
- A. UNLESS OTHERWISE NOTED, FINISH CEILING IS UNDERSIDE OF ROOF DECK, WITH EXPOSED BAR JOISTS, WITH ALL EXPOSED SURFACES PAINTED.
 - B. SUSPENDED CEILING HEIGHTS:
 1. LOBBY 101, CARDIO 102, AND LOBBY 105: 10'-0"
 2. OFFICE 103, OFFICE 104, TANNING 106, TOILET 107, SHOWER 108, AND SHOWER 109: 9'-0"
 - C. LIGHTING DESIGN: ACCORDING TO "DESIGN MANUAL FOR ANYTIME FITNESS FRANCHISE". PROVIDE TYPES OF FIXTURES SPECIFIED IN MANUAL, IN NUMBERS SUFFICIENT TO PROVIDE SPECIFIED LIGHTING LEVELS.

1 REFLECTED CEILING PLAN
 SCALE: 1/8" = 1'-0"
 2' 4' 8' 16'

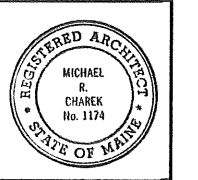


2 LIFE SAFETY PLAN
 SCALE: 1/8" = 1'-0"
 2' 4' 8' 16'

- LIFE SAFETY LEGENE**
- EMERGENCY LIGHT
 - EXIT SIGN
 - HORN STROBE - NUMBER INDICATES CANDELA RATING
 - STROBE - NUMBER INDICATES CANDELA RATING
 - FIRE ALARM PULL STATION
 - FIRE EXTINGUISHER 10# DRY CHEMICAL TYPE



Michael Charek Architects
 25 Hartley Street
 Portland, Maine 04103
 (207) 761-0556



Anytime Fitness
 21 Auburn Street
 Portland, ME 04103

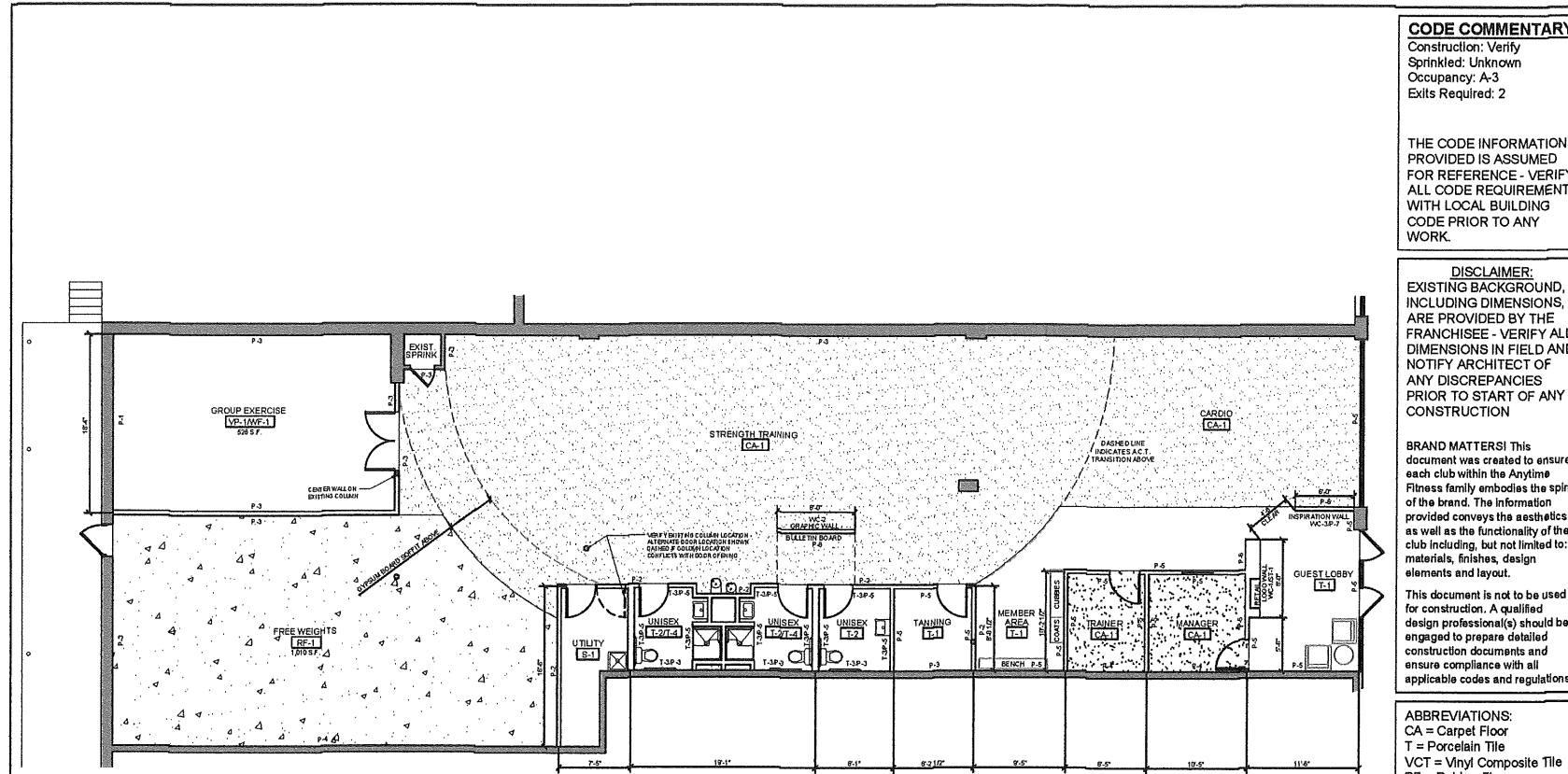
Title
 REFLECTED CEILING PLAN & LIFE SAFETY PLAN

Scale: AS NOTED
Date: 6/6/11

Revisions

Sheet
A2

NOTE:
 PLAN INDICATES FINISHES AND FEATURES AS SPECIFIED IN DESIGN MANUAL FOR ANYTIME FITNESS FRANCHISES. DIMENSIONS SHOWN ON THIS PLAN MAY NOT BE CORRECT; USE DIMENSIONS SHOWN ON OTHER DRAWINGS.



CODE COMMENTARY
 Construction: Verify
 Sprinkled: Unknown
 Occupancy: A-3
 Exits Required: 2

THE CODE INFORMATION PROVIDED IS ASSUMED FOR REFERENCE - VERIFY ALL CODE REQUIREMENTS WITH LOCAL BUILDING CODE PRIOR TO ANY WORK.

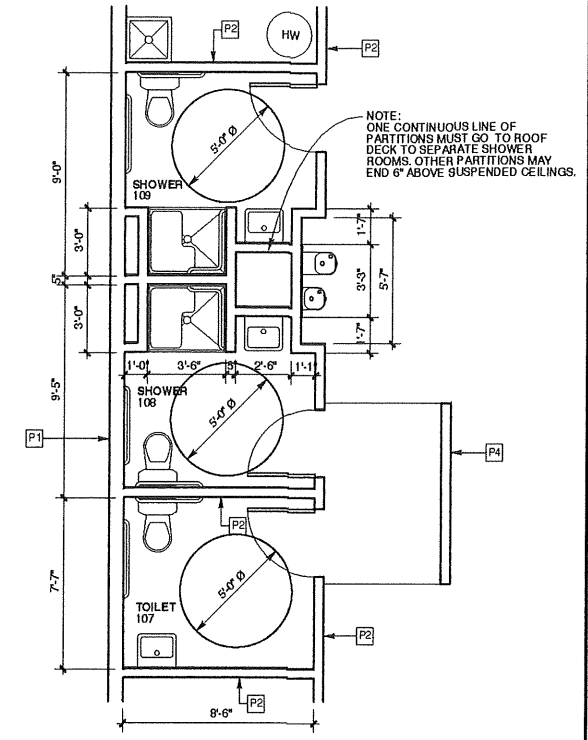
DISCLAIMER:
 EXISTING BACKGROUND, INCLUDING DIMENSIONS, ARE PROVIDED BY THE FRANCHISEE - VERIFY ALL DIMENSIONS IN FIELD AND NOTIFY ARCHITECT OF ANY DISCREPANCIES PRIOR TO START OF ANY CONSTRUCTION

BRAND MATTERS! This document was created to ensure each club within the Anytime Fitness family embodies the spirit of the brand. The information provided conveys the aesthetics as well as the functionality of the club including, but not limited to: materials, finishes, design elements and layout.

This document is not to be used for construction. A qualified design professional(s) should be engaged to prepare detailed construction documents and ensure compliance with all applicable codes and regulations.

ABBREVIATIONS:
 CA = Carpet Floor
 T = Porcelain Tile
 VCT = Vinyl Composite Tile
 RF = Rubber Floor
 VP = Vinyl Plank Floor
 WF = Wood Floor
 S = Sealed Concrete Floor
 P = Paint
 WC = Wallcovering
 ST = Manufactured Stone

DRAWING KEY:
 [Symbol] = Existing Wall
 [Symbol] = New Wall
 [Symbol] = Demo Wall
 [Symbol] = Existing Door
 [Symbol] = New Door
 [Symbol] = Demo Door
 [Symbol] = Floor Transition



1 FINISH PLAN
 NOT TO SCALE

PROPOSED FLOOR PLAN
 NOT TO SCALE

FLOOR FINISH KEY: [Symbol] RF-1 [Symbol] CA-1 [Symbol] OTHER FLOORING AS NOTED

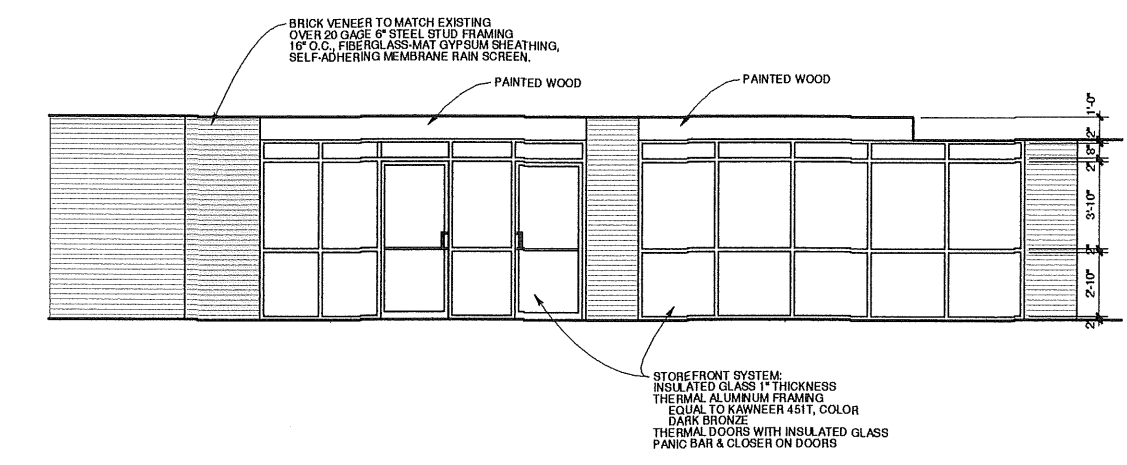
EXHIBIT A
 PROPOSED FLOOR PLAN

REV	DESCRIPTION	DATE
1	paint and dimensions	08/03/11

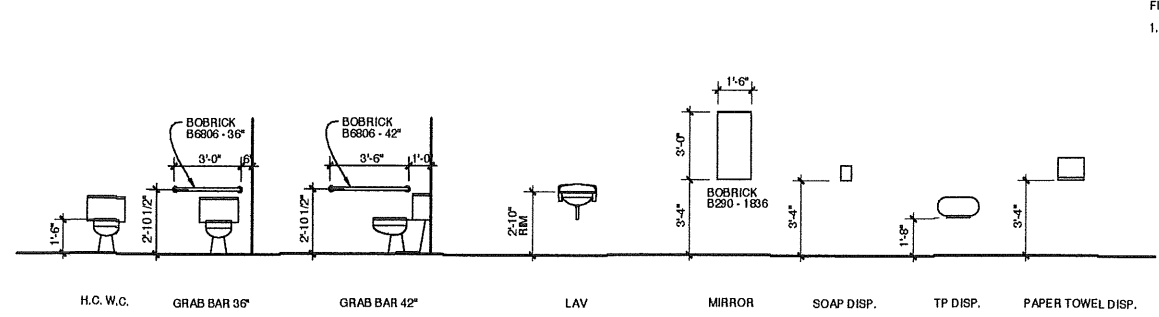
S2i signature: _____ Date: _____
 C2i signature: _____ Date: _____
 Franchisee signature: _____ Date: _____

PROJECT LOCATION: PORTLAND, ME - 4,820 s.f.
 DESIGN SCHEME: EARTH
 DATE: 06/03/11
 DRAWN BY: RWG PROJECT NO.: ATF5792-11

2 ENLARGED PLAN
 SCALE: 1/4" = 1'-0"
 1' 2' 4' 8'



3 STOREFRONT ELEVATION
 SCALE: 1/4" = 1'-0"
 1' 2' 4' 8'



4 BATHROOM FIXTURE MOUNTING HEIGHTS
 SCALE: 1/4" = 1'-0"
 3' 6' 1' 2'

FIGURE AND ACCESSORY NOTES:
 1. PROVIDE SOLID WOOD BLOCKING IN WALL FOR MOUNTING OF ALL WALL-MOUNTED ITEMS.

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Title
 ENLARGED PLANS, ELEVATIONS, DETAILS

Scale: AS NOTED

Date: 6/6/11

Revisions

Sheet
A3