

HIGH TECH FIRE PROTECTION

PO Box 156 • Minot, ME 04258-0156

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Fire Sprinkler Systems
24-HOUR SERVICE

Date: April 1, 2016

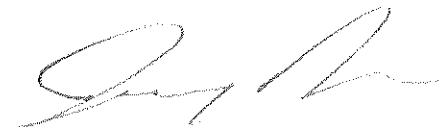
To: James Harder

From: Jerry Bosse

Re: Sprinkler System NFPA Compliances for our work completed 03/10/16 at Float Harder Relaxation, 500 Washington Ave, Portland, ME. High Tech Fire Protection made modifications on the fire sprinkler system reworking some of the existing pendant coverage to accommodate the new layout.

High Tech Fire Protection hereby guarantees the design, materials and workmanship supplied by High Tech Fire Protection on the project entitled Float Harder Relaxation located in 500 Washington Ave. to meet or exceed all requirements necessary for an approved NFPA #13 Automatic Fire Sprinkler System.

This warranty "excludes" all areas of the existing building that were not involved in this modification



Sincerely,
Jerry Bosse
High Tech Fire Protection
207-998-2551
jbosse@htfp.me

*Specializing in Commercial and Residential Fire Sprinkler Systems
Design • Installation • Inspection • Service*

SYSTEM RECORD OF COMPLETION

Form Completion Date: 03-15-2016 Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property:
Address: 500 WASHINGTON AVE. PORTLAND, MAINE - FLOAT HARDER RETAIL STORE
Description of property: 2 STORY OFFICE AND RETAIL SPACE
Name of property representative: A&M PARTNERS
Address: 120 EXCHANGE STREET PORTLAND, MAINE
Phone: 207-879-1358 Fax: E-mail:

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: NORRIS INC
Address: 2257 WEST BROADWAY SOUTH PORTLAND, MAINE
Phone: 207-883-3473 Fax: 207-879-0540 E-mail:
Service organization: Norris inc
Address:
Phone: Fax: E-mail:
Testing organization: norris inc
Address:
Phone: Fax: E-mail:
Effective date for test and inspection contract:
Monitoring organization: HSMC
Address: 57 CENTRAL DRIVE PO BOX 695 STOWE, VT 05672
Phone: 1-800-993-4762 Fax: E-mail:
Account number: 202-2843 Phone line 1: Phone line 2:
Means of transmission: DIGITAL COMMUNICATOR
Entity to which alarms are retransmitted: Phone:

3. DOCUMENTATION

On-site location of the required record documents and site-specific software:

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: [] New system [X] Modification to existing system Permit number:
NFPA 72 edition:

4.1 Control Unit

Manufacturer: N/A Model number: N/A

4.2 Software and Firmware

Firmware revision number: N/A

4.3 Alarm Verification

[] This system does not incorporate alarm verification.

Number of devices subject to alarm verification: N/A Alarm verification set for N/A seconds

SYSTEM RECORD OF COMPLETION (continued)

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: N/A Control panel amps: N/A

Overcurrent protection: Type: N/A Amps: N/A

Branch circuit disconnecting means location: N/A Number: N/A

5.1.2 Secondary Power

Type of secondary power: N/A

Location, if remote from the plant: N/A

Calculated capacity of secondary power to drive the system:

In standby mode (hours): N/A In alarm mode (minutes): N/A

5.2 Control Unit

- This system does not have power extender panels
- Power extender panels are listed on supplementary sheet A

6. CIRCUITS AND PATHWAYS

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line	N/A			
Device Power	N/A			
Initiating Device	N/A			
Notification Appliance	N/A			
Other (specify):	N/A			

7. REMOTE ANNUNCIATORS

Type	Location

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	1	CONVENTIONAL	ALARM	
Smoke Detectors	N/A			
Duct Smoke Detectors	N/A			
Heat Detectors	N/A			
Gas Detectors	N/A			
Waterflow Switches	N/A			
Tamper Switches	N/A			

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible	8	7- CEILING MOUNT AND 1- WALL MOUNT STROBE ONLY
Combination Audible and Visible	3	CEILING MOUNT HORN STROBES

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	N/A
HVAC Shutdown	N/A
Fire/Smoke Dampers	N/A
Door Unlocking	N/A
Elevator Recall	N/A
Elevator Shunt Trip	N/A

11. INTERCONNECTED SYSTEMS

- This system does not have interconnected systems.
- Interconnected systems are listed on supplementary sheet _____ .

12. CERTIFICATION AND APPROVALS

12.1 System Installation Contractor

This system as specified herein has been installed according to all NFPA standards cited herein.

Signed: _____ Printed name: TIM JOHNSON Date: 03-17-2016
 Organization: NORRIS INC Title: TECHNICIAN Phone: 883-3473

12.2 System Operational Test

This system as specified herein has tested according to all NFPA standards cited herein.

Signed: _____ Printed name: TIM JOHNSON Date: 03-16-2016
 Organization: NORRIS INC Title: TECHNICIAN Phone: 883-3473

12.3 Acceptance Test

Date and time of acceptance test: _____
 Installing contractor representative: _____
 Testing contractor representative: _____
 Property representative: _____
 AHJ representative: _____