

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that MICHAEL K SCARKS

Located At 970 BAXTER BLVD

Job ID: 2012-08-4722-ALTCOMM

CBL: 429-1-001-001

has permission to changes to office on the 2nd floor as per plans

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues 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**

  
**Code Enforcement Officer / Plan Reviewer**

10-01-12

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

## BUILDING PERMIT INSPECTION PROCEDURES

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

or email: [buildinginspections@portlandmaine.gov](mailto: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.**

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection

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

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Director of Planning and Urban Development  
Jeff Levine

Job ID: 2012-08-4722-ALTCOMM

Located At: 970 BAXTER BLVD

CBL: 429- I-001-001

## Conditions of Approval:

### **Building**

1. Application approval based upon information provided by the applicant or design professional. 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 E 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.

### **Fire**

1. **The tables in Conference Room 229 shall be permanently bolted together prior to occupancy. The approved seating plan shall be permanently posted at the door and shall indicate that the approved occupant load for this room shall not exceed 49.**
2. All construction shall comply with City Code Chapter 10. The occupancy shall comply with City Code Chapter 10 upon inspection.
3. Any Fire alarm or Sprinkler systems shall be reviewed by a licensed contractor(s) for code compliance. Compliance letters are required.
4. A fire alarm system is required. 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. This review does not include approval of fire alarm system design or installation. All fire alarm installation and servicing companies shall have a Certificate of Fitness from the Fire Department.
5. 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.
6. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads. This review does not include approval of sprinkler system design or installation.
7. 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.

8. System acceptance and commissioning must be coordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.
9. A Knox Box is required.
10. Fire extinguishers are required per NFPA 1.
11. All means of egress to remain accessible at all times.
12. 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.
13. Any cutting and welding done will require a Hot Work Permit from Fire Department.
14. Walls in structure are to be labeled according to fire resistance rating. IE; 1 hr. / 2 hr. / smoke proof.
15. A single source supplier should be used for all through penetrations.

**City of Portland, Maine - Building or Use Permit Application**

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

Job No: 2012-08-4722-ALTCOMM	Date Applied: 8/16/2012	CBL: 429-1-001-001	
Location of Construction: 970 BAXTER BLVD	Owner Name: MICHAEL K SCARKS	Owner Address: 38 PINERIDGE RD SACO, ME 04072	Phone: 450-6128
Business Name:	Contractor Name: Neptune Properties - Lou Wood	Contractor Address: 120 Exchange St., Portland, ME 04101	Phone: 450-6128
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG ALT	Zone: B-2
Past Use: Offices (bldg. connected by walkway to 500 Washington Ave 429-I-7)	Proposed Use: Same: Offices - to make changes to offices on 2 <sup>nd</sup> floor as per plans	Cost of Work: \$9,000.00	CEO District:
		Fire Dept: 10/1/12 Signature: <i>Bjorn Wald</i> (58)	Inspection: Use Group: B Type: 2 MUBEC 09 Signature: <i>[Signature]</i> 9/20/12
Proposed Project Description: interior renovations		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Gayle		<b>Zoning Approval</b>	

	Special Zone or Reviews	Zoning Appeal	Historic Preservation
1. This permit application does not preclude the Applicant from applying for a future permit.	<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in Dist or Landmark
2. Business Name: <i>Lou Wood</i>	<input type="checkbox"/> Wetlands	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does not Require Review
3. Business Phone: <i>450-6128</i>	<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
	<input type="checkbox"/> Division	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
	<input type="checkbox"/> Zoning Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
	Maj <input type="checkbox"/> Min <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
	<i>PK 8/22/12</i>	Date:	Date: <i>[Signature]</i>

I hereby certify that the owner of the property has authorized me to enforce the

*Plan For Conf Room at 970 Baxter Blvd Permit - Thank you Lou Wood*

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the City of Portland to all applicable laws of this jurisdiction. In addition, if a permit for work described in this permit shall have the authority to enter all areas covered by such permit at any reasonable hour.

SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

10-5-12 GF PIMBG OK  
OK - CLOSE IN

10-19-12 GF / CPP / BKL SPKLR COMPLIANCE LETTER  
ALARM " "

NEED FOLLOW UP

6-7-13 GF

OK

AM MEN

~~AM~~

CLOSE

2012 08 4722



# General Building Permit Application B-2

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>970 BAXTER BLVD, Portland, Me</u>		
Total Square Footage of Proposed Structure/Area <u>6500 S-F. of Remodelation</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>429</u> Block# <u>I 001</u> Lot# <u>129-I-7</u>	Applicant * <b>must be owner, Lessee or Buyer</b> * Name <u>Neptune Properties</u> Address <u>120 Exchange St.</u> City, State & Zip <u>Portland, Me 04101</u>	Telephone: <u>207-450-6128</u>
Lessee/DBA (if applicable) <u>connected to Ave 500 WASH</u> <u>N/A</u>	Owner (if different from Applicant) Name <u>SAME AS ABOVE</u> Address _____ City, State & Zip _____	Cost Of Work: \$ <u>8,750.00</u> C of O Fee: \$ _____ Total Fee: \$ _____
<p>Current legal use (i.e. single family) <u>Office 2nd floor</u></p> <p>If vacant, what was the previous use? <u>Office 2nd floor</u></p> <p>Proposed Specific use: <u>office</u></p> <p>Is property part of a subdivision? <u>NO</u> If yes, please name _____</p> <p>Project description: <u>Interior Remodelation</u>      <u>New walls</u></p>		
<p>Contractor's name: <u>owner; Lou Wood Neptune Properties</u></p> <p>Address: <u>120 Exchange ST.</u></p> <p>City, State &amp; Zip <u>Portland, Me 04101</u> Telephone: <u>207-450-6128</u></p> <p>Who should we contact when the permit is ready: <u>Lou Wood</u> " " " Telephone: _____</p> <p>Mailing address: <u>N/A Same As Above</u> <u>Call when back</u></p>		

**RECEIVED**  
**AUG 16 2012**  
Dept. of Building Inspections  
City of Portland Maine

**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](http://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: 8/15/12

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



# PORTLAND MAINE

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## Receipts Details:

**Tender Information:** Check , BusinessName: Neptune Properties, Check Number: 4737

**Tender Amount:** 110.00

## Receipt Header:

**Cashier Id:** gguertin

**Receipt Date:** 8/16/2012

**Receipt Number:** 47159

## Receipt Details:

Referance ID:	7664	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	110.00	Charge Amount:	110.00
Job ID: Job ID: 2012-08-4722-ALTCOMM - interior renovations			
Additional Comments: Neptune Properties			

**Thank You for your Payment!**

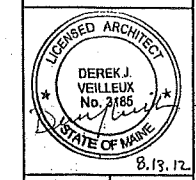
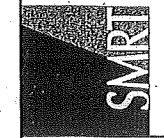






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 Fax: (207) 772-1070  
 www.smri.com

ARCHITECTURE  
 ENGINEERING  
 PLANNING  
 INTERIOR DESIGN  
 COMMISSIONING



GREATER PORTLAND COUNCIL OF GOVERNMENTS  
 970 BAXTER BOULEVARD  
 PORTLAND, MAINE

ISSUED FOR CONSTRUCTION PERMIT

CURRENT ISSUE STATUS:

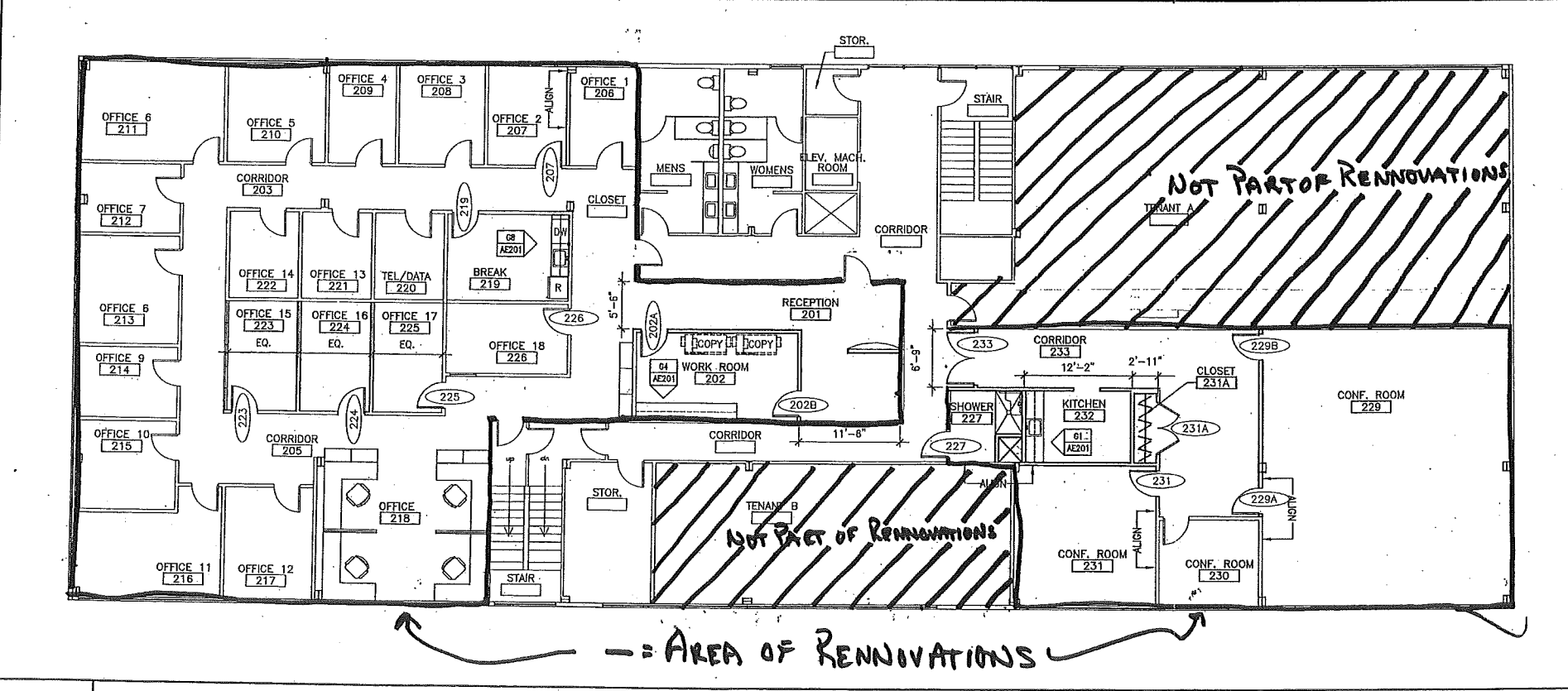
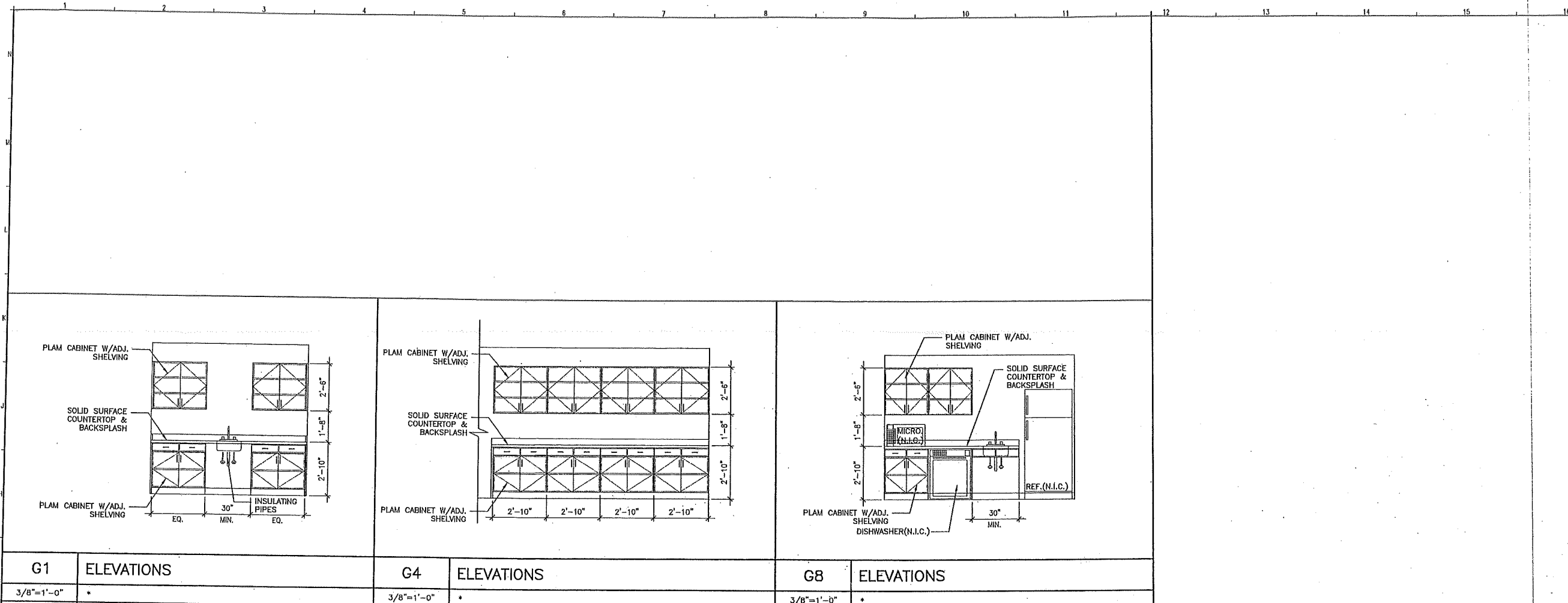
REV	DESCRIPTION	DATE

GRAPHIC SCALE:  
 0' 1' 2'

SCALE:  
 PROJECT MANAGER: JR  
 JC/DRAWN BY: ART  
 A/E OF RECORD: DJV  
 CAD FILE:  
 PROJECT NO.: 11125  
 DATE: 08/13/12  
 SHEET TITLE:

FLOOR PLAN, ELEVATIONS & NOTES

SHEET No. AE201



**FLOOR PLAN NOTES:**

- SEE AD101 FOR LEGEND AND GENERAL NOTES.
- FURNITURE DASHED IN BY OTHERS IS INDICATED FOR COORDINATION. PROVIDE BLOCKING FOR ALL WALL MOUNTED CASEWORK, FURNITURE, EQUIPMENT AND ANY OTHER NIC ITEM.
- REFER TO ELEVATIONS FOR ADDITIONAL INFORMATION.
- AT ALL REMOVED ITEMS, PATCH WALL SURFACE TO MATCH ADJACENT MATERIAL, TYPICAL.

**DOOR SCHEDULE:**

- DOORS : 202A, 202B, 207, 219, 223, 224, 225, 226, 231, 229A, 229B : WOOD DOORS, FULL GLAZED (TEMP.) WITH WOOD FRAMES TO MATCH EXISTING, PAINTED.
- DOORS : 227 : SOLID CORE WOOD DOOR, MATCH BASE BUILDING PRIVACY LOCK.
- DOORS : 233 : BOTH PAIR : FULL GLAZED CHERRY DOOR WITH CHERRY FRAMES TO MATCH EXISTING BUILDING ENTRANCE SUITES.
- DOORS : 231A : BOTH PAIR : SOLID CORE WOOD DOORS, PAINTED FINISH.

**FLOOR FINISH NOTES:**

- PAINT ALL WALLS
- ROOMS TO RECEIVE NEW CARPET : 202A, 202B, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 221, 222, 223, 224, 225, 228, 229, 230, 231, 233, 231A
- ROOMS TO RECEIVE NEW VCT : 202, 219, 220, 227, 232

**Jerric Corp. D/B/A  
High Tech Fire Protection  
P.O. Box 156  
Minot, Maine 04258-0156  
Tel: (207) 998-2551**

Date: October 17, 2012  
To: A & M Partners  
From: Gerard Bosse  
Re: Guarantee/fire sprinklers

MSG: Jerric Corp. D/B/A High Tech Fire Protection hereby warrants and guarantees all materials and workmanship supplied by High Tech Fire Protection on the project entitled **Greater Portland Council of Government in Portland**, Maine for a period of one year from the date of substantial completion, 10/17/2012.

We shall remove, replace and /or repair at our own expense and at the convenience of the owner any faulty, defective or improper work and / or materials completed / installed by High Tech Fire Protection or equipment discovered within one year from the date of acceptance of the Project as a whole by the architect and owner.

Our scope of work completed on the existing sprinkler system meets or exceeds all requirements necessary for an approved NFPA #13 commercial sprinkler system and the Local Authority.

Gerard Bosse, President  
Jerric Corp. D/B/A High Tech Fire Protection



PO Box 2551  
2257 West Broadway  
South Portland, ME 04106

1.800.370.3473  
fax 207.879.0540

[www.norrisinc.com](http://www.norrisinc.com)

October 19, 2012

A & M Partners  
Al Clark  
120 Exchange St.  
Portland, ME 04101

Subject: 970 Baxter Blvd, 2fl Fire Alarm System

Dear Al,

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 local 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,

A handwritten signature in black ink, appearing to read 'D. W. Driesen', written in a cursive style.

Douglas W. Driesen  
Service Manager

### FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM RECORD OF COMPLETION

*To be completed by the system installation contractor at the time of system acceptance and approval.  
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.*

#### 1. PROPERTY INFORMATION

Name of property:

Address: 970 BAXTER BLVD PORTLAND, MAINE

Description of property: 3 STORY BRICK

Occupancy type: COMMERCIAL OFFICE SPACE

Name of property representative: A & M PARTNERS - AL CLARK

Address: 120 EXCHANGE STREET PORTLAND, MAINE

Phone: Fax: E-mail:

Authority having jurisdiction over this property: PORTLAND FIRE DEPARTMENT

Phone: Fax: E-mail:

#### 2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Installation contractor for this equipment: NORRIS INC

Address: 2257 WEST BROADWAY SOUTH PORTLAND, MAINE

License or certification number:

Phone: 207-883-3473 Fax: 207-879-0540 E-mail:

Service organization for this equipment: NORRIS INC

Address:

License or certification number:

Phone: Fax: E-mail:

A contract for test and inspection in accordance with NFPA standards is in effect as of:

Contracted testing company: NORRIS INC - TESTING OF ADDED HORN STROBES ONLY

Address:

Phone: Fax: E-mail:

Contract expires: Contract number: Frequency of routine inspections:

#### 3. DESCRIPTION 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
- Other (specify):

NFPA 72, Fig. 10.18.2.1.1 (p. 1 of 12)

3. DESCRIPTION OF SYSTEM OR SERVICE (continued)

NFPA 72 edition:

Additional description of system(s):

3.1 Control Unit

Manufacturer: EDWARDS

Model number: 2414

3.2 Mass Notification System

This system does not incorporate an MNS

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 autonomous control unit  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 numbered record drawings are stored on site. Location:

3.4 System Software

This system does not have alterable site-specific software.

Operating system (executive) software revision level:

Site-specific software revision date:

Revision completed by:

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

3.5 Off-Premises Signal Transmission

This system does not have off-premises transmission.

Name of organization receiving alarm signals with phone numbers:

Alarm: Phone:

Supervisory: Phone:

Trouble: Phone:

Entity to which alarms are retransmitted: Phone:

Method of retransmission:

If Chapter 26, specify the means of transmission from the protected premises to the supervising station:

If Chapter 27, specify the type of auxiliary alarm system:  Local energy  Shunt  Wired  Wireless

#### 4. CIRCUITS AND PATHWAYS

##### 4.1 Signaling Line Pathways

##### 4.1.1 Pathways Class Designations and Survivability

Pathways class: N/A Survivability level: Quantity:  
(See NFPA 72, Sections 12.3 and 12.4)

##### 4.1.2 Pathways Utilizing Two or More Media

Quantity: N/A Description:

##### 4.1.3 Device Power Pathways

- No separate power pathways from the signaling line pathway
- Power pathways are separate but of the same pathway classification as the signaling line pathway
- Power pathways are separate and different classification from the signaling line pathway

##### 4.1.4 Isolation Modules

Quantity: N/A

##### 4.2 Alarm Initiating Device Pathways

##### 4.2.1 Pathways Class Designations and Survivability

Pathways class: N/A Survivability level: Quantity:  
(See NFPA 72, Sections 12.3 and 12.4)

##### 4.2.2 Pathways Utilizing Two or More Media

Quantity: N/A Description:

##### 4.2.3 Device Power Pathways

- No separate power pathways from the initiating device pathway
- Power pathways are separate but of the same pathway classification as the initiating device pathway
- Power pathways are separate and different classification from the initiating device pathway

##### 4.3 Non-Voice Audible System Pathways

##### 4.3.1 Pathways Class Designations and Survivability

Pathways class: CLASS B Survivability level: 0 Quantity: 2  
(See NFPA 72, Sections 12.3 and 12.4)

##### 4.3.2 Pathways Utilizing Two or More Media

Quantity: Description:

##### 4.3.3 Device Power Pathways

- No separate power pathways from the notification appliance pathway
- Power pathways are separate but of the same pathway classification as the notification appliance pathway
- Power pathways are separate and different classification from the notification appliance pathway

NFPA 72, Fig. 10.18.2.1.1 (p. 3 of 12)



**5. ALARM INITIATING DEVICES**

**5.1 Manual Initiating Devices**

**5.1.1 Manual Fire Alarm Boxes**

This system does not have manual fire alarm boxes.

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify): N/A

**5.1.2 Other Alarm Boxes**

This system does not have other alarm boxes.

Description:

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify): N/A

**5.2 Automatic Initiating Devices**

**5.2.1 Smoke Detectors**

This system does not have smoke detectors.

Type and number of devices: Addressable: Conventional:

Other (specify): N/A

Type of coverage:  Complete area  Partial area  Nonrequired partial area

Other (specify):

Type of smoke detector sensing technology:  Ionization  Photoelectric  Multicriteria  Aspirating  Beam

Other (specify):

**5.2.2 Duct Smoke Detectors**

This system does not have alarm-causing duct smoke detectors.

Type and number of devices: Addressable: N/A Conventional:

Other (specify):

Type of coverage:

Type of smoke detector sensing technology:  Ionization  Photoelectric  Aspirating  Beam

**5.2.3 Radiant Energy (Flame) Detectors**

This system does not have radiant energy detectors.

Type and number of devices: Addressable: Conventional:

Other (specify):

Type of coverage: N/A

**5.2.4 Gas Detectors**

This system does not have gas detectors.

Type of detector(s): N/A

Number of devices: Addressable: Conventional:

Type of coverage:

**5.2.5 Heat Detectors**

This system does not have heat detectors.

Type and number of devices: Addressable: N/A Conventional:

Type of coverage:  Complete area  Partial area  Nonrequired partial area  Linear  Spot

Type of heat detector sensing technology:  Fixed temperature  Rate-of-rise  Rate compensated

5. ALARM INITIATING DEVICES (continued)

5.2.6 Addressable Monitoring Modules

This system does not have monitoring modules.

Number of devices: N/A

5.2.7 Waterflow Alarm Devices

This system does not have waterflow alarm devices.

Type and number of devices: Addressable: N/A Conventional: Coded: Transmitter:

5.2.8 Alarm Verification

This system does not incorporate alarm verification.

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

5.2.9 Presignal

This system does not incorporate pre-signal.

Number of devices subject to presignal: N/A

Describe presignal functions:

5.2.10 Positive Alarm Sequence (PAS)

This system does not incorporate PAS.

Describe PAS: N/A

5.2.11 Other Initiating Devices

This system does not have other initiating devices.

Describe: N/A

6. SUPERVISORY SIGNAL-INITIATING DEVICES

6.1 Sprinkler System Supervisory Devices

This system does not have sprinkler supervisory devices.

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify): N/A

6.2 Fire Pump Description and Supervisory Devices

This system does not have a fire pump.

Type fire pump:  Electric pump  Engine

Type and number of devices: Addressable: Conventional: Coded: Transmitter:

Other (specify): N/A

6.2.1 Fire Pump Functions Supervised

Power  Running  Phase reversal  Selector switch not in auto  Engine or control panel trouble  Low fuel

Other (specify): N/A

6.3 Duct Smoke Detectors (DSDs)

This system does not have DSDs causing supervisory signals.

Type and number of devices: Addressable: Conventional:

Other (specify): N/A

Type of coverage:

Type of smoke detector sensing technology:  Ionization  Photoelectric  Aspirating  Beam

6.4 Other Supervisory Devices

This system does not have other supervisory devices.

Describe: N/A

**7. MONITORED SYSTEMS**

**7.1 Engine-Driven Generator**

This system does not have a generator.

**7.1.1 Generator Functions Supervised**

- Engine or control panel trouble     Generator running     Selector switch not in auto     Low fuel
- Other (specify): N/A

**7.2 Special Hazard Suppression Systems**

This system does not monitor special hazard systems.

Description of special hazard system(s): N/A

**7.3 Other Monitoring Systems**

This system does not monitor other systems.

Description of special hazard system(s): N/A

**8. ANNUNCIATORS**

This system does not have annunciators.

**8.1 Location and Description of Annunciators**

Location 1: INSIDE FIRE PANEL;

Location 2:

Location 3:

**9. ALARM NOTIFICATION APPLIANCES**

**9.1 In-Building Fire Emergency Voice Alarm Communication System**

This system does not have an EVACS.

Number of single voice alarm channels:

Number of multiple voice alarm channels:

Number of speakers:

Number of speaker circuits:

Location of amplification and sound-processing equipment:

Location of paging microphone stations:

Location 1:

Location 2:

Location 3:

**9.2 Nonvoice Notification Appliances**

This system does not have nonvoice notification appliances.

Horns: 5

With visible:

Bells:

With visible:

Chimes:

With visible:

Visible only: 1

Other (describe): ADDED TO EXISTING SYSTEM

**9.3 Notification Appliance Power Extender Panels**

This system does not have power extender panels.

Quantity:

Locations:

NFPA 72, Fig. 10.18.2.1.1 (p. 6 of 12)

**10. MASS NOTIFICATION CONTROLS, APPLIANCES, AND CIRCUITS**  This system does not have an MNS.

**10.1 MNS Local Operating Consoles**

Location 1:

Location 2:

Location 3:

**10.2 High-Power Speaker Arrays**

Number of HPSA speaker initiation zones:

Location 1:

Location 2:

Location 3:

**10.3 Mass Notification Devices**

Combination fire alarm/MNS visible appliances:

MNS-only visible appliances:

Textual signs:

Other (describe):

Supervision class:

**10.3.1 Special Hazard Notification**

This system does not have special suppression pre-discharge notification.

MNS systems DO NOT override notification appliances required to provide special suppression pre-discharge notification.

**11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS**

**11.1 Telephone System**

This system does not have a two-way telephone system.

Number of telephone jacks installed:

Number of warden stations installed:

Number of telephone handsets stored on site:

Type of telephone system installed:  Electrically powered  Sound powered

**11.2 Two-Way Radio Communications Enhancement System**

This system does not have a two-way radio communications enhancement system.

Percentage of area covered by two-way radio service: Critical areas: % General building areas: %

Amplification component locations:

Inbound signal strength: dBm Outbound signal strength: dBm

Donor antenna isolation is: dB above the signal booster gain

Radio frequencies covered:

Radio system monitor panel location:

**11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS (continued)**

**11.3 Area of Refuge (Area of Rescue Assistance) Emergency Communications Systems**

This system does not have an area of refuge (area of rescue assistance) emergency communications system.

Number of stations: \_\_\_\_\_ Location of central control point: \_\_\_\_\_

Days and hours when central control point is attended: \_\_\_\_\_

Location of alternate control point: \_\_\_\_\_

Days and hours when alternate control point is attended: \_\_\_\_\_

**11.4 Elevator Emergency Communications Systems**

This system does not have an elevator emergency communications system.

Number of elevators with stations: \_\_\_\_\_ Location of central control point: \_\_\_\_\_

Days and hours when central control point is attended: \_\_\_\_\_

Location of alternate control point: \_\_\_\_\_

Days and hours when alternate control point is attended: \_\_\_\_\_

**11.5 Other Two-Way Communication Systems**

Describe: N/A

**12. CONTROL FUNCTIONS**

This system activates the following control functions:

Hold-open door releasing devices     Smoke management     HVAC shutdown     F/S dampers

Door unlocking     Elevator recall     Fuel source shutdown     Extinguishing agent release

Elevator shunt trip     Mass notification system override of fire alarm notification appliances

Other (specify): N/A

**12.1 Addressable Control Modules**

This system does not have control modules.

Number of devices: N/A

Other (specify): \_\_\_\_\_

**13. SYSTEM POWER**

**13.1 Control Unit**

**13.1.1 Primary Power**

Input voltage of control panel: \_\_\_\_\_

Control panel amps: \_\_\_\_\_

Overcurrent protection: Type: \_\_\_\_\_

Amps: \_\_\_\_\_

Location (of primary supply panel board): \_\_\_\_\_

Disconnecting means location: \_\_\_\_\_

**13.1.2 Engine-Driven Generator**

This system does not have a generator.

Location of generator: N/A

Location of fuel storage: \_\_\_\_\_

Type of fuel: \_\_\_\_\_

NFPA 72 Fig. 10.18.2.1.1 (p. 8 of 12)

**13. SYSTEM POWER (continued)**

**13.1.3 Uninterruptible Power System**

This system does not have a UPS.

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):

**13.1.4 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

Battery calculations are attached

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

This system does not have an EVACS or MNS system.

**13.2.1 Primary Power**

Input voltage of EVACS or MNS panel:

EVACS or MNS panel amps:

Overcurrent protection: Type:

Amps:

Location (of primary supply panel board):

Disconnecting means location:

**13.2.2 Engine-Driven Generator**

This system does not have a generator.

Location of generator:

Location of fuel storage:

Type of fuel:

**13.2.3 Uninterruptible Power System**

This system does not have a UPS.

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):

**13.2.4 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

Battery calculations are attached

13. SYSTEM POWER (continued)

13.3 Notification Appliance Power Extender Panels  This system does not have power extender panels.

13.3.1 Primary Power

Input voltage of power extender panel(s): Power extender panel amps:

Overcurrent protection: Type: Amps:

Location (of primary supply panel board):

Disconnecting means location:

13.3.2 Engine-Driven Generator  This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

13.3.3 Uninterruptible Power System  This system does not have a UPS.

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):

13.3.4 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  Battery calculations are attached

14. RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

This is a:  New system  Modification to an existing system Permit number:

The system has been installed in accordance with the following requirements: (Note any or all that apply.)

NFPA 72, Edition:

NFPA 70, National Electrical Code, Article 760, Edition:

Manufacturer's published instructions

Other (specify):

System deviations from referenced NFPA standards:

Signed:

Printed name: T. JOHNSON

Date: 10-20-12

Organization: NORRIS INC

Title: TECHNICIAN

Phone: 883-3473

**15. RECORD OF SYSTEM OPERATIONAL ACCEPTANCE TEST**

New system

*All operational features and functions of this system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements for the following:*

Modifications to an existing system

*All newly modified operational features and functions of the system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of the following:*

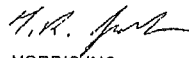
NFPA 72, Edition:

NFPA 70, National Electrical Code, Article 760, Edition:

Manufacturer's published instructions

Other (specify):

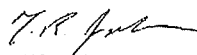
Individual device testing documentation [Inspection and Testing Form (Figure 14.6.2.4) is attached]

Signed:  Printed name: T. JOHNSON Date: 10-20-12  
Organization: NORRIS INC Title: TECHNICIAN Phone: 883-3473

**16. CERTIFICATIONS AND APPROVALS**

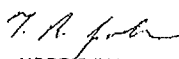
**16.1 System Installation Contractor:**

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

Signed:  Printed name: T. JOHNSON Date: 10-20-12  
Organization: NORRIS INC Title: TECHNICIAN Phone: 883-3473

**16.2 System Service Contractor:**

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

Signed:  Printed name: T. JOHNSON Date: 10-20-12  
Organization: NORRIS INC Title: TECHNICIAN Phone: 883-3473

**16.3 Supervising Station:**

This system, as specified herein, will be monitored according to all NFPA standards cited herein.

Signed: Printed name: Date:  
Organization: Title: Phone:



**16. CERTIFICATIONS AND APPROVALS (continued)**

**16.4 Property or Owner Representative:**

This system, as specified herein, will be monitored according to all NFPA standards cited herein.

Signed: Printed name: Date:  
Organization: Title: Phone:

**16.5 Authority Having Jurisdiction:**

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, with its approved sequence of operations, and with all NFPA standards cited herein.

Signed: Printed name: Date:  
Organization: Title: Phone: