

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

Permit No: 03-1100 Issue Date: 12/16/2003 CBL: 423 A004001

|  |   |  |                     |
|--|---|--|---------------------|
| Location of Construction:<br>739 Ocean Ave | Owner Name:<br>Ocean East Of Portland 2 LLC | Owner Address:<br>247 Commercial St                | Phone:              |
| Business Name:                             | Contractor Name:<br>WRIGHT RYAN CONSTRUCTIO | Contractor Address:<br>10 DANFORTH STREET Portland | Phone<br>2077733625 |
| Lessee/Buyer's Name                        | Phone:                                      | Permit Type:<br>Multi Family                       | Zone:               |

|  |   |                              |                                 |                    |
|--|---|------------------------------|---------------------------------|--------------------|
| Past Use:<br>vacant land; parcel includes this lot, 424-A: 6, 7-13, 20, 28, 31, 34, 38 | Proposed Use:<br>Units 14 through 17 and 24 through 73 of the overall 86 unit development (18 buildings) & Community Building | Permit Fee:<br>\$88,446.00   | Cost of Work:<br>\$9,100,000.00 | CEO District:<br>4 |
| FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied           |   | INSPECTION: Use Group: Type: |                                 |                    |

Proposed Project Description:  
 Construct Units 14 through 17 and 24 through 73 as per plan

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
 PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  
 Action:  Approved  Approved w/Conditions  Denied  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: kwd Date Applied For: 09/10/2003

**Zoning Approval**

|   |   |  |   |
|---|---|--|---|
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.  | Special Zone or Reviews<br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone                              | Zoning Appeal<br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use | Historic Preservation<br><input type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review |
| 2. Building permits do not include plumbing, septic or electrical work.   | <input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> | <input type="checkbox"/> Interpretation<br><input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied               | <input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied  |
| 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.. | Date: _____   | Date: _____  | Date: _____   |

**CERTIFICATION**

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

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

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

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

|            |         |             |            |      |             |
|------------|---------|-------------|------------|------|-------------|
| Permit No: | 04-0298 | Issue Date: | 03/24/2004 | CBL: | 423 A004001 |
|------------|---------|-------------|------------|------|-------------|

|                           |               |                  |                            |                     |                             |        |            |
|---------------------------|---------------|------------------|----------------------------|---------------------|-----------------------------|--------|------------|
| Location of Construction: | 739 Ocean Ave | Owner Name:      | Ocean East Of Portland Llc | Owner Address:      | 247 Commercial St           | Phone: |            |
| Business Name:            |               | Contractor Name: | WRIGHT RYAN CONSTRUCTIO    | Contractor Address: | 10 DANFORTH STREET Portland | Phone  | 2077733625 |
| Lessee/Buyer's Name       |               | Phone:           |                            | Permit Type:        | Amendment to Multifamily    |        | Zone:      |

|                               |   |             |               |               |  |
|-------------------------------|---|-------------|---------------|---------------|--|
| Past Use:                     | Proposed Use:   | Permit Fee: | Cost of Work: | CEO District: |  |
|                               | Units 1 through 13 and 18 through 23 and 74 through 86 of the overall 86 unit development (18 buildings) & Community Building |             | \$0.00        | 4             |  |
| Proposed Project Description: | Units 1 through 13 and 18 through 23 and 74 through 86  |             |               |               |  |

|  |            |
|--|------------|
| Signature:   | Signature: |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  |            |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied | Date:      |

|                  |                   |                        |  |  |
|------------------|-------------------|------------------------|--|--|
| Permit Taken By: | Date Applied For: | <b>Zoning Approval</b> |  |  |
| mjm              | 03/24/2004        |                        |  |  |

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

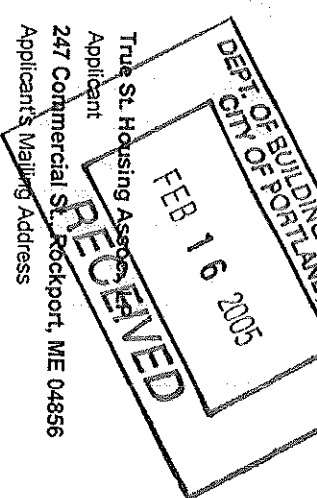
| Special Zone or Reviews  | Zoning Appeal  | Historic Preservation  |
|--|--|--|
| <input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br><input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MM | <input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | <input type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied |
| Date:  | Date:  | Date:  |

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SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_



CITY OF PORTLAND, MAINE  
DEVELOPMENT REVIEW APPLICATION  
PLANNING DEPARTMENT PROCESSING FORM  
Planning Copy

2004-0259 Application I. D. Number  
12/23/2004 Application Date  
Amendment to Plan - Ocean East  
Project Name/Description

*Marg Semmura*  
*Inspections*

site  
ind, Maine

Chart-Block-Lot

Consultant/Agent \_\_\_\_\_ Agent Fax: \_\_\_\_\_  
Agent Ph: \_\_\_\_\_ Applicant or Agent Daytime Telephone, Fax \_\_\_\_\_  
Proposed Development (check all that apply):  New Building  Building Addition  Change of Use  Residential  Office  Retail  
 Manufacturing  Warehouse/Distribution  Parking Lot  Other (Specify) **Amendment to Plan**

Proposed Building square Feet or # of Units \_\_\_\_\_

Acreage of Site \_\_\_\_\_

Check Review Required:

- Site Plan (major/minor)  Subdivision # of Lots
- Flood Hazard  Shoreland
- Zoning Conditional Use (ZBA/PB)  Zoning Variance
- Historic Preservation  DEP Local Certification
- Other \_\_\_\_\_  Other \_\_\_\_\_

Fees Paid: Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_ Engineer Review \_\_\_\_\_ Date \_\_\_\_\_

**Planning Approval Status:**

- Approved  Approved w/Conditions See Attached  Denied

Reviewer **Sarah Hopkins**

Approval Date 01/12/2005 Approval Expiration 01/12/2006 Extension to \_\_\_\_\_ Additional Sheets Attached

OK to Issue Building Permit signature \_\_\_\_\_ date \_\_\_\_\_

Performance Guarantee  Required\*  Not Required

\* No building permit may be issued until a performance guarantee has been submitted as indicated below

Performance Guarantee Accepted date \_\_\_\_\_ amount \_\_\_\_\_ expiration date \_\_\_\_\_

Inspection Fee Paid date \_\_\_\_\_ amount \_\_\_\_\_ expiration date \_\_\_\_\_

Building Permit Issue date \_\_\_\_\_ amount \_\_\_\_\_ expiration date \_\_\_\_\_

Performance Guarantee Reduced date \_\_\_\_\_ amount \_\_\_\_\_ expiration date \_\_\_\_\_

Temporary Certificate of Occupancy date \_\_\_\_\_ remaining balance \_\_\_\_\_ signature \_\_\_\_\_

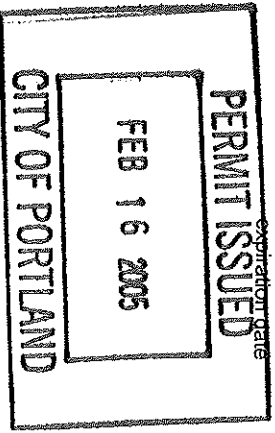
Final Inspection date \_\_\_\_\_ signature \_\_\_\_\_

Certificate Of Occupancy date \_\_\_\_\_ signature \_\_\_\_\_

Performance Guarantee Released date \_\_\_\_\_ signature \_\_\_\_\_

Defect Guarantee Submitted submitted date \_\_\_\_\_ amount \_\_\_\_\_ signature \_\_\_\_\_

Defect Guarantee Released date \_\_\_\_\_ signature \_\_\_\_\_



CITY OF PORTLAND, MAINE  
DEVELOPMENT REVIEW APPLICATION  
PLANNING DEPARTMENT PROCESSING FORM  
DRC Copy

True St. Housing Assoc., LP.  
Applicant  
247 Commercial St., Rockport, ME 04856  
Applicant's Mailing Address

2004-0259 Application I. D. Number  
12/23/2004 Application Date  
Amendment to Plan - Ocean East  
Project Name/Description

Consultant/Agent  
Agent Ph:  
Agent Fax:  
Applicant or Agent Daytime Telephone, Fax  
Proposed Development (check all that apply):  
 Manufacturing  Warehouse/Distribution  Parking Lot  
 New Building  Building Addition  Change Of Use  Residential  Office  Retail  
 Other (specify) **Amendment to Plan**

Ocean Avenue, Portland, Maine  
Address of Proposed Site  
424 a006  
Assessor's Reference: Chart-Block-Lot

Proposed Building square Feet or # of Units

Acreage of Site

Zoning

Check Review Required:  
 Site Plan (major/minor)  
 Flood Hazard  
 Zoning Conditional Use (ZBA/PB)

Subdivision # of lots  
 Shoreland  
 Zoning Variance

PAD Review  
 Historic Preservation  
 DEP Local Certification  
 Other

Fees Paid: Site Plan

Subdivision

Engineer Review

Date

**DRC Approval Status:**

Approved  
 Approved w/Conditions See Attached  
 Denied

Reviewer **Sebago Technic**

Approval Date 01/12/2005

Approval Expiration

01/12/2006

Extension to

Additional Sheets Attached

Condition Compliance

Kandi Talbot  
signature

date

Performance Guarantee

Required\*

Not Required

\* No building permit may be issued until a performance guarantee has been submitted as indicated below

Performance Guarantee Accepted

date

amount

expiration date

Inspection Fee Paid

date

amount

Building Permit Issue

date

Performance Guarantee Reduced

date

remaining balance

signature

Temporary Certificate of Occupancy

date

Conditions (See Attached)

expiration date

Final Inspection

date

signature

Certificate Of Occupancy

date

Performance Guarantee Released

date

signature

Defect Guarantee Submitted

submitted date

amount

expiration date

Defect Guarantee Released

date

signature

**Royal River Survey Company**  
43 Marina Road  
Yarmouth, Maine 04096

April 27, 2004

Mr. Michael Nugent  
Code Enforcement  
City of Portland Planning & Development Dept.  
389 Congress Street  
Portland, Maine 04101

RE: Setback of Building 2 - Ocean East

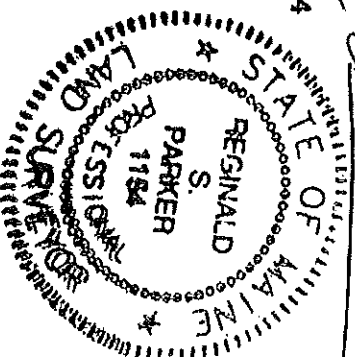
Dear Mr. Nugent:

At the request of Mr. Greg Lanou of Wright Ryan Construction we are forwarding to you the layout information for Building 5 of the Ocean East Realty Resources Townhomes off Presumpscot Street in Portland

According to measurements calculated from our control traverse, the southwest corner of Building 2 measures 35'-10" from the nearest point of the property boundary to the south of the building. This afternoon we confirmed that the point laid out on the ground within the footing forms representing the northwest corner of Building 5 identifies correctly that position, to the best of our knowledge and belief.

Sincerely  
ROYAL RIVER SURVEY COMPANY

*Reginald Parker*  
Reginald Parker, R.S. 1154



| Post-it <sup>®</sup> Fax Note | 7671               | Date    | 4.2                    | # of pages | 1 |
|-------------------------------|--------------------|---------|------------------------|------------|---|
| To                            | Mike Nugent        | From    | Reg Parker             |            |   |
| Co/Dept.                      | City Planning Dept | Co      | Reginald Parker Survey |            |   |
| Phone #                       | 874 8637           | Phone # | 846-5477               |            |   |
| Fax #                         | 874-8316           | Fax #   | 7216                   |            |   |

telephone: 207-846-5477 fax: 207-846-7716 e-mail: royalrv@maine.rr.com

423 H 004

# Contractor's Material and Test Certificate for Aboveground Piping

**PROCEDURE**

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job. A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractors. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME Town Homes Green East DATE 12-16-04  
 PROPERTY ADDRESS 10 SANCTUARY LANE - COMMUNITY BLDG - #14

ACCEPTED BY State Fire Marshal's Office  
 ADDRESS #164 State House Station Augusta, Maine 04333-0164

Installation conforms to accepted plans  Yes  No  
 Equipment used is approved if no, explain deviations.  Yes  No

Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment?  Yes  No  
 Has copies of the following been left on the premises?  
 1. System components instructions  Yes  No  
 2. Care and maintenance instructions  Yes  No  
 3. NFPA 25 (Owners Manual)  Yes  No

Supplies buildings # 14 Hydre Pro Dry

| MAKE            | MODEL        | YEAR OF MANUFACTURE | ORIFICE SIZE | QUANTITY  | TEMPERATURE RATING |
|-----------------|--------------|---------------------|--------------|-----------|--------------------|
| <u>Reliable</u> | <u>F1FR</u>  | <u>2004</u>         | <u>1/2</u>   | <u>14</u> | <u>155°</u>        |
| <u>Reliable</u> | <u>F1FR</u>  | <u>2004</u>         | <u>1/2</u>   | <u>19</u> | <u>200°</u>        |
| <u>Reliable</u> | <u>F3 BR</u> | <u>2004</u>         | <u>1/2</u>   | <u>1</u>  | <u>155°</u>        |
| <u>Reliable</u> | <u>F3 BR</u> | <u>2004</u>         | <u>1/2</u>   | <u>1</u>  | <u>155°</u>        |

Type of pipe Black IRON  
 Type of fittings Black Iron

| Type | Alarm Device |       | Maximum time to operate through test connection. |         |
|------|--------------|-------|--|---------|
|      | Make         | Model | Minutes  | Seconds |
|      |              |       |  |         |

Dry valve

| Make             | Model      | Serial no. | Make | Model | Serial no. |
|------------------|------------|------------|------|-------|------------|
| <u>Vic Tonic</u> | <u>752</u> |            |      |       |            |

| Time to trip through test connection <sup>1</sup> | Water pressure |           | Trip point air pressure |           | Time water operated properly. |   |
|---|----------------|-----------|-------------------------|-----------|-------------------------------|---|
|   | Minutes        | Seconds   | Psi                     | Psi       | Minutes                       | Seconds   |
|   | <u>8</u>       | <u>65</u> | <u>30</u>               | <u>10</u> |                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Without O.O.D.    
 With O.O.D.    
 If no, explain

Operation  Pneumatic  Electric  Hydraulic  
 Piping supervised  Yes  No  
 Does valve operate from the manual trip, remote, or both control stations?  Yes  No  
 Is there an accessible facility in each circuit for testing?  Yes  No If no, explain.

| Make | Model | Does each circuit operate supervision loss alarm? |    | Does each circuit operate valve release? |    | Maximum time of operate release |         |
|------|-------|---|----|--|----|---------------------------------|---------|
|      |       | Yes   | No | Yes                                      | No | Minutes                         | Seconds |
|      |       |   |    |  |    |                                 |         |

| Location and floor | Make & Model | Setting     |              | Static Pressure |              | Residual Pressure (flowing) |              | Flow rate |
|--------------------|--------------|-------------|--------------|-----------------|--------------|-----------------------------|--------------|-----------|
|                    |              | Inlet (psi) | Outlet (psi) | Inlet (psi)     | Outlet (psi) | Inlet (psi)                 | Outlet (psi) |           |
|                    |              |             |              |                 |              |                             |              |           |

1. Measured from time inspector's test connection is opened.

425 H 004

# Contractor's Material and Test Certificate for Aboveground Piping

**PROCEDURE**

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job. A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractors. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME Town Homes Ocean East DATE 12-16-04

PROPERTY ADDRESS 4-14 MARLTIME LANE - or B06 #13

ACCEPTED BY State Fire Marshal's Office

ADDRESS #164 State House Station Augusta, Maine 04333-0164

PLANS Installation conforms to accepted plans  Yes  No  
 Equipment used is approved if no, explain deviations.  Yes  No

INSTRUCTIONS Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment?  Yes  No  
 If no, explain?

Has copies of the following been left on the premises?  
 1. System components instructions  Yes  No  
 2. Care and maintenance instructions  Yes  No  
 3. NFPA 25 (Owners Manual)  Yes  No

LOCATION OF SYSTEM Supplies buildings #13 1 3A system

| MAKE            | MODEL                | YEAR OF MANUFACTURE | ORIFICE SIZE | QUANTITY  | TEMPERATURE RATING |
|-----------------|----------------------|---------------------|--------------|-----------|--------------------|
| <u>Reliable</u> | <u>F1 Res 49 HSL</u> | <u>2004</u>         | <u>7/16</u>  | <u>25</u> | <u>155°</u>        |
| <u>Reliable</u> | <u>F1 Res 49 Red</u> | <u>2004</u>         | <u>7/16</u>  | <u>20</u> | <u>155°</u>        |
| <u>Reliable</u> | <u>Fire</u>          | <u>2004</u>         | <u>1/2</u>   | <u>2</u>  | <u>300°</u>        |

PIPING & FITTINGS Type of pipe CPVC  
 Type of fittings CPVC

| ALARM VALVE OR FLOW INDICT. | Type        | Make         | Model         | Maximum time to operate through test connection. | Minutes | Seconds   |
|-----------------------------|-------------|--------------|---------------|--|---------|-----------|
|                             | <u>Flow</u> | <u>Baker</u> | <u>VSR-SF</u> |  |         | <u>19</u> |

| DRY PIPE OPERATION TEST | Dry valve |       | Q.O.D.     |      |       |            |
|-------------------------|-----------|-------|------------|------|-------|------------|
|                         | Make      | Model | Serial no. | Make | Model | Serial no. |
|                         |           |       |            |      |       |            |

Operation  Pneumatic  Electric  Hydraulic

Piping supervised  Yes  No  
 Does valve operate from the manual trip, remote, or both control stations?  Yes  No  
 Is there an accessible facility in each circuit for testing?  Yes  No If no, explain.

| Make | Model | Does each circuit operate supervision loss alarm? |    | Does each circuit operate valve release? |    | Maximum time of operate release |
|------|-------|---|----|--|----|---------------------------------|
|      |       | Yes   | No | Yes                                      | No |                                 |
|      |       |   |    |  |    |                                 |

| Location and floor | Make & Model | Setting | Static Pressure |              | Residual Pressure (flowing) |              | Flow rate |
|--------------------|--------------|---------|-----------------|--------------|-----------------------------|--------------|-----------|
|                    |              |         | Inlet (psi)     | outlet (psi) | Inlet (psi)                 | outlet (psi) |           |
|                    |              |         |                 |              |                             |              |           |

PRESSURE REDUCING VALVES

DELUGE & PREACTION VALVES

|                          |   |   |                      |
|--------------------------|---|---|----------------------|
| TEST DESCRIPTION         | Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.<br>Pneumatic: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1 1/2 psi (0.1 bar) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1 1/2 psi (0.1 bar) in 24 hours. |   |                      |
|                          | All piping hydrostatically tested at <u>220</u> psi (___ bar) for <u>2</u> hours<br>Dry piping pneumatically tested <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Equipment operates properly <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicoflate or derivatives of sodium silicoflate, brine, or other corrosive chemicals were not used for testing systems of stopping leaks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                  |   |                      |
| TEST                     | Drain test<br>Reading of gauge located near water supply test connection: <u>25</u> psi (___ bar).  | Residual pressure with valve in test connection open wide: <u>50</u> psi (___ bar). | If no, state reason  |
|                          | Underground mains and lead in connections to system riser flushed before connection made to sprinkler piping?<br>Verified by copy of the U Form No. 85B flushed by installer of underground sprinkler piping? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If power-driven fasteners are used in concrete, has representative sample testing be satisfactorily completed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, explain   |   |                      |
| BLANK TESTING GASKETS    | Number used   | Locations   | Number removed       |
|                          | Welding piping <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes...  |   |                      |
| WELDING                  | Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |                      |
|                          | Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that the internal diameters of piping are not penetrated? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |                      |
| CUTOUTS (DISCS)          | Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |                      |
|                          | If no, explain  |   |                      |
| HYDRAULIC DATA NAMEPLATE | Nameplate provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | If no, explain  |                      |
|                          | Date left in service with all control valves open <u>12-30-04</u>   |   |                      |
| REMARKS                  | Name of sprinkler contractor <u>High Tech Fire Protection</u>   |   |                      |
| SIGNATURES               | Test witnessed by   |   |                      |
|                          | For property owner (signed) <u>[Signature]</u>  | Title <u>owner</u>  | Date <u>12/30/04</u> |
|                          | For sprinkler contractor (signed) <u>[Signature]</u>  | Title <u>Contractor</u>   | Date <u>12-30-04</u> |

Additional Explanations and notes

