

TEMPORARY
CERTIFICATE OF OCCUPANCY

Date 12/14/04

Owner Alan Cappel

Location 100 Midland # 210

Permit No. 04-0113

Occupancy B/I-3

Detention Center

Water Meter No. L100E8B3

Remote No. 10971441

Gas Tag No. N/A

Electric Meter No. 10770

Use Tax Receipt No. _____

Remarks _____

Signed [Signature]

CITY OF GLENWOOD SPRINGS, COLORADO
BUILDING DEPARTMENT
TEMPORARY

Certificate of Occupancy

This temporary certificate issued pursuant to the requirements of the Glenwood Springs Municipal Code indicating that at the time of issuance the work shown on permit no. 04-0113 was completed and in compliance with the various ordinances of the City regulating building construction or use with the exception of the attached conditions.

Use Classification Detention Center Group B/I-3

Type Construction II-N Zone District C-1/C-3

Owner of Building Alan Cappel Address 252 Westbank Rd.

Building Address 100 Midland Ave. Portion of Building Suite #110/210

The building department shall be notified of all changes or alterations, or changes of occupancy, that may be made after the issuance of this certificate.

This certificate, unless ~~revoked~~ shall be in effect from and after this date:

Building Inspector [Signature] 14th Day of December 19 2004

EXPIRES 6/12/05 SUBJECT TO ATTACHED CONDITIONS



City of Glenwood Springs Building Dept.
BUILDING PERMIT APPLICATION
& BUILDING PERMIT

101 West 8th Street
 Phone 970/384-6410 • Fax 970/945-8582

DATE ISSUED: 5/10/04
 PERMIT NO.: 01-0113
 DATE RECEIVED: 05-05-04
 PLAN REVIEW NO.: 01-5054

Print legibly in ink or type

Job Address: 100 W. 8th Ave # 110
 Parcel No: 2185-053-35-001
 Describe Work and Type of Structure: MIDDLE CENTER
 Block: 1
 Lot: 1

Owner: WELTZ CO.
 Registered Architect: BANK, KOPPEL
 Professional Engineer: BANK, KOPPEL
 Address: 0252 W. BANK RD GWS
 Ph: 945 5205

Contractor: WELTZ CO.
 Contractor License No.: 01-0059
 Address: 0252 W. BANK RD GWS
 Ph: 945 4400

Address: 0252 W. BANK RD GWS
 Ph: 945 2201

Address: 0252 W. BANK RD GWS
 Ph: 945 2201

UBC Type Structure: 1-5
 Right Side: 2
 Left Side: 2
 Functional Use: OFFICE

Total Lot Area (Sq. Ft.): 95524
 Sq. Footage: 1st Floor: 4129
 2nd Floor: 2169
 3rd Floor: 35
 Building Height: 35

Garage Sq. Footage: NA
 Valuation (Labor & Materials): Building 285,990
 Electric 29,403
 Total 309,393

This permit is made with the specific understanding that it is subject to suspension or revocation for failure to comply with the terms of the application, or for violation of City Ordinances, or laws of Colorado.
 Applicant hereby warrants that he/she is authorized to make this application and agrees that the same shall be binding upon the owner, the applicant, their agents, heirs and assigns. All documents attached hereto are incorporated by reference and make a part hereof.
 APPLICANT AGREES TO NOTIFY THE BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE FOR INSPECTION OF FOOTING, FOUNDATION, FRAME, WATER SERVICE, BUILDING SEWER, PLUMBING, GAS, MASONRY, INSULATION, DRYWALL, FIRE PROTECTION, MECHANICAL, ETC. AND FINAL INSPECTION. SUCH INSPECTION TO BE APPROVED IN WRITING BEFORE PROCEEDING FURTHER. ALL CONTRACTORS AND SUBCONTRACTORS ARE REQUIRED TO HAVE A CURRENT LICENSE IN GLENWOOD SPRINGS. PRIOR TO BEGINNING THEIR PHASE OF CONSTRUCTION.
 CNS 12-4-101 et seq requires most buildings to be designed by an architect licensed by the State of Colorado. The applicant acknowledges that criminal sanctions may be imposed by the State of Colorado for violations of this statute.
 EVERY PERMIT ISSUED BY THE BUILDING DEPARTMENT UNDER THE PROVISIONS OF THE GLENWOOD SPRINGS MUNICIPAL CODE SHALL EXPIRE BY LIMITATION AND BECOME NULL AND VOID IF AN INSPECTION HAS NOT BEEN PERFORMED VERIFYING SUBSTANTIAL PROGRESS FOR THE BUILDING OR WORK AUTHORIZED BY SUCH PERMIT, WITHIN 180 DAYS FROM THE DATE OF SUCH PERMIT, OR FOR A PERIOD OF 180 DAYS BETWEEN INSPECTIONS.

Signature of Owner (if owner-builder): [Signature]
 Date: 5-5-04

Signature of Contractor or Authorized Agent: [Signature]
 Date: [Date]

I certify that in the performance of the work for which this permit is issued, I will not be employing any person(s) so as to become subject to the Workmen's Compensation laws of the State of Colorado.
 If, after making such certificate, the applicant for the permit shall become subject to the Workmen's Compensation provisions of the Glenwood Springs Municipal Code, he/she shall forthwith comply with the provisions of subsection 050.040.01.D or his/her permit shall be deemed revoked.

Signature of Owner (if owner-builder): _____
 Date: _____

Signature of Contractor or Authorized Agent: _____
 Date: _____

NOTICE: ALL THE ABOVE IS TO BE COMPLETED, AS APPLICABLE, BEFORE APPLICATION IS ACCEPTED BY THE CITY FOR PROCESSING. THIS PERMIT DOES NOT INCLUDE ELECTRICAL, ELECTROPLUMBING PERMITS. MUST BE OBTAINED SEPARATELY FROM THE STATE ELECTRICAL INSPECTOR.

— THE SPACES BELOW ARE TO BE FILLED OUT BY THE CITY OF GLENWOOD SPRINGS —

Bldg. Sq. Ft.: Finished 6298
 Unfinished 5113
 Zone District: C-1
 No. of Floor/Stories: 2
 Calculated Height: 35 ft.
 No. of Dwelling Units: 285,990
 Occupancy: B/I-3

Special Approvals: [Table with columns: SPECIAL APPROVALS, DATE, APPVD. BY]

Permit Fees: [Table with columns: PERMIT FEES, DATE, APPVD. BY]

Valuation: [Table with columns: Valuation, FEE, DATE]

Building: [Table with columns: Building, FEE, DATE]

Roofing: [Table with columns: Roofing, FEE, DATE]

Mechanical: [Table with columns: Mechanical, FEE, DATE]

Plumbing: [Table with columns: Plumbing, FEE, DATE]

Fire Department: [Table with columns: Fire Department, FEE, DATE]

Water: [Table with columns: Water, FEE, DATE]

Electric: [Table with columns: Electric, FEE, DATE]

Police: [Table with columns: Police, FEE, DATE]

Emergency Elevation (Removal of Beam from Fire Dept. Required prior to Certificate of Occupancy): [Table with columns: Emergency Elevation (Removal of Beam from Fire Dept. Required prior to Certificate of Occupancy), FEE, DATE]

Water Improvement: [Table with columns: Water Improvement, FEE, DATE]

Sewer Improvement: [Table with columns: Sewer Improvement, FEE, DATE]

Water Tap: [Table with columns: Water Tap, FEE, DATE]

Sewer Tap: [Table with columns: Sewer Tap, FEE, DATE]

Water Meter: [Table with columns: Water Meter, FEE, DATE]

Parkland: [Table with columns: Parkland, FEE, DATE]

School Land: [Table with columns: School Land, FEE, DATE]

Estimated Use Tax: [Table with columns: Estimated Use Tax, FEE, DATE]

TOTAL FEES AND USE TAX \$ 10,688.36
 PREPAID \$ [Amount]
 BALANCE DUE \$ [Amount]

When signed below and fee is paid, this application is your building permit subject to attached conditions.
 Approval for issuance by: [Signature]
 Building Department

Date: 5-10-04

CGS - Form 1 - 1/03
 Previous editions are obsolete

YELLOTT COPY: City Address File
 NNNK COPY: City Recap File
 WHITE COPY: Applicant

Approval for issuance by: [Signature]
 Building Department

Date: 5-10-04

When signed below and fee is paid, this application is your building permit subject to attached conditions.

**CITY OF GLENWOOD SPRINGS
REQUEST FOR OCCUPANCY INSPECTION**

TGO

Date Submitted: 11/12/04

OFFICIAL USE ONLY
PLNRV/PERMIT#:
CDD CASE:
LOTS:
(for subdivisions)

PROJECT NAME: M10CAM CENTER
PROJECT LOCATION: 0100 M10CAM AVE - UNITS 210, 220, 240
NAME OF APPLICANT/DEVELOPER ADDRESS: M10CAM CENTER, LLC
DAYTIME PHONE: 970 945-9755 ext 201 - AC CAMP
(ON-SITE CONTACT): OAN FINCHER 379 2410

When your building and site improvements are completed, submit this request to the Community Development Department. Staff will route this slip to the appropriate departments listed below for their approval (allow approximately 10 days for the entire process):

- FIRE DEPARTMENT APPROVAL
- ELECTRIC DEPARTMENT
- PUBLIC WORKS DEPARTMENT APPROVAL - Engineer
- WATER
- WASTE WATER
- PLANNING - CDD Planner
- BUILDING DIVISION
- OTHER

UNIT 210
UNIT 220
UNIT 240
SUNNIS
GREENWOOD
DANCE

The Community Development Department will notify you by phone of any corrections or when to notify the Building Inspector, (970) 384-6410, for his final inspection. (When all other Departments are done). Please complete contractor list attached.

The work is Approved
Name: _____
Date: _____
Fees Due: _____

The work can be approved after the following corrections are made (attach corrections if necessary).

Name: _____
Date: _____

Suite 210

Plan No:
 Permit #: 040113
 Permit Status: Permit Cancelled Deleted
 Date Rec: 05/05/2004
 Permit Dt: 05/10/2004
 Expires: 06/12/2005
 Status: New Com
 Job Descr: Tenant Finish
 Office - Wettz
 Orig Plan: 04-5054
 Temp CO: Yes
 TCO Exp Dt: 09/01/05
 Dt Revoked: / /
 Parcel Cd: 2185-053-35-
 Completed: 01/13/06
 Mt Type: V-IHR Units: 0
 Address: Midland 0100
 Zone Cd: C/1 Limited Commercial
 Filing:
 Prkng Cv: 0
 Subdivision: MC Midland Center
 Parcel:
 Contacts Val/Fees Status Notes Leg Doc Address Letters
 Pclng Receipts Inspect Drvlnst Delete
 Permit parcel
 Permit status, (A)ctive, (I)nactive, (S)emi-Act, (C)omplete

Permit status, (A)ctive, (I)nactive, (S)emi-Act, (C)omplete



SPECIAL USE PERMIT

Effective Date: May 27, 2003 Permit No.: 4-04

Permit issued for Planning Item: 22-03

Development Name: General Services Administration - Detention Center for Bureau of Immigration & Customs Enforcement

Property Address: - Lot 1, Midland Center Subdivision

Development Location: Lot 1, Midland Center Subdivision

GENERAL CONDITIONS

This permit is issued following review and approval by the Glenwood Springs Planning and Zoning Commission at a public hearing on May 27, 2003. This permit will not be valid until signed by the City Attorney. The use shall be governed by any and all conditions imposed by the Planning and Zoning Commission, as well as all other applicable City Codes and Ordinances.

SPECIAL CONDITIONS

1. All Development shall be in accordance with approved plans and application materials.
2. The applicant shall submit details on exterior lighting in compliance with Article 070.140 for the Community Development Director's review and approval prior to issuance of a Building Permit.

APPROVAL OF COMMUNITY DEVELOPMENT DIRECTOR:

Mike A. Shoemaker
Mike Wheelersburg for Andrew C. McGregor
DATE: 5-17-04

APPROVAL OF CITY ATTORNEY'S OFFICE AS TO FORM:

Karl C. Hanlon
DATE: 5/17/04

APPROVED AS RECEIVED:

Russell Furry
General Services Administration
DATE: _____

May 28, 2003



Mr. Russell Furry
U.S. General Services Administration
P. O. Box 25546
Denver, Colorado 80225-0546

RE: Special Use Permit for QRT office in Glenwood Springs

Dear Mr. Furry:

As you know, the Glenwood Springs Planning and Zoning Commission approved your request for a Special Use Permit to allow 6,751 sq. ft. of the Midland Center commercial building to be used as an office, processing and detention center for the Bureau of Immigration and Customs Enforcement.

Before the Community Development Department can actually issue the Special Use Permit, a few minor items must be addressed. They are as follows:

1. The applicant shall meet with the City's Fire Protection Analyst to produce a plan for emergency evacuation and medical transport prior to issuance of a Special Use Permit.

2. The applicant shall submit details on exterior lighting in compliance with the City's exterior lighting regulations for the review and approval of the Community Development Director prior to issuance of a Special Review Use Permit.

Please take the necessary steps to address these items so that we can finalize the issuance of your permit. If you have any questions, please feel free to call me at 970 384-6407.

Yours truly,

Jill Peterson
City Planner

101 W. 8th Street Glenwood Springs, Colorado 81601 (970) 384-6400
FAX:(970) 945-2597



SPECIAL USE PERMIT

Effective Date: May 27, 2003

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APPROVAL OF COMMUNITY DEVELOPMENT DIRECTOR:


Mike Wheelersburg for Andrew C. McGregor

DATE: 5-17-04

APPROVAL OF CITY ATTORNEY'S OFFICE AS TO FORM:


Karl C. Hampton


DATE: 5/17/04

APPROVED AS RECEIVED:

Russell Furry
General Services Administration

DATE: _____

APPROVAL OF COMMUNITY DEVELOPMENT DIRECTOR:


Mike Wheelersburg for Andrew C. McGregor

DATE: 5-17-04

APPROVAL OF CITY ATTORNEY'S OFFICE AS TO FORM:


Karl C. Hampton

DATE: 5/17/04

APPROVED AS RECEIVED:

Russell Furry
General Services Administration

DATE: _____



May 19, 2004

Mr. Dean K. Moffatt
Sundesigns Architects
901 Blake Avenue
Glenwood Springs, Colorado 81601

RE: Special Use Permit ICE - Midland Center

Dear Dean,

Enclosed please find two originals of the Special Use Permit for the ICE facility at the Midland Center building.

Please have the General Services Administration execute both copies, retain one for their records and return the other one to our office.

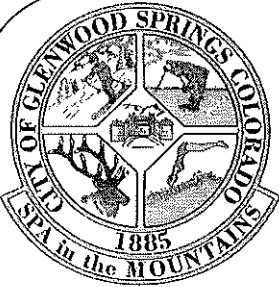
As a reminder, I don't believe we have received lighting details for the project or building. These should be submitted as soon as possible in order not to delay building permits or certificates of occupancy. Please give me a call at 384-6407 if you have any questions.

Yours truly,

Jill Peterson
City Planner

jp
encs.

101 W. 8th Street Glenwood Springs, Colorado 81601 (970) 384-6400
FAX:(970) 945-2597



Planning Commission Action Report

Date: May 22, 2003
To: Planning and Zoning Commission
From: Jill Peterson, City Planner
Subject: #22-03 Request for a Special Use Permit in the C/3
Zone for a Government Office and Detention Facility
For the Bureau of Immigration and Customs Enforcement

REQUEST: The applicant is requesting a Special Use Permit to allow 6,715 sq. ft. of space within an approved commercial building for use as a processing center and holding facility by the Bureau of Immigration and Customs Enforcement.

APPLICANT: Russell Furry, General Services Administration

OWNER: Midland Center LLC

PROPERTY LOCATION: Lot 1, Midland Center Subdivision

ZONE: C/3 General Commercial

SURROUNDING LAND USES:

North: Railroad, Pioneer Steel

South: City of Glenwood Municipal Operations Center and Vacant Land

East: Vacant - Zoned C/1 and C/3

West: Midland Avenue

HISTORY:

The property was annexed into the City in 1995 as part of the Wulfsohn Annexation. A pre-annexation agreement was recorded which restricted uses on the property as follows: "Owner agrees that it shall by deed restriction or covenant running with the land, prohibit the uses on the Wulfsohn West Parcel so that the Property shall not be used for building materials, auto sales and service shop, a plumbing shop, a truck stop (a facility designed primarily for the refueling and service of semi-tractor trailers), a mini-warehouse, or a self-storage facility; or alternately the aforementioned uses would be subject to special review by the City Council prior to any proposed development involving said uses." The entire property was zoned C/1 Limited Commercial in 1996.

A portion of the property was rezoned in 1999 to C/3 General Commercial.

In 2000, a minor subdivision was processed to add a third lot to the two lot subdivision and to adjust lot lines. At that time an application for a Major Development Permit for a new 36,000 sq. ft. building was also approved. Approximately 11,000 sq. ft. of the building will be used for wholesale distribution of building supplies by the owner of the property. The owner is in the process of finalizing his plans for issuance of a Development Permit.

REQUEST:

The applicant is requesting a Special Use Permit to utilize one of four pods in the building for the use. The use would be located at the westerly end of the building and would occupy the lower level and a back portion of the upper level of the pod.

The space will be occupied by the Bureau of Immigration and Customs Enforcement ICE. Specifically, the office is referred to as a Quick Response Team (QRT) office. The team is comprised of special agents, detention officers, and deportation officers. They work very closely with local and state enforcement agencies, so there may be times where employees of other enforcement agencies are at the facility. By and large, however, there will be 5 agents and officers that operate out of the facility. The hours of operation of the office generally follow those of a standard office, however, there may be times when personnel will be in the office after hours.

An additional component of the use will be the processing and holding of illegal aliens. This would fall under the classification of detention and also requires a Special Use Permit. According to the application materials, the actual holding area is approximately 438 sq. ft., with other processing and support totaling approximately 2,100 sq. ft. of the use. The use will also have a garage space of approximately 1,376 sq. ft. that will be used for buses transporting detainees.

The applicant's letter goes into further detail regarding the day to day operations of the facility. He indicates that approximately 40 individuals were processed per month in the first three months of 2003. The holding rooms are designed to hold detainees for not more than 12 hours. Once the individual is processed, they are transported somewhere else.

With respect to potential visual impacts from the use, the applicant indicates there will be no change to the exterior of the building. No fencing or screening outside the building is proposed. The garage is intended for loading and unloading of individuals to occur within the building.

The applicant's letter indicates plans for lighting were included with the application. Staff did not see these details and would like the applicant to advise staff if the lighting will conform with the City's exterior lighting regulations.

SPECIAL USE CRITERION

When considering a request for a Special Use Permit, the Commission must consider the compatibility of the use with the surrounding neighborhood. Staff has indicated the surrounding uses earlier in this report.

As the Commission is also aware, it has the authority to impose any restrictions or conditions of approval on a Special Review Use as it finds necessary to further protect the public health, safety and welfare.

Within the C/3 General Commercial zone, there are specific criterion for special review uses which must be met. These requirements were, for the most part, addressed during the course of development review. There were a number of conditions incorporated into the development approval regarding the exterior of the building, landscaping and so forth.

No adverse comments have been received from the City's reviewing agencies. Please note, however, the comments from the City's fire protection analyst. Mr. Biggers asks for additional information from the applicant relative to emergency evacuation and medical transport procedures. This is an issue that was raised by the planning staff with the applicant. The Commission may wish to discuss this with the applicant.

SPECIAL USE PERMIT ANALYSIS

Staff believes this site is an appropriate location for the proposed use. The impacts of such a facility and the potential for after hours operations might create impacts on other types of neighborhoods that would be difficult to mitigate. This site is located in the midst of what can be considered commercial and industrial uses which would not be impacted by the proposed use.

Additionally, the use would be conducted within the confines of the building, creating little if any visual impact on the surrounding neighborhood. Staff believes those that would be the most impacted by the use would be the remaining tenants in the Midland Center building. This is an issue that the owner would need to contend with in marketing the remaining space within the building and is not of concern to the staff.

LAND USE PLAN

The site is located in the Regional Land Use district where uses are industrial, vehicle oriented, commercial and high-density residential uses, including large square footage retail and institutional uses.

COMPREHENSIVE PLAN

Excerpts from the Comprehensive Plan include:

- Direct development to where it makes sense.
- Maintain a well-defined urban area through re-development in core.

ACTION

The Planning Commission may take one of the following actions on the Special Use Permit:

1. Grant the special review use and authorize issuance of a special use permit subject to any conditions which they find necessary to protect the public health, safety and welfare or to ensure compliance with the Municipal Code and the City goals and policies, or
2. Deny the special review use stating the specific reasons for denial,
3. Continue the hearing to a regular Planning Commission meeting in the future. The date of the meeting shall be determined by the Commission upon recommendation from staff, the applicant and the members of the public present at the meeting.

SUGGESTED FINDINGS FOR APPROVAL OF THE SPECIAL USE PERMIT

Staff recommends approval of the Special Use Permit based on the following suggested findings:

The use serves a needed function within the City and surrounding area and is in a location where there would be little if any impact on the surrounding neighborhood.

The use would be contained within the urban core close to major thoroughfares which would assist in mitigating any potential traffic impacts.

The applicant has taken steps to ensure compatibility of the use by virtue of operations occurring within the confines of the building with no changes to the exterior of the building or the site to accommodate the proposed use.

The proposed use complies with the City's Land Use Plan and Comprehensive Plan and City goals and policies.

RECOMMENDED CONDITIONS OF THE SPECIAL USE PERMIT

1. The use shall be conducted in accordance with representations made in the application materials. (*Note: The application references 5 employees, the Commission may want to discuss this with the applicant.*)

2. Loading and unloading of detainees shall occur within the confines of the Building.
3. The applicant shall meet with the City's Fire Protection Analyst to produce a plan for emergency evacuation and medical transport prior to issuance of a Special Use Permit.
4. The applicant shall submit details on exterior lighting in compliance with the City's exterior lighting regulations for the review and approval of the Community Development Director prior to issuance of a Special Use Permit.

PLANNING ITEM: #22-03
SUBJECT: ICE – Government Office and Detention Center
Special Use Permit for Bureau of Immigration and Customs Enforcement

CITY ATTORNEY (Karl Hanlon)

No comments at this time.

CITY MANAGER (Mike Copp)

No comments at this time.

POLICE DEPARTMENT (Terry Wilson)

No concerns. The proximity to I-70 makes this an excellent location for this use.

PUBLIC WORKS DIRECTOR (Robin Millyard)

BUILDING DEPARTMENT (Russell Grance)

CITY ENGINEER (Larry Thompson)

No conditions, but one comment: A different federal agency, the US Postal Service, has recently cooperated with the City and RFTA by allowing the use of their parking lot and circulation area as a turnaround for our buses after we were asked to quit using the Glenwood Springs Mall parking lot. I offer this just as an example of Federal Employees willing to work with local government for the good of the community.

COMMUNITY DEVELOPMENT DIRECTOR (Andrew McGregor)

The application appears to demonstrate compatibility with surrounding land uses and meets the performance criteria for the C-3 zone district.

CITY ELECTRIC (John Hines)

Glenwood springs Electric has no conditions for this project. The installation of the power for this project would be included in the owner's part of this development. If this applicant should have any special power needs, it should be brought to the owner's attention before development begins.

WATER/WASTEWATER (Buddy Burns)

No comments concerning the leasing of approximately 6500 sq ft of space from the newly approved Midland Center building. Appropriate comments were previously submitted for the Midland Center Building

CITY STREETS AND ALLEYS (Rick Turner)

FIRE DEPARTMENT (Ronald Biggers)

The Fire Department has ~~a~~ ^{NO} problem with the Planning Department granting this Special Use Permit. However, prior to the lessee taking occupancy of the building they will need to meet the Fire

Department personnel to discuss and set up, if needed, an evacuation procedure and a medical transport procedure. Please include this on any conditions put on this special use permit.

KN ENERGY (Gary Evans)

QWEST (Gary Gibson)

CO. DEPT. OF TRANSPORTATION (Mike Smith)

Aaron Kuhns

City of Glenwood Springs

THURSDAY

Permit#: 070255

970-384-6411

INSPECT DT/TM: 01/19/12 9:30 AM

INSPCT#: 20

ACTUAL DT/TM: _____ BY: _____

ADDR: Midland 0120 Avenue

Parcel: 2185-053-35-002

DESCR: New Commercial

Lot: 1 Block: 0

Mueller Construction

Subdiv: Midland Center

Contact: Mueller, Joe 970/384-0584

COMPANY: Mueller Construction Services

Type: B4 final

CIRCLE ONE: COMPLETE INCOMPLETE PARTIAL CANCEL

PERMIT CONDITIONS:

10/19/07 9:00 AM BY:lf STATUS:P TYPE: F1-footing

RMS CONCRETE

this is for east part of foundation

double #5 verticals 12" OC

48" footings with double mat #5's (5)

piers #5's per spec

ok to pour

10/26/07 2:30 PM BY:lf STATUS:P TYPE: F2-foundation wall

east wall - from 8 & C line to A4.4 & 4 line.

columns - #3s 24" horizontal and six #6s vertical 4"

walls - double #5s 12" OC each way

ok to continue

11/01/07 1:00 PM BY:lf STATUS:P TYPE: F1-footing

line B & 4.4 to lines 3 & J

five #5's doubled per specs

dowels - #5's doubled per specs 12" OC

transfers - 24" OC

pilasters - four #5's

ok per specs

ok to continue

11/12/07 1:00 PM BY:AK STATUS:P TYPE: F2-foundation wall

South Foundation Wall A Grid Line A.3-A.9

Wall and Column reinforcement installed per plans.

Contractor to ensure 1.5" clearance from forms is maintained prior to pour. OK to pour when clearances obtained.

* Informed GC that a CEE must be installed near electrical service entrance. Coordinate with Electrical Contractor.

11/15/07 1:30 PM BY:lf STATUS:p TYPE: F2-foundation wall

four # 5's top

two # 5's middle

three # 6's bottom

wall columns - four # 5's vertical

pier columns - three tiers of #5's 6" each way piers - 6C,

Aaron Kuhns

City of Glenwood Springs
970-384-6411

THURSDAY

Permit#: 070255

INSPECT DT/TM: 01/19/12 9:30 AM

INSPCT#: 20

ACTUAL DT/TM: _____ BY: _____

ADDR: Midland 0120 Avenue Parcel: 2185-053-35-002
DESCR: New Commercial Lot: 1 Block: 0
Mueller Construction Subdiv: Midland Center
Contact: Mueller, Joe 970/384-0584
COMPANY: Mueller Construction Services
Type: B4 final

CIRCLE ONE: COMPLETE INCOMPLETE PARTIAL CANCEL

***** ADDITIONAL NOTES *****

C4 and 4B
ok to continue

11/20/07 3:00 PM BY:lf STATUS:p TYPE: F2-foundation wall
spread footing from line 3 to 4 on grid J and columns 5J and
4J
ok per specs
ok to continue

11/26/07 10:00 AM BY:AK STATUS:P TYPE: F2-foundation wall
South Foundation Wall Line F-J
West Foundation Wall line 1-4.8

Reinforcement @ walls and Columns installed per plans.
Clearances from forms OK, OK to pour.

11/30/07 12:30 PM BY:lf STATUS:P TYPE: F2-foundation wall
grids - J,H,G,F &E by line 5
piers footings - four #5's each way top and bottom.
ok to pour

12/05/07 9:00 AM BY:lf STATUS:P TYPE: F1-footing
three #6 bottom
two # 5 middle
two + two #6 top
verts. - 16" OC
piers - four #5 vert.
line 5 from E to J
ok to continue

12/05/07 9:20 AM BY:lf STATUS:P TYPE: P3-underground plmb
sched. 40 cellular core - support and bedding - ok
10' water head test - ok
for grid line A/C to 4 stopping at E.
ok to continue
notified both Doug and Scott that Crystal Valley Plumbing
needs to get proper license/insurance before I will do
another plumbing inspection.

12-05-07: Crystal Plumbing license current until 12-25-07 at
which time new Liability to be provided. New Work Comp by

Aaron Kuhns

City of Glenwood Springs
970-384-6411

THURSDAY

Permit#: 070255
INSPCT#: 20

INSPECT DT/TM: 01/19/12 9:30 AM
ACTUAL DT/TM: _____

BY: _____

ADDR: Midland 0120 Avenue Parcel: 2185-053-35-002
DESCR: New Commercial Lot: 1 Block: 0
Mueller Construction Subdiv: Midland Center
Contact: Mueller, Joe 970/384-0584
COMPANY: Mueller Construction Services
Type: B4 final

CIRCLE ONE: COMPLETE INCOMPLETE PARTIAL CANCEL

***** ADDITIONAL NOTES *****

1-1-08, License is valid until 8-31-09. provided insurance policies are kept current. AK

12/20/07 2:00 PM BY:lf STATUS:p TYPE: F1-footing
lines 3 & 4 X grid H, G & F.
four #5's each way
ok to continue

03/06/08 1:45 PM BY:lf STATUS:c TYPE: F1-footing
pier footings - top level entances
east set - four #5 stirrups - four #5's top and bottom
and two #5's each direction above pier cap.

west set - three same as above plus three #4 dowels up

see #1 addendum added to files

03/12/08 1:00 PM BY:lf STATUS:c TYPE: F1-footing
west entrance - footing - three #5's each way
pier - four #4's vertical stirrups 12" OC
entrance 2nd fro west - grade beam - two #5's top
three #6's bottom
stirrups #4's 12" OC
middle east entrance - piers same as west
ok to continue

05/21/08 10:30 AM BY:TM STATUS:c TYPE: P3-underground plmb
ground plumbing 10' head test held- building line D-J

07/23/08 11:00 AM BY:TM STATUS:C TYPE: P4-rough plmb
Geo return and supply air test 40 psi
DWV head test (water) pass- lower level and upper-
upper level demising wall framing pass
main entry metal std. framing pass
mech room lower level frame pass, drywall nail pass
(partial)

03/11/09 2:30 PM BY:TM STATUS:P TYPE: B4-final
renew contractor license

final aproval required from city departments-

Aaron Kuhns

City of Glenwood Springs
970-384-6411

THURSDAY

Permit#: 070255

INSPECT DT/TM: 01/19/12 9:30 AM

INSPCT#: 20

ACTUAL DT/TM: _____ BY: _____

ADDR: Midland 0120 Avenue Parcel: 2185-053-35-002
DESCR: New Commercial Lot: 1 Block: 0
Mueller Construction Subdiv: Midland Center
Contact: Mueller, Joe 970/384-0584
COMPANY: Mueller Construction Services
Type: B4 final

CIRCLE ONE: COMPLETE INCOMPLETE PARTIAL CANCEL

***** ADDITIONAL NOTES *****

planning, engineering, electric, and water/sewer

fire dept final inspection /approval on file
elec. meter panel unit #4 #73667515
elec. meter house panel #73667501

drywall complete inside and outside walls of mechanical room

ext. wall insulation complete, R-19

Building structurally complete

Need Helical pier system Special Inspector report (Permit Co

cond. ST-4)

Need ground source heat pump Design Engineer approval
(permit cond. M-1) prior to C of C or any Cert of Occupancy
door #18 north side of upper level requires landing and
stairs per plan and/or as built plans

11/06/09 9:30 AM BY:TM STATUS:I TYPE: G1-general inspection
wrong truncated dome sys. being used

re-inspect for "Neenah Foundry" cast iron truncated dome
sys. for accessibility ramps at sidewalks on Midland Ave.

foreman: Andrew 970-210-8575

06/01/10 3:30 PM BY:AK STATUS:I TYPE: G1-general inspection
Verified that R-30 insulation had been installed below tower
roof system, it was.

*Owner asked to provide roof inspection warrenty and letter
from roofing contractor or GC verifying that the (2) layers
of 3" foam insulation were installed as specified in
approved plans, R-30 insulation min required. letter received
july 4, 2010. on file OK to close permit TM

01/19/12 9:30 AM BY:AK STATUS:C TYPE: B4-final
Permit closed w/ 3 outstanding items that could not be
required to be completed as the property has been foreclosed
and developer has not responded to item submittal request

02/05/26 comdev PERMIT MASTER FILE

bp150-pg Co#1

Plan No:

Permit#: 070255

λ PERMIT New Commercial

ξ Type: C1

ξ Date Rec: 09/04/2007 Gen Notes Ins Notes

ξ Permit Dt: 12/06/2007 Expires: 07/17/2012

ξ Job Descr: New Commercial

ξ Mueller Construction

ξ Orig Plan: Appl#: 07-5102

ξ Setback F: 0.0 L: 0.0 R: 0.0 B: 0.0

μ PARCEL

ξ Parcel Cd: 2185-053-35-002

ξ Address: Midland 0120 Avenue

ξ Zone Cd: C1/C3 C/1 and C/3

ξ Funct Use: OFF Office

ξ Subdivision: MC Midland Center

μ Permits Val/Fees Status Notes Condtns Address Letters

PclInq Receipts Inspect DrvInst Apprv'1 ReqInspt Delete

λ VAL/FEES

ξ Total Val: 3048,500.00

ξ Total Fees: 27,215.75

ξ Use Tax: 45,117.80

ξ Total Pd: 72,333.55

ξ Total Due: .00

ξ

μ

λ Cont Type: II-B Units: 0

ξ B1ck/Lot#: 0 1

ξ Filing:

ξ Prkng Cv: 0 Uncv: 0

ξ Project#: 0

μ



MAJOR DEVELOPMENT PERMIT

Effective Date: April 20, 2006

Permit No.: 23-05

Permit issued for Planning Item: 23-05

Development Name: Midland Center 2 – Mixed Use Commercial

Property Address: 120 Midland Avenue

Development Location: Lot 2, Midland Center Subdivision

General Conditions

This Major Development Permit is issued following review and approval by the Glenwood Springs City Council on April 20, 2006 following approval of the Planning and Zoning Commission at their hearing on March 28, 2006, by the Director of Community Development and approved as to form by the City Attorney's office and accepted by the Developer. Any development permit shall be valid for a period of three years after final approval of the development by the City Council, unless a different term for the Development Permit is expressly agreed upon by the City and the Developer and included in the development permit. The development permit shall expire and become null and void if the developer fails to make application for a building permit for the development within the aforesaid three year period. If the developer makes timely application for a building permit according to a development permit, the development permit shall then remain in effect for so long as the building permit remains in effect.

This permit shall be incorporated in the building permit(s) issued for this development. All other agreements, dedications, approvals and similar documents applicable to the development shall apply even though they may not appear as conditions of this permit.

Development Permit #23-05
Description: Midland Center 2
Page 2

The owner/applicant shall be responsible for assuring that all contractors and subcontractors are currently licensed with the City of Glenwood Springs.

All system improvement fees shall be payable as outlined in the Glenwood Springs Municipal Code, Article 080.060.

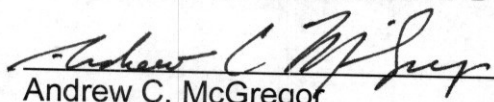
The following design variances have been approved in association with this permit:

Design variance from the requirement for a planting island every 8 parking spaces in the north parking area behind the building.

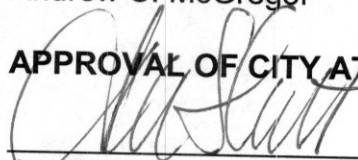
MAJOR DEVELOPMENT CONDITIONS

1. The development shall be constructed in accordance with all materials submitted as part of the application package and any amendments to said plans necessary to respond to staff's review and comment, along with verbal representations made by the applicant during the public hearings.
2. The applicant shall provide evidence of a snow removal agreement prior to issuance of any Temporary or Certificates of Occupancy within the development.
3. Lighting for the building will incorporate a timer that shuts lighting off at 10:00 p.m. or one hour after the close of business, except for minimal security lighting.
4. The stormwater management plan and erosion control plan techniques as outlined in the report from the applicant's civil engineer on the Midland Center 1 building shall be incorporated in the development of Lot 2.
5. Exterior of the buildings shall be in accordance with the design, materials and colors submitted as part of the development application. All mechanical equipment used on the exterior of the building shall be screened.
6. The applicant shall schedule a pre-construction meeting through the City's Public Works Director prior to commencement of any construction on the site..

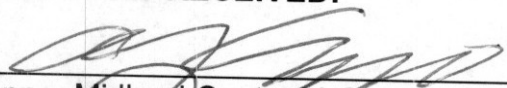
APPROVAL OF COMMUNITY DEVELOPMENT DIRECTOR:


Andrew C. McGregor _____ DATE: 8.31.07

APPROVAL OF CITY ATTORNEY'S OFFICE AS TO FORM:


Jan Shute _____ DATE: 9/4/07

APPROVED AS RECEIVED:


Al Canno, Midland Center LLC _____ DATE: 9.13.07

Backflow Test and Maintenance Report

01/17/2024

Conducted by: Frank Roman Jr

Property

Midland Center 2
120 Midland Avenue
Glenwood Springs CO 81601

Alarm Company Parachute Fire Protection		Phone 9704046186	Reference	Date/Time Off	Date/Time On	
Location of Assembly Mech Room			Service Type - Class - Use Fire	Meter/Acct #		
Device Manufacturer Ames	Model Colt DC 300	Size 3"	Type DC	Serial No. IF-0490	Date of Install	New Install?
Gauge Manufacturer Midwest	Model 845-5	Type 0-15	Purchase Date	Serial No. 03230821	Date Calibrated 04/27/2023	Next Date Due 04/27/2024

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
Initial Test	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed tight Pressure drop Across check valve 2.8 psi	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed tight Pressure drop Across check valve 1.8 psi	<input type="checkbox"/> Did not open Opened at: _____psi	<input type="checkbox"/> Did not open Air inlet opened: _____psi <input type="checkbox"/> Leaked Check held at: _____psi
Repairs	<input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> CV Assembly OR <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Oil Ring <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Other <input type="checkbox"/> Disc <input type="checkbox"/> Seat <input type="checkbox"/> Retainer <input type="checkbox"/> Locknuts	<input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> CV Assembly OR <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Oil Ring <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Other <input type="checkbox"/> Disc <input type="checkbox"/> Seat <input type="checkbox"/> Retainer <input type="checkbox"/> Locknuts	<input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> RV Assembly OR <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Oil Ring <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> CV Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Oil Ring <input type="checkbox"/> Other
Final Test	<input type="checkbox"/> Closed Tight Pressure drop across check valve _____psi	<input type="checkbox"/> Closed Tight Pressure drop across check valve _____psi	Opened at: _____psi	<input type="checkbox"/> Satisfactory

RESULTS OF TEST: Pass Fail CONTROL VALVE #2: Tight Leaked LINE PRESSURE: ___psi

Witness to Assembly Test (Print) Witness to Assembly Test Signature Date I ACKNOWLEDGE THE CONTROL VALVES HAVE BEEN LEFT IN THE OPEN POSITION

Bill Crowley 01/17/2024

APPROVALS

I CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY

Initial Test	Certified Tester (Print) Frank Roman Jr	Certified Tester Signature	Date 01/17/24	Certified Tester # ASSE 46250	Exp. Date 08/21/26
Final Test	Certified Tester (Print) Frank Roman Jr	Certified Tester Signature 	Date 01/17/24	Certified Tester # ASSE 46250	Exp. Date 08/21/26

Frank Roman JR
37 Columbine
Parachute CO 81635
9704046186
froman@parachutefireprotection.com

SYSTEM RECORD OF INSPECTION AND TESTING

Fire Alarm & Supplemental Devices 2019 Edition



Inspection/Test Start Date/Time:

04/10/2024

Inspection/Test Completion Date/Time:

04/10/2024

1. PROPERTY INFORMATION

Name of property:

120 Midland 2

Property representative:

Bill Crowley

Address:

120 Midland Ave

Email:

bill@smprop.com

City:

Glenwood Springs

State:

CO

Zip code:

81601

Phone:

970-379-2840

Description of property:

Fax:

2. TESTING AND MONITORING INFORMATION

Testing organization:

Parachute Fire Protection LLC

Address:

37 Columbine

Phone:

9704046186

Fax:

Email:

froman@parachutefireprotection.com

Monitoring organization:

Parachute Fire Alarm LLC

Address:

37 Columbine

Phone:

9704046186

Fax:

Email:

froman@parachutefireprotection.com

Account number:

46-00-2003

Phone line 1:

Phone line 2:

Means of transmission:

POTS

Entity to which alarms are retransmitted:

API MONITORING

Phone:

3. DOCUMENTATION

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

AT FACP

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer:

NOTIFIER

Model number:

Addressable

Conventional

Hybrid

4.2 Software Firmware

Firmware revision number:

REV. G

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage:

120 VAC

Amps:

20

Location:

CKT 3

Overcurrent protection type:

NONE

Overcurrent protection amps:

NONE

Disconnecting means location:

4.3.2 Secondary Power

Type:	Location:	Battery type (if applicable):
BATTERY	AT FACP	12V26AH X2 SEALED LEAD ACID

Calculated capacity of batteries to drive the system:

In standby mode (hours):	In alarm mode (minutes):
24	5

5. NOTIFICATIONS MADE PRIOR TO TESTING

Entity	Contact	Time
Building management	BILL CROWLEY	

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	Yes	Yes	
Lamps/LEDs/LCDs	Yes	Yes	
Fuses	Yes	Yes	
Trouble signals	Yes	Yes	
Disconnect switches	N/A	N/A	
Ground-fault monitoring	Yes	Yes	
Supervision	Yes	Yes	
Local annunciator	Yes	Yes	
Remote annunciators	N/A	N/A	
Remote power panels	N/A	N/A	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
NOTIFIER ACPS 24-8 BY FACP	Yes	Yes	
NOTIFIER ACPS 24-8 BY FACP	Yes	Yes	
NOTIFIER ACPS 24-8 IN UNRNISE DENTAL	Yes	Yes	

6.3 Alarm and Supervisory Alarm Initiating Device:

Location	Device Type	Test Results	Comments
ABOVE FACP	Smoke Detector	Pass	
ABOVE SPK RISER	Heat Detector	Pass	
UNIT 8	Heat Detector	Pass	
UNIT 9	Heat Detector	Pass	
TRUE NORTH RR	Smoke Detector	Pass	
TRUE NORTH RR	Smoke Detector	Pass	
UNIT 13	Heat Detector	Pass	
UPFRONT GLASS	Heat Detector	Pass	
UNIT 220 WAITING ROOM	Smoke Detector	Pass	
UNIT 220 HALL	Smoke Detector	Pass	
UNIT 220 HALL	Smoke Detector	Pass	
UNIT 220 TREATMENT ROOM	Smoke Detector	Pass	
UNIT 220 STAFF LOUNGE	Heat Detector	Pass	
UNIT 7	Heat Detector	Pass	
UNIT 6	Heat Detector	Pass	
UNIT 5	Heat Detector	Pass	
UNIT 4	Heat Detector	Pass	
UPPER LVL AREA B TRUE NORTH	Heat Detector	Pass	
UNIT 240 NW	Smoke Detector	Pass	
UNIT 240 NE	Smoke Detector	Pass	
UNIT 240 SE	Smoke Detector	Pass	
UNIT 240 SW	Smoke Detector	Pass	
UNIT 260 SE LOBBY	Smoke Detector	Pass	

Location	Device Type	Test Results	Comments
UNIT 260 WEST HALL	Smoke Detector	Pass	
UNIT 260 SUB WAITING	Smoke Detector	Pass	
UNIT 260 WORK ROOM	Smoke Detector	Pass	
UNIT 260 EAST HALL	Smoke Detector	Pass	
UNIT 260 ABOVE FACP	Smoke Detector	Pass	
UNIT 260 NE HALL	Smoke Detector	Pass	
UNIT 260 N HALL	Smoke Detector	Pass	
UNIT 260 NW STORAGE ROOM	Smoke Detector	Pass	
UNIT 260 MRI ELECTRICAL RM	Smoke Detector	Pass	
UPFRONT GLASS LL	Smoke Detector	Pass	
DEA TELE/SEC RM	Smoke Detector	Pass	
DEA BREAKROOM	Smoke Detector	Pass	
MIDLAND CTR MAIN FLOW	Waterflow Switch	Pass	
CITY SIDE	Tamper Switch	Pass	
SYSTEM SIDE	Tamper Switch	Pass	
UNIT 140	Waterflow Switch	Pass	
UNIT 11	Tamper Switch	Pass	
SSA OFFICE NE	Pull Station	Pass	
SSA OFFICE NW	Pull Station	Pass	
FOREST SV WEST	Waterflow Switch	Pass	
EAST FOREST SV	Tamper Switch	Pass	
UNIT 9 LL AREA A	Tamper Switch	Pass	
UNIT 9 LL	Waterflow Switch	Pass	
UNIT 9	Pull Station	Pass	
UNIT 8	Pull Station	Pass	
UNIT 8	Waterflow Switch	Pass	
UNIT 8 LL	Tamper Switch	Pass	
UNIT 8 LL	Tamper Switch	Pass	
AREA B FOREST SV	Pull Station	Pass	
AREA B LL	Waterflow Switch	Pass	
UNIT 13 LL	Waterflow Switch	Pass	
UNIT 13 LL	Tamper Switch	Pass	
UNIT 13	Pull Station	Pass	
UPFRONT GLASS SHOP EXIT	Pull Station	Pass	
UNIT 14 LL	Tamper Switch	Pass	
UNIT 14 LL	Waterflow Switch	Pass	
UNIT 220 FRONT ENTRY	Pull Station	Pass	
UNIT 220 REAR ENTRY	Pull Station	Pass	
UNIT 7 UPPER LVL	Tamper Switch	Pass	
UNIT 7 UPPER LVL	Waterflow Switch	Pass	
UNIT 260 WEST ENTRY	Pull Station	Pass	
UNIT 260 MAIN ENTRY	Pull Station	Pass	
UNIT 6 UPPER LVL	Waterflow Switch	Pass	
UNIT 6 UPPER LVL	Tamper Switch	Pass	
UNIT 240 UPPER LVL	Pull Station	Pass	
UNIT 5 UPPER LVL	Waterflow Switch	Pass	
UNIT 5	Tamper Switch	Pass	
UNIT 240 STAFF LOUNGE	Tamper Switch	Pass	
UNIT 240 MAIN ENTRY	Pull Station	Pass	
TRUE NORTH MAIN ENTRY	Pull Station	Pass	
MEADOWS DENTAL	Pull Station	Pass	
MEADOWS DENTAL	Waterflow Switch	Pass	

Location	Device Type	Test Results	Comments
MEADOWS DENTAL	Tamper Switch	Pass	
UPPER LEVEL HABITAT	Tamper Switch	Pass	
UPPERLEVEL HABITAT	Waterflow Switch	Pass	
TRUE NORTH N. EXIT	Pull Station	Pass	
TRUE NORTH E. EXIT	Pull Station	Pass	
UPPERLEVEL AREA B HABITAT	Waterflow Switch	Pass	
UPPER LEVEL AREA B HABITAT	Tamper Switch	Pass	
UPFRONT GLASS OFFICE EXIT	Pull Station	Pass	

6.4 Notification Appliances

Location	Appliance Type	Test Results	Comments

6.5 Interface Equipment

Interface Component Type	Address	Location	Test Results	Comments

6.6 Supervising Station Monitoring

Description	Yes/No	Time	Comments
Alarm signal	Yes		
Alarm restoration	Yes		
Trouble signal	Yes		
Trouble restoration	Yes		
Supervisory signal	Yes		
Supervisory restoration	Yes		

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time	Comments
Alarm signal	Yes		
Alarm restoration	Yes		
Trouble signal	Yes		
Trouble restoration	Yes		
Supervisory signal	Yes		
Supervisory restoration	Yes		

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Entity	Contact	Time
Monitoring organization		
Building management		
Building occupants		
Authority having jurisdiction		
Other		

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: Time:

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72.

Technician Signature:



Print Name:

Frank Roman

Date:

04/14/2024

Organization:

PARACHUTE FIRE PROTECTION

Title:

INSPECTOR

Phone:

9704046186

Qualifications (refer to 10.5.3):

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

BATTERIES IN FACP 12V26AH ARE OVER 3YRS OLD AND NEED TO BE REPLACED.

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Representative Signature:



Print Name:

BILL CROWLEY

Date:

04/14/2024

Organization:

SILVER MOUNTAIN PROPERTIES

Title:

Phone:

Inspection performed in accordance with NFPA 72 Standard for the Inspection, Testing, and Maintenance of Fire Protection Systems, 2019 edition.

Deficiencies & Comments / System Record of Inspection & Testing (NFPA 72)

No activities found

37 COLUMBINE LN PARACHUTE, CO 81635-9552 (303) 598-3844 firepro@parachutefireprotection.com	7015907
--	---------

Occupancy Information

Name: 100 MIDLAND AVE 100 MIDLAND AVE GLENWOOD SPRINGS, CO 81601-9808 Central Station Monitoring: <input type="checkbox"/> Monitoring Required: <input type="checkbox"/>	Contact: Responsible Person CATHY LEE MIDLAND CENTER 1 100 MIDLAND AVE STE. 250 GLENWOOD SPRINGS, CO 81601 Phone: (970) 379-1322 Monitoring Company Name: Monitoring Company Phone:
---	---

Base Sprinkler Inventory

# of Wet Systems in Bldg.: 7	# of Dry Systems in Bldg.: 0
# of Foam Systems in the Bldg.:	# of Preaction Systems in Bldg.:

Sprinkler System

Service Date: March 5, 2025 AHJ: GLENWOOD SPRINGS FIRE DEPARTMENT 101 W 8TH ST GLENWOOD SPRINGS, CO 81601-3303 Phone: Reviewed By AHJ: March 10, 2025	Report Number: 7015907 Status: Deficient Report Type: S - (Annual) Fire Sprinkler Code Reference: NFPA 25
--	--

Inspection & Testing Agency Information

Name: PARACHUTE FIRE PROTECTION 37 COLUMBINE LN PARACHUTE, CO 81635-9552	Phone: (303) 598-3844 Emergency Phone: Email: firepro@parachutefireprotection.com
---	--

Inspector/Tester Information

Name: FRANK ROMAN	Phone: (303) 598-3844
--------------------------	------------------------------

Problems Found

Question #	Code Ref(s)	Question	Answer	Impairments	Corrected
1.		Deficiency Found:	5 yr Internal Due. Gauges are expired	Yes	No
2.		Deficiency Found:	Sprinkler heads are over 20 yr old need to be replaced	Yes	No
4.		Deficiency Found:	Lift up heads to close together causing cold soldering. Suite 240 heads to close together causing cold soldering	Yes	No

100 MIDLAND AVE 100 MIDLAND AVE GLENWOOD SPRINGS, CO 81601-9808	Report Number: 7015907
---	------------------------

5.	Deficiency Found:	Snow blower in mech room gas operated with gas cans. Should not be stored in Mech room. It is to close to the riser not giving a 36" clearance to water cut off.	Yes	No
----	-------------------	--	-----	----

Are there any deficiencies or issues listed in your SPRINKLER SYSTEM ITM report?		Yes
--	--	-----

PLEASE NOTE: All deficiencies must be typed into the section(s) provided below. Only one deficiency is permitted per row. Click the "add row" button to add sections for reporting additional deficiencies. If you have corrected a deficiency during the time of inspection: Click on the corrected button to the right of the noted deficiency in the highlighted section above. An attached copy of the original ITM report is required for submission of this report type (denoted by a red asterisk).

Enter One Deficiency Per Row:	Deficiency Found:
-------------------------------	-------------------

1.	5 yr Internal Due. Gauges are expired
----	---------------------------------------

2.	Sprinkler heads are over 20 yr old need to be replaced
----	--

--	--

4.	Lift up heads to close together causing cold soldering. Suite 240 heads to close together causing cold soldering
----	--

5.	Snow blower in mech room gas operated with gas cans. Should not be stored in Mech room. It is to close to the riser not giving a 36" clearance to water cut off.
----	--

Attach original copy of your ITM report (can combine all wet, dry, preaction/deluge and foam systems in one report). NOTE: FIRE PUMP REPORTS MUST BE SUBMITTED SEPARATELY ON FIRE PUMP FORM.

NOTE: Files up to 50MB may be attached. A file has not been attached until the "cancel" button is cleared and the file is clickable in the report. Larger files will take longer to upload. Recommended scanner settings: 100 dpi / gray scale for improved user experience.

Enter One Comment Per Row:	Comments:
----------------------------	-----------

1.	
----	--

--	--

--	--

PARACHUTE FIRE PROTECTION

PROPERTY INFORMATION:

Property Name: Date:

Address: Contact:

City: State: Zip: Phone:

CENTRAL STATION:

Central Station: Phone: Account #:

Communicator Type: Mfg. Model:

This inspection is: If this is not a annual inspection list areas tested:

GENERAL:

A. Is the occupancy classification and or operations the same as last inspection? B. Have any changes or repairs to the fire protection system been verified?

C. Has a five year internal inspection been performed in the past five years? Date of last inspection:

D. Are all sprinkler heads less than fifty years old? E. Have the sprinkler systems been extended to all visible areas of the building?

F. Does there appear to be proper clearance between the top of all storage and sprinkler deflectors? H. Is all wet system piping and sprinklers protected from freezing as required by NFPA 13?

I. Are all valves sealed or supervised in the appropriate position? J. Are FDC's in satisfactory condition with caps plugs and free spinning collars?

K. Are FDC's visible and accessible? Location:

L. Did water motor gong or electric bell operate on alarm? M. Was water flow alarm received by FACP?

N. Did Tamper report as Supervisory? O. Does exterior of piping and components appear to be in good condition?

P. Are there extra sprinklers and wrench readily available? Q. Are gauges in good condition and less than five years old?

Water Source:

Water Supply	Location	Accessible	Valve Type	Valve Open	Secured	Supervised
City Valve	Mech Rm 1	Yes	OS&Y Potter OSYSU-2 3"	Yes	Yes	Yes
System Valve	Mech Rm 1	Yes	OS&Y Potter OSYSU-2 3"	Yes	Yes	Yes
System Valve	Lift Up	Yes	Butterfly Milwaukee BB-SCS 1 1/2"	Yes	Yes	Yes
System Valve	Lift Up	Yes	Butterfly Milwaukee BB-SCS 1 1/2"	Yes	Yes	Yes

Water Supply	Location	Accessible	Valve Type	Valve Open	Secured	Supervised
System Valve	Midland Fitness Cardio Rm	Yes	Butterfly Milwaukee BB-SCS 1 1/2"	Yes	Yes	Yes
System Valve	Midland Fitness Cardio Rm	Yes	Butterfly Milwaukee BB-SCS 1 1/2"	Yes	Yes	Yes
System Valve	Midland Fitness Weight Rm	Yes	Butterfly Milwaukee BB-SCS 1 1/2"	Yes	Yes	Yes
System Valve	Midland Fitness Weight Rm	Yes	Butterfly Milwaukee BB-SCS 1 1/2"	Yes	Yes	Yes

Flow Test:

Riser/ Main Drain Location	Size	Static 1	Flow	Static 2	ITV Location	Alarm Time	Gauges Year	Qty. of Gauges
Mech Rm 1	3"	133	120	133	At Riser	28	2016	1
Lift Up Warehouse LL Fed	2"	133	118	129	At Riser	26	2013	1
Lift Up Warehouse 1st FL feed	2"	133	118	129	At Riser	26	2013	1
Cardiovascular Rm Midland Fitness Ctr Unknown feed	2"	134	127	134	At Riser	23	2013	1
Cardiovascular Rm Midland Fitness Ctr Unknown feed	2"	134	127	134	At Riser	23	2013	0
Weight Room Midland Fitness unknown feed	2"	133	120	133	At Riser	24		0
Weight Room Midland Fitness unknown feed	2"	133	120	133	At Riser	24		0

Comments and Recommendations:

****Yellow Tagged****

- *5yr internal due
- *Gauges need to be replaced
- *Sprinkler heads are over 20yrs old need to be replaced
- *Lift Up Spk heads to close
- *Suite 240 heads to close
- *See Activity for description and photos

System has been tested to state and local codes and has been found to be:
 System testing is complete and returned to normal operating conditions at this time.

Signature:



Lead Technician:

Frank Roman


Date:

03/05/2025

Thank you for your business!

Deficiencies & Comments / Fire Sprinkler Inspection Report

FR Frank Roman - today


Resolve 

Dry Barrels

Dry Barrels are over 10 yrs old need replaced. Over hang/loading Dock for Lift Up



FR Frank Roman - today


Resolve 

Head taped up

Sprig is taped in Lift Up office 2nd fl.



FR Frank Roman - today


Resolve 

Lift Up Store

Head to close together.



FR Frank Roman - today

Resolve 

Suite 240

Heads to close together.



C. Has a five year internal inspection been performed in the past five years?

Last 5 yr internal was completed in 2016. Is well over due.

 Linked Field

C. Has a five year internal inspection been performed in the past five years?
No

D. Are all sprinkler heads less than fifty years old?

Viking VK302 155°F 2003

Viking VK300QR 286°F 2002




 Linked Field

D. Are all sprinkler heads less than fifty years old?
No

J. Are FDC's in satisfactory condition with caps plugs and free spinning collars?

Missing 2 1/2" cap on FDC




 Linked Field

J. Are FDC's in satisfactory condition with caps plugs and free spinning collars?

No

Q. Are gauges in good condition and less than five years old?

Guage are over 5 yrs old

 Linked Field

Q. Are gauges in good condition and less than five years old?

No

36" clearance for Spk Riser

With machinery located by Riser does not give the 36" clearance required.



37 COLUMBINE LN PARACHUTE, CO 81635-9552 (303) 598-3844 firepro@parachutefireprotection.com	7015951
--	---------

Occupancy Information

Name: 100 MIDLAND AVE 100 MIDLAND AVE GLENWOOD SPRINGS, CO 81601-9808	Contact: Responsible Person CATHY LEE MIDLAND CENTER 1 100 MIDLAND AVE STE. 250 GLENWOOD SPRINGS, CO 81601 Phone: (970) 379-1322
Central Station Monitoring: <input type="checkbox"/>	Monitoring Company Name:
Monitoring Required: <input type="checkbox"/>	Monitoring Company Phone:

Base Alarm Inventory Inventory

FACP Make: NOTIFIER	FACP Model: AFP 200
FACP Location: BACK OF BLDG LL MECH RM 1	Transmitter Type: CELL SERVICE
Monitoring Company: PARACHUTE FIRE ALARM	Monitoring 24-Hour Phone #: 18008971039
Monitoring Company Email: FROMAN@PARACHUTEFIREPROTECTION.COM	

Fire Alarm

Service Date: March 5, 2025	Report Number: 7015951
AHJ: GLENWOOD SPRINGS FIRE DEPARTMENT 101 W 8TH ST GLENWOOD SPRINGS, CO 81601-3303	Status: Deficient
Phone:	Report Type: S - (Annual) Fire Alarm
Reviewed By AHJ: March 10, 2025	Code Reference: NFPA 72

Inspection & Testing Agency Information

Name: PARACHUTE FIRE PROTECTION 37 COLUMBINE LN PARACHUTE, CO 81635-9552	Phone: (303) 598-3844
	Emergency Phone:
	Email: firepro@parachutefireprotection.com

Inspector/Tester Information

Name: FRANK ROMAN	Phone: (303) 598-3844
--------------------------	------------------------------

Problems Found

Question #	Code Ref(s)	Question	Answer	Impairments	Corrected
1.		Deficiency Found:	Lift Up Warehouse has bag of clothes blocking pull station	Yes	No
2.		Deficiency Found:	Lift Up Store has Clothes Rack blocking pull station	Yes	No
Are there any deficiencies or issues listed in your FIRE ALARM report?				Yes	

100 MIDLAND AVE 100 MIDLAND AVE GLENWOOD SPRINGS, CO 81601-9808	Report Number: 7015951
---	------------------------

Attach original copy of your inspection, testing and maintenance FIRE ALARM report (one system per report).

NOTE: Files up to 50MB may be attached. A file has not been attached until the "cancel" button is cleared and the file is clickable in the report. Larger files will take longer to upload. Recommended scanner settings: 100 dpi / gray scale for improved user experience.

Enter One Comment Per Row:	Comments:
1.	

SYSTEM RECORD OF INSPECTION AND TESTING

Fire Alarm & Supplemental Devices 2019 Edition



Inspection/Test Start Date/Time:

03/05/2025, 10 am

Inspection/Test Completion Date/Time:

1. PROPERTY INFORMATION

Name of property:

Midland Center 1

Property representative:

Cathy Lee

Address:

100 Midland Ave Ste. 250

Email:

cathy@midland-fitness.com

City:

Glenwood Springs

State:

CO

Zip code:

81601

Phone:

970 379-1322

Description of property:

Fax:

2. TESTING AND MONITORING INFORMATION

Testing organization:

Parachute Fire Protection

Address:

37 Columbine Lane Parachute CO 81635

Phone:

970 404-6186

Fax:

Email:

froman@parachutefireprotection.com

Monitoring organization:

Parachute Fire Alarm

Address:

136 W 26th St Rifle CO 81650

Phone:

970 404-6186

Fax:

Email:

froman@parachutefireprotection.com

Account number:

46-00-2017

Phone line 1:

Cell Dailer

Phone line 2:

Cell Dialer

Means of transmission:

Cell

Entity to which alarms are retransmitted:

API Monitoring

Phone:

800-897-1039

3. DOCUMENTATION

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

At FACP

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer:

Notifier

Model number:

AFP 200

Addressable Conventional Hybrid

4.2 Software Firmware

Firmware revision number:

Rev. AF

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage:

120vac

Amps:

20

Location:

Main Panel

Overcurrent protection type:

Breaker

Overcurrent protection amps:

20 amp

Disconnecting means location:

Breaker 5

4.3.2 Secondary Power

Type:	Location:	Battery type (if applicable):
Sealed Lead Acid SLA	In FACP	SLA

Calculated capacity of batteries to drive the system:

In standby mode (hours):	In alarm mode (minutes):
24	5

5. NOTIFICATIONS MADE PRIOR TO TESTING

Entity	Contact	Time
Building management	Cathy Lee	10:00

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	Yes	Yes	
Lamps/LEDs/LCDs	Yes	Yes	
Fuses	Yes	Yes	
Trouble signals	Yes	Yes	
Disconnect switches	Yes	Yes	
Ground-fault monitoring	Yes	Yes	
Supervision	Yes	Yes	
Local annunciator	N/A	N/A	
Remote annunciators	N/A	N/A	
Remote power panels	N/A	N/A	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Sealed Lead Acid	Yes	No	Batteries are over 5yrs old and need to be replaced 12V7AH
Sealed Lead Acid	Yes	No	APS A Batteries are over 5yrs old and need to be replaced 12v12ah
Sealed Lead Acid	Yes	No	APS B Batteries are over 5yrs old and need to be replaced 12v12ah

6.3 Alarm and Supervisory Alarm Initiating Device:

Location	Device Type	Test Results	Comments
1st FL Elevator Lobby	Smoke Detector	Pass	
Elevator Equipment Room	Smoke Detector	Pass	
ABOVE FACP	Heat Detector	Pass	
Elevator Equipment Room	Heat Detector	Pass	
Vice Evidence Rm	Smoke Detector	Pass	
Vice Property Storage	Smoke Detector	Pass	
2nd FL Elevator Lobby	Smoke Detector	Pass	
Bice Server Rm	Smoke Detector	Pass	
Bice Conference	Smoke Detector	Pass	
Bice Break Rom	Smoke Detector	Pass	
Sopris Lighting Storage	Smoke Detector	Pass	
Lower Bice File Rm	Smoke Detector	Pass	
Bice Male Holding	Smoke Detector	Pass	
Bice Female Holding	Smoke Detector	Pass	
Lift Up Storage	Smoke Detector	Pass	
Lift Up Break Rm	Smoke Detector	Pass	
Garage West	Pull Station	Pass	
Garage North	Pull Station	Pass	
Lower North	Pull Station	Pass	
Tenant # 4	Pull Station	Pass	
Bice Upper West	Pull Station	Pass	

Location	Device Type	Test Results	Comments
Sopris Lighting South	Pull Station	Pass	
Upper North	Pull Station	Pass	
Upper South	Pull Station	Pass	
Upper South	Pull Station	Pass	
Tenant # 11	Pull Station	Pass	
Tenant # 6	Pull Station	Pass	
Tenant # 7	Pull Station	Pass	
Tenant # 8	Pull Station	Pass	
Primary Elevator Recall	Relay Module	Pass	
Alt Recall	Relay Module	Pass	
Shunt Trip	Relay Module	Pass	
Main Tamper	Tamper Switch	Pass	
Upper Level West	Pull Station	Pass	
Main Waterflow Alarm	Waterflow Switch	Pass	
Flashing Hat	Relay Module	Pass	
Lower Level North	Tamper Switch	Pass	
Lower Level South	Tamper Switch	Pass	
Lower Level South Waterflow	Waterflow Switch	Pass	
Lower Level South Waterflow	Waterflow Switch	Pass	
Lower NE	Pull Station	Pass	
Upper Level North	Pull Station	Pass	
Upper Level South	Tamper Switch	Pass	
Upper Level North	Waterflow Switch	Pass	
Upper Level South	Waterflow Switch	Pass	
Lower Level Area D	Tamper Switch	Pass	
Lower Level Area D	Tamper Switch	Pass	
Lower Level Area C Waterflow	Waterflow Switch	Pass	
Lower Level Area D Waterflow	Waterflow Switch	Pass	
Upper Level	Tamper Switch	Pass	
Upper Level	Tamper Switch	Pass	
Upper Level Waterflow	Waterflow Switch	Pass	
Upper Level Waterflow	Waterflow Switch	Pass	
Kids Plex GYM	Pull Station	Pass	
Kids Plex East	Pull Station	Pass	
140 West	Pull Station	Pass	

6.4 Notification Appliances

Location	Appliance Type	Test Results	Comments

6.5 Interface Equipment

Interface Component Type	Address	Location	Test Results	Comments
APS	A	By FACP	Pass	12v12ah batteries need to be replaced.
APS	B	By FACP	Pass	12v12ah batteries need to be replaced.

6.6 Supervising Station Monitoring

Description	Yes/No	Time	Comments
Alarm signal	Yes		
Alarm restoration	Yes		
Trouble signal	Yes		
Trouble restoration	Yes		
Supervisory signal	Yes		
Supervisory restoration	Yes		

6.7 Public Emergency Alarm Reporting System

Description	Yes/No	Time	Comments
Alarm signal	Yes		
Alarm restoration	Yes		
Trouble signal	Yes		
Trouble restoration	Yes		
Supervisory signal	Yes		
Supervisory restoration	No		

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Entity	Contact	Time
Monitoring organization		
Building management	Cathy Lee	1400
Building occupants		
Authority having jurisdiction		
Other		

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: Time:

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72.

Technician Signature:  Print Name: Date:

Organization: Title: Phone:

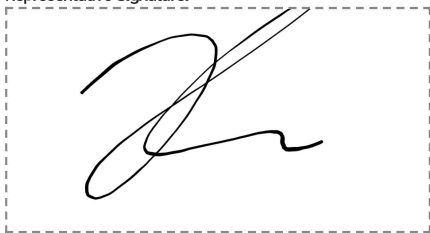
Qualifications (refer to 10.5.3):

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

**** Yellow Tagged ****
Two locations in Lift Up Warehouse and store pull station blocked by clothing. See Activity for details and pictures.

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Representative Signature:  Print Name: Date:

Organization: Title: Phone:

Inspection performed in accordance with NFPA 72 Standard for the Inspection, Testing, and Maintenance of Fire Protection Systems, 2019 edition.

Deficiencies & Comments / System Record of Inspection & Testing (NFPA 72)

Pull station blocked

Pull station blocked by clothing in Lift Up warehouse LL.



Pull Station blocked

In Lift Up store pull station blocked by clothing rack.



Backflow Test and Maintenance Report

01/17/2024

Conducted by: Frank Roman Jr

Property

Midland Center 2
120 Midland Avenue
Glenwood Springs CO 81601

Alarm Company Parachute Fire Protection		Phone 9704046186	Reference		Date/Time Off	Date/Time On
Location of Assembly Mech Room			Service Type - Class - Use Fire Bypass		Meter/Acct #	
Device Manufacturer Ames	Model 200BM3	Size 3/4"	Type DC	Serial No. 13534	Date of Install	New Install?
Gauge Manufacturer Midwest	Model 845-5	Type 0-15	Purchase Date	Serial No. 03230821	Date Calibrated 04/27/2023	Next Date Due 04/27/2024

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
Initial Test	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed tight Pressure drop Across check valve 2.6 psi	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed tight Pressure drop Across check valve 2.4 psi	<input type="checkbox"/> Did not open Opened at: _____psi	<input type="checkbox"/> Did not open Air inlet opened: _____psi <input type="checkbox"/> Leaked Check held at: _____psi
Repairs	<input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> CV Assembly OR <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Oil Ring <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Other <input type="checkbox"/> Disc <input type="checkbox"/> Seat <input type="checkbox"/> Retainer <input type="checkbox"/> Locknuts	<input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> CV Assembly OR <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Oil Ring <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Other <input type="checkbox"/> Disc <input type="checkbox"/> Seat <input type="checkbox"/> Retainer <input type="checkbox"/> Locknuts	<input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> RV Assembly OR <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Oil Ring <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> CV Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Oil Ring <input type="checkbox"/> Other
Final Test	<input type="checkbox"/> Closed Tight Pressure drop across check valve _____psi	<input type="checkbox"/> Closed Tight Pressure drop across check valve _____psi	Opened at: _____psi	<input type="checkbox"/> Satisfactory

RESULTS OF TEST: Pass Fail CONTROL VALVE #2: Tight Leaked LINE PRESSURE: 85 psi

Witness to Assembly Test (Print) Witness to Assembly Test Signature Date I ACKNOWLEDGE THE CONTROL VALVES HAVE BEEN LEFT IN THE OPEN POSITION

Bill Crowley 01/17/2024

APPROVALS

I CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY

Initial Test	Certified Tester (Print) Frank Roman Jr	Certified Tester Signature	Date 01/17/24	Certified Tester # ASSE 46250	Exp. Date 08/21/26
Final Test	Certified Tester (Print) Frank Roman Jr	Certified Tester Signature 	Date 01/17/24	Certified Tester # ASSE 46250	Exp. Date 08/21/26

Frank Roman JR
37 Columbine
Parachute CO 81635
9704046186
froman@parachutefireprotection.com

PARACHUTE FIRE PROTECTION

PROPERTY INFORMATION:

Property Name: <input type="text" value="120 Midland 2"/>		Date: <input type="text" value="04/14/2024"/>
Address: <input type="text" value="120 Midland Ave"/>		Contact: <input type="text" value="Bill Crowley"/>
City: <input type="text" value="Glenwood Springs"/>	State: <input type="text" value="CO"/>	Zip: <input type="text" value="81601"/>
		Phone: <input type="text" value="970-379-2840"/>

CENTRAL STATION:

Central Station: <input type="text" value="Parachute Fire Alarm"/>	Phone: <input type="text" value="9704046186"/>	Account #: <input type="text" value="46-00-2003"/>
Communicator Type: <input type="text" value="POTS"/>	Mfg. Model: <input type="text"/>	
This inspection is: <input type="text" value="Annual"/>	If this is not a annual inspection list areas tested: <input type="text"/>	

GENERAL:

A. Is the occupancy classification and or operations the same as last inspection? <input type="text" value="Yes"/>	B. Have any changes or repairs to the fire protection system been verified? <input type="text" value="Yes"/>
C. Has a five year internal inspection been performed in the past five years? <input type="text" value="No"/>	Date of last inspection: <input type="text" value="APRIL 2023"/>
D. Are all sprinkler heads less than fifty years old? <input type="text" value="Yes"/>	E. Have the sprinkler systems been extended to all visible areas of the building? <input type="text" value="Yes"/>
F. Does there appear to be proper clearance between the top of all storage and sprinkler deflectors? <input type="text" value="Yes"/>	H. Is all wet system piping and sprinklers protected from freezing as required by NFPA 13? <input type="text" value="Yes"/>
I. Are all valves sealed or supervised in the appropriate position? <input type="text" value="Yes"/>	J. Are FDC's in satisfactory condition with caps plugs and free spinning collars? <input type="text" value="Yes"/>
K. Are FDC's visible and accessible? <input type="text" value="Yes"/>	Location: <input type="text" value="OUTSIDE RISER CLOSET by SOCIAL SECURITY OFFICE"/>
L. Did water motor gong or electric bell operate on alarm? <input type="text" value="Yes"/>	M. Was water flow alarm received by FACP? <input type="text" value="Yes"/>
N. Did Tamper report as Supervisory? <input type="text" value="Yes"/>	O. Does exterior of piping and components appear to be in good condition? <input type="text" value="Yes"/>
P. Are there extra sprinklers and wrench readily available? <input type="text" value="Yes"/>	Q. Are gauges in good condition and less than five years old? <input type="text" value="Yes"/>

Water Source:

Water Supply	Location	Accessible	Valve Type	Valve Open	Secured	Supervised
City Valve	CITY SIDE	Yes	BUTTERFLY VICTAULIC 702W 2"	Yes	Yes	Yes
System	SYSTEM SIDE	Yes	BUTTERFLY VICTAULIC 702W 2"	Yes	Yes	Yes
Tank						
Pump						

Flow Test:

Riser/ Main Drain Location	Size	Static 1	Flow	Static 2	ITV Location	Alarm Time	Gauges Year	Qty. of Gauges
MAIN RISER	2"	130	110	130	AT RISER	24	2021	2
UNIT 140	2"	100	90	100	AT RISER	24	2021	1

Riser/ Main Drain Location	Size	Static 1	Flow	Static 2	ITV Location	Alarm Time	Gauges Year	Qty. of Gauges
FOREST SV WEST	2"	100	90	100	AT RISER	30	2021	1
UNIT 9 LL	2"	100	90	100	AT RISER	32	2021	1
UNIT 8	2"	100	90	100	AT RISER	33	2021	1
AREA B LL	2"	100	90	100	AT RISER	33	2021	1
UNIT 13	2"	100	90	100	AT RISER	33	2021	1
UNIT 14 LL	2"	100	90	100	AT RISER	33	2021	1
UNIT 7 UPPER LVL	2"	100	90	100	AT RISER	33	2021	1
UNIT 6 UPPER LVL	2"	100	90	100	AT RISER	33	2021	1
UNIT 5 UPPER LVL	2"	100	90	100	AT RISER	33	2021	1
MEADOWS DENTAL	2"	100	90	100	AT RISER	33	2021	1
UPPER LEVEL TRUE NORTH	2"	100	90	100	AT RISER	33	2021	1
UPPER LVL AREA B HABITAT	2"	100	90	100	AT RISER	33	2021	1

Comments and Recommendations:

5YR INTERNAL IS NEEDED DUE TO THE WATER IN PIPE DUE TO CONSTRUCTION IN THE SURROUNDING AREA.

System has been tested to state and local codes and has been found to be:
 System testing is complete and returned to normal operating conditions at this time.

Signature:

Lead Technician:

Frank Roman

Date:

04/14/2024

Thank you for your business!

Deficiencies & Comments / Fire Sprinkler Inspection Report

FR Frank Roman - today

Resolve

C. Has a five year internal inspection been performed in the past five years?

NO INDICATION A 5YR INTERNAL HAS BEEN DONE.

Linked Field

C. Has a five year internal inspection been performed in the past five years?

No

FR Frank Roman - today

Resolve

C. Has a five year internal inspection been performed in the past five years?

NO INDICATION A 5YR INTERNAL HAS BEEN DONE.

Linked Field

C. Has a five year internal inspection been performed in the past five years?

No

WATERFLOW IS MUDDY

