

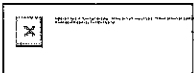
Vang, Mai (CI-StPaul)

From: Scott Coggins <srcoggins@gmail.com>
Sent: Monday, November 30, 2015 3:28 PM
To: *CI-StPaul_LegislativeHearings
Subject: Appeal of Extra CO Charge for 1745 University Ave W.

As I stated at the hearing, it was very difficult to get a response from Jim or other staff. I finally talked to Jim after the email below and he said everything looked fine in the computer. For some reason Jim wanted to split the CO into two so each school had one, but I was told that this wasn't going to cost more. If there is no way to split it and not have two charges, then I want to go back to having one Certificate of Occupancy. We have only had one certificate for at least 18 years. Our building use has also not changed over those 18 years. Please let me know if I don't have to attend the hearing, since this has been a huge inconvenience.

Thanks,

-Scott



Scott Coggins
Coggins Development LLC
P: 612.845.3224
F: 855.326.6699
CogginsDevelopment.com

----- Forwarded message -----

From: **Scott Coggins** <srcoggins@gmail.com>
Date: Fri, Aug 7, 2015 at 10:10 AM
Subject: Fire Certificate Invoice for 1745 University Ave W...
To: Jim Perucca <james.perucca@ci.stpaul.mn.us>

Jim, I left a voicemail last week and never heard back from you. I've already paid for the Fire Certificate and wondering why I'm still being billed for it ref#122853. I'm also wondering why I've been charged a reinspection fee when you were just waiting for documentation, which I emailed to you. Please let me know at your earliest convenience.

-Scott



Scott Coggins
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Information on this form covers the minimum requirements of NFPA 25-1992 for fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. Separate forms are available to inspect, test and maintain fire pumps and water tanks. Additional forms are also available for standpipe and hose systems, private fire service mains, water spray fixed systems and foam-water sprinkler systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Owner: _____
 Owner's Address: _____
 Property Being Inspected: _____
 Property Address: _____
 Date of Inspection: _____ All responses refer to the current inspection performed on this date.

This inspection is (check one): Daily Weekly Monthly Quarterly Semiannual Annual Third Year Fifth Year
 Notes: All questions are to be answered Yes, No, or Not Applicable. All "No" answers are to be explained in the comments portion of this form.

Part I - Owner's Section

- A. Is the building occupied? Yes No N/A
- B. Has the occupancy classification and hazard of contents remained the same since the last inspection? Yes No N/A
- C. Are all fire protection systems in service? Yes No N/A
- D. Has the system remained in service without modification since the last inspection? Yes No N/A
- E. Was the system free of activations of devices or alarms since the last inspection? Yes No N/A

Owner or Representative (print name): _____ Signature: _____

Part II - Inspector's Section

A. Inspections

- 1. Daily, or weekly if low temperature alarms are installed
 Enclosures around dry-pipe, preaction or deluge valves maintaining a minimum of 40°F? Yes No N/A

2. Weekly Inspection Items

- A. Preaction and Deluge Valves
 - 1. Free from physical damage? Yes No N/A
 - 2. Trim valves in appropriate (open or closed) position and no leakage from valve seat? Yes No N/A
 - 3. Electrical components in service? Yes No N/A
- B. Dry-Pipe Valves
 - 1. Free from physical damage? Yes No N/A
 - 2. Trim valves in appropriate (open or closed) position? Yes No N/A
 - 3. No leakage from intermediate chamber? Yes No N/A

- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge? Yes No N/A
- 3. Weekly inspection items which can be performed monthly if the items are electrically supervised or secured with locks
 - A. Gauges on dry, preaction and deluge systems in good condition and showing normal air and water pressure? Yes No N/A
 - B. Control valves
 - 1. In normal (open or closed) position? Yes No N/A
 - 2. Sealed, locked or supervised? Yes No N/A
 - 3. Accessible? Yes No N/A
 - C. Isolation valves on backflow prevention assemblies in open position? Yes No N/A

- 4. Monthly Inspection Items
 - A. Proper number and type of spare sprinklers? Yes No N/A
 - B. Sprinkler wrench with spare sprinklers? Yes No N/A
 - C. Gauges on wet-pipe system in good condition and showing normal water supply pressure? Yes No N/A
 - D. Alarm devices free from physical damage and all electrical connections secure? Yes No N/A
 - E. Alarm Valves
 - 1. Gauges indicating normal supply water pressure? Yes No N/A
 - 2. Free from physical damage? Yes No N/A
 - 3. Valves in appropriate (open or closed) position? Yes No N/A
 - 4. No leakage from retarding chamber or alarm drains? Yes No N/A

4. Monthly Inspection Items (Continued)

- E. Sprinkler Pressure Regulating Control Valves
 - 1. In open position? Yes No N/A
 - 2. Not leaking? Yes No N/A
 - 3. Maintaining downstream pressure per design criteria? Yes No N/A
 - 4. In good condition with handwheels not broken? Yes No N/A
- G. Fire Department Connections
 - 1. Visible and accessible? Yes No N/A
 - 2. Couplings and swivels not damaged and rotate smoothly? Yes No N/A
 - 3. Plugs or caps in place and undamaged? Yes No N/A
 - 4. Gaskets in place and in good condition? Yes No N/A
 - 5. Identification sign(s) in place? Yes No N/A
 - 6. Check valve is not leaking? Yes No N/A
 - 7. Automatic drain valve in place and operating properly? Yes No N/A

(Note: If plugs or caps are not in place, inspect the interior for obstructions and verify that the valve clapper is operational over its full range.)

5. Quarterly Inspection Item

- Hydraulic nameplate, if provided, securely attached to riser and legible? Yes No N/A

6. Annual Inspection Items

- A. Visible sprinklers
 - 1. Free of corrosion? Yes No N/A
 - 2. Free of obstructions to spray patterns? Yes No N/A
 - 3. Free of foreign materials including paint? Yes No N/A
 - 4. Free of physical damage? Yes No N/A
- B. Visible pipe
 - 1. In good condition? Yes No N/A
 - 2. Free of mechanical damage and not leaking? Yes No N/A
 - 3. No external corrosion? Yes No N/A
 - 4. Properly aligned? Yes No N/A
 - 5. No external loads? Yes No N/A
- C. Visible pipe hangers and seismic braces not damaged or loose? Yes No N/A
- D. Adequate heat available to areas where wet sprinkler piping is located? (Must be done before cold weather.) Yes No N/A

- 7. Annual, or every fifth year for valves which can be reset without opening:
 Interior of dry-pipe, preaction and deluge valves passed internal inspection? Yes No N/A

8. Fifth Year Inspection Items

- A. Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection? Yes No N/A
- B. Check valves internally inspected and all parts operate properly, move freely and are in good condition? Yes No N/A
- C. Strainers, filters, restricted orifices and diaphragm chambers on dry-pipe, preaction and deluge valves passed internal inspection? Yes No N/A

B. Testing

The following tests are to be performed at the noted intervals. Report any failures on Part III of this form.

1. Quarterly Tests

A. Sprinkler system main drain test:

- 1. Record Static Pressure 120 psi and Residual Pressure 2 psi. Was flow observed? Yes No N/A
- 2. Are results comparable to previous test? Yes No N/A

B. Waterflow alarm devices passed test?

- 1. Inspectors test connection opened? (wet-pipe when not in freezing weather) Yes No N/A
- 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge). Yes No N/A
- 3. Alarms actuated? Yes No N/A
- 4. Was flow observed? Yes No N/A

C. Control Valves (except OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in the rod, then closed back one-quarter turn?

Yes No N/A

D. Priming water level passed test in dry-pipe and preaction systems?

Yes No N/A

E. Low air pressure signal in dry-pipe and preaction systems passed test?

Yes No N/A

2. Semiannual Test

Quick opening devices passed test?

Yes No N/A

3. Annual Tests

A. Are all sprinklers in service dated 1920 or later?

Yes No N/A

B. Fast Response sprinklers in service for less than 20 years? If "no" test sample now and every 10 years.

Yes No N/A

C. Standard sprinklers in service for less than 30 years? If "no" test sample now and every 10 years.

Yes No N/A

D. Specific gravity of antifreeze correct?

Yes No N/A

E. All control valves operated through full range and returned to normal position?

Yes No N/A

F. Preaction and deluge valves full flow trip test: (except deluge valves where water can't be discharged)

(Be sure to test all systems at the same time which are designed to operate simultaneously in case of fire.)

1. Water discharge from all nozzles unimpeded?

Yes No N/A

2. Pressure reading at hydraulically most remote nozzle _____ psi.

3. Residual pressure reading at valve _____ psi. Was flow observed?

Yes No N/A

4. Are above readings comparable to design values?

Yes No N/A

5. Manual activation devices passed test?

Yes No N/A

6. Automatic air pressure maintenance devices passed test?

Yes No N/A

G. Dry-pipe valve partial flow trip test:

1. Record initial air pressure _____ psi and water pressure _____ psi.

2. Record tripping air pressure _____ psi and tripping time _____ (sec).

3. Are above results comparable to previous tests?

Yes No N/A

H. Automatic air maintenance devices on dry-pipe and preaction systems passed test?

Yes No N/A

I. Backflow devices passed backflow test?

Yes No N/A

J. Backflow devices passed full flow test?

Yes No N/A

K. All sprinkler pressure regulating control valves passed full flow test?

Yes No N/A

4. Dry-pipe full flow trip test to be done every third year:

1. Record initial air pressure _____ psi and water pressure _____ psi.

2. Record tripping air pressure _____ psi and tripping time _____ (sec).

3. Was water delivered to inspectors test connection?

Yes No N/A

4. Are above results comparable to previous tests?

Yes No N/A

5. Tests to be done every fifth year.

A. Extra High, Very High and Ultra High Temperature sprinklers tested?

Yes No N/A

B. Gauges checked against calibrated gauge or replaced?

Yes No N/A

C. Maintenance

1. Regular Maintenance Items

A. If sprinklers have been replaced, were they proper replacements?

Yes No N/A

B. Air leaks in dry-pipe system resulting in pressure loss more than 10 psi/week repaired?

Yes No N/A

C. Dry-pipe systems being maintained in dry condition?

Yes No N/A

D. If any of the following were discovered, was an obstruction investigation conducted and the system flushed? Explain reason(s) and obstruction investigation findings in Part III

Yes No N/A

1. Defective intake screen for pumps taking suction from open sources.

2. Obstructive material discharged during waterflow tests.

3. Foreign materials found in dry-pipe valves, check valves or pumps.

4. Heavy discoloration of water during drain test or plugging of inspectors test connection.

5. Plugging of sprinklers found during activation or alteration.

6. Plugging found in piping dismantled during alterations.

7. Failure to flush yard piping or surrounding public mains following new installation or repairs.

8. Record of broken mains in the vicinity.

9. Abnormally frequent false tripping of dry-pipe valves.

10. System is returned to service after an extended period out of service (greater than one year).

11. There is reason to believe the system contains sodium silicate or its derivatives.

2. Annual Maintenance Items

A. Operating stem of all OS&Y valves lubricated, completely closed, and reopened?

Yes No N/A

B. Interior of dry-pipe, preaction and deluge valves cleaned?

Yes No N/A

C. Low points drained in dry-pipe, preaction and deluge systems prior to the onset of freezing weather?

Yes No N/A

D. Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup?

Yes No N/A

Part III - Comments (Any "No" answers, test failures or other problems found with the sprinkler system must be explained here.)

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Part IV - Inspector's Information

Inspector: _____ Company: _____

Company's Address: _____
I certify that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.

Signature of Inspector: _____

INSPECTION AND TESTING FORM

DATE: 6/17/15
 TIME: 11:00

SERVICE ORGANIZATION
 Name: Security Response Services, Inc
 Address: 9036 Grand Ave S, Bloomington, MN 55420
 Representative: Pat Gaskal
 License No.: _____
 Telephone: 952 887 1175

PROPERTY NAME (USER)
 Name: UNIVERSAL SCHOOL
 Address: 1745 UNIVERSITY AVE ST PAUL, MN
 Owner Contact: _____
 Telephone: _____

MONITORING ENTITY
 Contact: Krista Jurg
 Telephone: 952 887-1150
 Monitoring Account Ref No.: 859520

APPROVING AGENCY
 Contact: _____
 Telephone: _____

TYPE TRANSMISSION
 McCallish
 Multiplex
 Digital
 Reverse Priority
 RF
 Other (Specify) _____

SERVICE
 Weekly
 Monthly
 Quarterly
 Semiannually
 Annually
 Other (Specify) _____

Control Unit Manufacturer: FIRELITE
 Circuit Style: B
 Number of Circuits: SLC
 Software Rev.: _____
 Last Date System Had Any Service Performed: _____
 Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>6</u>	<u>B</u>	Maximal Fire Alarm Bases
<u>15</u>	<u>B</u>	Ion Detectors
		Photo Detectors
		Inact Detectors
<u>1</u>	<u>B</u>	Heat Detectors
<u>1</u>	<u>B</u>	Waterflow Switches
		Supervisory Switches
		Other (Specify): _____

Alarm verification feature is disabled _____ enabled

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.5 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	Bells
8	Y	_____
18	Y	_____

Horns _____
 Chimes _____
 Strobes _____
 Speakers _____
 Other (Specify): NOBY STAKE

No. of alarm notification appliance circuits: _____
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Warning
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Warning
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 5.5.1):

Quantity: 1 Style(s): 4

SYSTEM POWER SUPPLIES

(a) Primary (Main):

Nominal Voltage: 120 Amps: 2

Overcurrent Protection: Type: CB Amps: 20

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: _____

(b) Secondary (Standby):

Storage Battery: Amp-Hr. Rating: 17.2 AH

Calculated capacity to operate system, in hours: 2 Ed: 60

Location of fuel storage: _____

Region-driven generator dedicated to fire alarm system: _____

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify): _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in NFPA 70, Article 700 _____

Legally required standby described in NFPA 70, Article 701 _____

Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701. _____

(NFPA Inspection and Testing, 2 of 4)

FIGURE 10.5.2.3 Continued

PRIOR TO ANY TESTING							
NOTIFICATIONS ARE MADE		Yes	No	Who	Time		
Monitoring Station	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RSCT	11:00		
Building Occupants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
AFJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
SYSTEM TESTS AND INSPECTIONS							
TYPE	Visual	Functional	Comments				
Control Unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Logic/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
SECONDARY POWER							
TYPE	Visual	Functional	Comments				
Battery Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Load Voltage	<input type="checkbox"/>	<input type="checkbox"/>					
Discharge Test	<input type="checkbox"/>	<input type="checkbox"/>					
Charger Test	<input type="checkbox"/>	<input type="checkbox"/>					
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>					
TRANSIENT SUPPRESSORS	<input type="checkbox"/>	<input type="checkbox"/>					
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>					
NOTIFICATION APPLIANCES							
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Speakers	<input type="checkbox"/>	<input type="checkbox"/>					
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>					
INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & STN	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
6 EA	ALL STROBE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 EA	SMOKE DET	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 EA	WATER FLOW	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 EA	VALVE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Comments: 2ND FLOOR HORN STROBE IS NW ROOM STROBE DID NOT FLASH W CENTER ROOM STROBE DID NOT FLASH							

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.9 Continued

EMERGENCY COMMUNICATIONS EQUIPMENT		Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12:53	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12:54	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12:55	
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2:01	
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2:02	

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCOTT	2:15
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SRST	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: H/S 2ND FLOOR NW ROOM 8
N CENTER ROOM STROBES NOT WORKING

System restored to normal operation: Date 6/17/15 Time: 2:15

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: STEVE GEBHARDT Date: 6/17/15 Time: 2:15

Signature: _____

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.5.2.3 Continued