| | 8 & 9 Equitable Life | Ansurance | Phone: 874-0397 | Permit No: |
|--|---|---|---|--|
| Owner Address: | Lessee/Buyer's Name: | Phone: | BusinessName: | 000004 ED |
| Contractor Name: Payron Construction Corp. | Address: 75 Market St. Ftld, F | NE 04101 Phone | -772-7222 | Permit Issued: JAN - 5 2000 |
| Past Use: | Proposed Use: | COST OF WOR \$ 450,000 | K: PERMIT FEE: \$ 2,724.00 | CITY OF GUARD |
| Office Space | Same | FIRE DEPT. D | Approved INSPECTION: Denied Use Group: B Type BOC 4.90 Signature: Hoffee | Zone: CBL: 032-K-001 |
| Proposed Project Description: | | PEDESTRIAN A | CTIVITIES DISTRICT O.A.D. | |
| Interior Renovations | Action: Approved Approved with Conditions: Denied | | Shoreland | |
| | | Signature: | Date: | □ Subdivision |
| Permit Taken By: | Date Applied For: | 1/3/00 | | Site Plan maj Dminor Dmm I |
| Building permits are void if work is not tion may invalidate a building permit and | started within six (6) months of the date on stop all work | of issuance. False informa- ***Call Adam Star 772~7722 Pick Up | PERMIT ISSUED WITH REQUIREMENTS | Conditional Use Interpretation Approved Denied Historic Preservation Not in District or Landmark Does Not Require Review Requires Review Action: |
| | CERTIFICATION | I | | |
| I hereby certify that I am the owner of record authorized by the owner to make this applicat if a permit for work described in the applicat areas covered by such permit at any reasona | of the named property, or that the propos ation as his authorized agent and I agree tion is issued, I certify that the code offic | sed work is authorized by th to conform to all applicable ial's authorized representati code(s) applicable to such | e laws of this jurisdiction. In addit ve shall have the authority to enter | on. Denied |
| authorized by the owner to make this application if a permit for work described in the application of the application of the application of the statement of th | of the named property, or that the propos ation as his authorized agent and I agree tion is issued, I certify that the code offic | sed work is authorized by th to conform to all applicable ial's authorized representati | e laws of this jurisdiction. In addit ve shall have the authority to enter | een Approved with Conditions on. Denied |

| City of Pol | and, Maine - Building or Use Permit Applicatio | 389 Congress Street, 04101, Tel: (207) 874-8703, FA | . 874-8716 |
|-------------|--|---|------------|

COM ENTS 23 Feb 2K - Inspected 8th Floor Framing and plbg. 28 Feb. 2K. Inspected 8's 9th Floor demo completed started Framing, 1069. HUR 10 march - Completed Phbg. Insp. Work going as per plans 9th Floor office partitions about completed - F. SAPRIL work completed- Partition were pre-Fab. all conditions on permit. \$ NO New Cofo Same use group - \$

Inspection Record

| Type | Date |
|-------------|------|
| Foundation: | |
| Framing: | |
| Plumbing: | |
| Final: | |
| Other: | |

-

1.00 T

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CITY OF PORTLAND, MAINE Department of Building Inspection

Certificate of Occupancy

LOCATION 2 Monument Sq. CBL: 032-K-001

Issued to Equitable Life Assurance

Date of Issue April 5, 2000

This is to certify that the building, premises, or part thereof, at the above location, built – altered – changed as to use under Building Permit No. , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

8th & 9th floor

Use group B Type 2-B BOCA 1996

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.