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

2 Monument Square	Boulos Property	,	772–22	57 Permit No:
Owner Address:	Lessee/Buyer's Name: Aetha US HEalthcare	Phone:	BusinessName:	
Contractor Name: * Doten's Construction *** 175	Address: South Freeport Rd. Freeport	t ME	one: 865-4412	Permit Issued:
Past Use:	Proposed Use:	COST OF WO	ORK: PERMIT	NEA 7 7 DOM
office	office	\$ 250,000 FIRE DEPT.	Approved INSPEC	ΓΙΟΝ:
			Denied Use Ground BOCA Signature	1 July 1032 1 032 1 1
Proposed Project Description: phase 1 only demo of office. will submit plans later all is	Phase 2 to follow s paid just type up permit		Approved Approved with Condi	Zoning Approval:
		Signature:	Date	☐ Flood Zone E: ☐ Subdivision
Permit Taken By: K	Date Applied For: No.	v 8 2000		□ Site Plan maj □minor □mm
 This permit application does not preclude Building permits do not include plumbing Building permits are void if work is not station may invalidate a building permit and 	the Applicant(s) from meeting applicable g, septic or electrical work. arted within six (6) months of the date of i	State and Federal rul	na-	Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied
			PERMIT ISS WITH ROOMS	Historic Preservation Not in District or Landmark Does Not Require Review Requires Review
				Action:
I hereby certify that I am the owner of record of authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable	ion as his authorized agent and I agree to on is issued, I certify that the code official	conform to all applice authorized represent	able laws of this jurisdict	ion. In addition, Denied
		Nov 9	2000	***
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	LOCUED
				PERMIT ISSUED WITH REQUIREMENTS

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector