## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: Boulos Prop. Management 001393 1 & 2 Monument square Lessee/Buyer's Name: Owner Address: Phone: BusinessName: Aetna/US Healthcare Permit Issued: Phone: Contractor Name: Address: \*\*\* Doten Const. 175 So. Freeport Rd Freeport ME \*\*\*\*\* 100 **COST OF WORK:** Proposed Use: PERMIT FEE: Past Use: **\$** 0 paid commercial FIRE DEPT. Approved INSPECTION: same ☐ Denied Use Group: B Type: 22 BOCA 49 032-K-001&12 Signature: Signature: 7 Zoning Appreval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (VA.D.) Action: Approved Approved with Conditions: □ Shoreland phase 2 of renovations pre-paid Denied □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: k Dec 4 2000 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. ☐ Conditional Use □ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Approved tion may invalidate a building permit and stop all work... □ Denied **Historic Preservation** □ Not in District or Landmark ☐ Does Not Require Review □ Requires Review Action: CERTIFICATION □ Appoved I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been ☐ Approved with Conditions □ Denied authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit Dec. 4 2000 K SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: Inchaire

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

CEO DISTRICT

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