

Location of Construction: <b>1 Monument Square</b>		Owner: <b>Finard &amp; Co</b>		Phone: <b>874-0397</b>		Permit No: <b>001337</b>	
Owner Address: <b>SAA</b>		Lessee/Buyer's Name: <b>Aetna US healthcare</b>		Phone:		BusinessName:	
Contractor Name: <b>** Doten Const ***</b>		Address: <b>175 South Freeport RD Freeport ME 04032</b>		Phone: <b>865-4412</b>		Permit Issued:  <b>NOV 22 2000</b>	
Past Use:  <b>Office</b>		Proposed Use:  <b>same</b>		COST OF WORK: <b>\$ 20,000</b>		PERMIT FEE: <b>\$ 144.00</b>	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <b>B</b> Type <b>2B</b>	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zone: <b>B-3</b> CBL: <b>032-K-012</b>	
Proposed Project Description:  <b>Phase 1 only Demo of office Phase 2 paid for and they will submit plans at later date. Just type up permit</b>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>[Signature]</i> <b>Special Zone or Reviews:</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: <b>K</b>		Date Applied For: <b>Nov 8 2000</b>					

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

**PERMIT ISSUED  
WITH REQUIREMENTS**

**CERTIFICATION**

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 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

**Nov 9 2000**

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

- Zoning Appeal**
- ☐ Variance
  - ☐ Miscellaneous
  - ☐ Conditional Use
  - ☐ Interpretation
  - ☐ Approved
  - ☐ Denied

- Historic Preservation**
- ☒ Not in District or Landmark
  - ☐ Does Not Require Review
  - ☐ Requires Review

- Action:**
- ☐ Approved
  - ☐ Approved with Conditions
  - ☐ Denied
- Date: *[Signature]*

**PERMIT ISSUED  
WITH REQUIREMENTS**  
**CEO DISTRICT**