

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No:	Issue Date:	CSL:
01-0255	APR 3 2001	042 K012001

Location of Construction: 1 Monument Sq	Owner Name: Finard Murray W Tr	Owner Address: One Monument Square Suite 200	Phone: 207-772-2257
Business Name: Aetna/ US Health Care	Contractor Name: Doten Construction	Contractor Address: 175 South Freeport Rd. Freeport	Phone: 2078659012
Lessee/Buyer's Name: Aetna/ US Health Care	Phone: n/a	Permit Type: Alterations - Commercial	Zone: B-3

Past Use: Commercial / Office	Proposed Use: Commercial / Office. Call Contractor When Ready.	Permit Fee: 2,124 w/ \$0.00	Cost of Work: \$350,000.00	Amc 3
Proposed Project Description: Interior Fit-Up - 3rd & 4th floors show		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 1 PERMIT ISSUED WITH REQUIREMENTS BOOTH 3/21/99	
Signature:		Signature:		
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature:		Date:		

Permit Taken By:	Date Applied For: 03/29/2001	Zoning Approval		
<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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.. 	Special Zone or Reviews <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"/> date: 4/2/01	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied date:	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Any exterior work shall require a separate review 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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

2/12/09 completed

AR

1/1/10