CBL: Permit No: Issue Date: City of Portland, Maine - Building or Use Permit Application 10-0685 032 K012001 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 Location of Construction: Owner Name: Owner Address: Phone: I MONUMENT SQ ONE MONUMENT SQUARE SUITE FINARD MURRAY W TR Business Name: Contractor Name: Contractor Address: Phone PO Box 88 Jay 2076455109 Ranor Inc. Lessee/Buyer's Name Phone: Permit Type: HVAC Past Use: Proposed Use: Permit Fee: Cost of Work: CEO District: Commercial Commercial - install a (2) indoor \$2,080.00 \$205,300.00 Air Hadling Units (1) Heat FIRE DEPT: INSPECTION: Approved Exchanger (2) Circulator Pumps in __ Denigd basement Proposed Project Description: install a (2) indoor Air Hadling Units (1) Heat Exchanger (2) Circulator Signuture. Pumps in basement PEDESTRIAN ACTIVACIES DISTRICT (P.A.D.) Approved Approved w/Cunditions Signature; Date: Permit Taken Dy: Date Applied For: Zoning Approval Idobson 06/34/2010 Special Zone or Reviews Zoning Appeal Illistoric Preservation This permit application does not proclude the Applicant(s) from meeting applicable State and Shoreland Variunce 1 Not in District or Landmark Federal Rules. Miscellaneous Does Not Require Review Wetland 2. Building permits do not include plumbing, septic or electrical work. Flood Zone Conditional Use Requires Review Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building Subdivision Interpretation □ Approved permit and stop all work... Sile Plan Approved Approved w/Conditions Denied

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, TIYLE | | DATE: | PHONE |

CLOSED NO INSPECTIONS