City of Portland, Maine	Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	C	CBL:	
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	716	2014-01568			032 E005001	
Location of Construction:	Owner Name:		Owne	er Address:		P	hone:	
45 EXCHANGE ST	45 EXCHANO	45 EXCHANGE STREET LLC		ONE PITCAIRN PL STE 3000 JENKINTOWN , PA 19046			215) 460-7777	
Business Name:								
Lessee/Buyer's Name	Phone:	Phone:		it Type:	Z	Zone:		
				Alterations - Commercial			33	
Past Use:	Proposed Use:	Proposed Use:		nit Fee:	Cost of Work:	С	CEO District:	
retail 1st floor with offices abo	ve retail 1st floor	retail 1st floor with offices above		\$432.00	\$38,00	\$38,000.00		
Proposed Project Description: Interior tenant fit up of lobby &	es & lighting	-						
	0 0	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
			Action: Approved Approved w/Conditions Denied					
			ignature:	ture:				
Permit Taken By:Date Applied For:bjs07/17/2014			Zoning Approval					
1. This permit application do	es not preclude the	Special Zone or Reviews		Zoi	Zoning Appeal		storic Preservation	
Applicant(s) from meeting Federal Rules.		Shoreland		Uariar	Uariance		ot in District or Landmark	
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Misce	Miscellaneous		bes Not Require Review	
3. Building permits are void within six (6) months of th	Flood Zone		Condi	Conditional Use		equires Review		
False information may inv permit and stop all work	 Subdivision Site Plan Maj Minor MM Date: 		Interp	Interpretation		oproved		
			Appro	Approved		pproved w/Conditions		
] Denied	Denied		Denied		
			Date:	Date:		Date:		

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
DECONICIDI E DEDCON IN CUADCE OF WORK TITLE		DATE	DUONE