City of Portland, Maine - Bui	U			2014-00757	Issue Date:	O38 B002001	
389 Congress Street, 04101 Tel: (· · ·	, Fax: (207) 874-8					
Location of Construction: 2 PORTLAND SQ - 7th floor RREEF AM CORP Z4		RICA REIT III	Owner Address: PO BOX 4900 DEPT 207 SCOTTSDALE , AZ 85261			Phone:	
Business Name:	Contractor Name:		Contractor Address:			Phone	
Raymond James Co.	Landry/French Construction Corp mrowell@landryfrenchconstructi		160 Pleasant Hill Road Scarborough ME 04074			h ME (207) 730-5566	
Lessee/Buyer's Name Phone:		:		it Type: erations - Comm	Zone: B3		
Past Use:	Proposed Use:		Perm	it Fee:	CEO District:		
retail on 1st floor with offices above Same: retail of offices above		n 1st floor with	INSP	\$600.00 ECTION:	\$58,00	00.00 2	
Proposed Project Description:							
New office space renovation; 7th flo	nes Company.						
	PEDESTRIAN A		ESTRIAN ACTIVI	AN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved Approved w/Con			ed w/Conditions Denied Date:		
Permit Taken By: Date Applied For:						Dutc.	
bjs 04/1		Zoning Approval					
This permit application does not	preclude the	Special Zone or Re	ial Zone or Reviews		ng Appeal	Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varianc	e	Not in District or Landmar	
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscell	aneous	us Does Not Require Review	
3. Building permits are void if wor within six (6) months of the date	Flood Zone		Condition	onal Use	Requires Review		
False information may invalidate a building permit and stop all work		Subdivision Site Plan		☐ Interpretation		Approved	
	Approv			ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
		Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all arouch permit.	o make this appl or work describe	ication as his authored in the application	at the ized a	proposed work agent and I agree aed, I certify that	to conform to	all applicable laws of this al's authorized representative	
SIGNATURE OF APPLICANT		ADDR	ESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE