City of Portland, M	Iaine - Buil	ding or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 0	04101 Tel: (2	207) 874-8703	Fax: (207) 874-8	8716	2014-00735		038 B002001	
Location of Construction:		Owner Name:			er Address:	-	Phone:	
2 PORTLAND SQ - 5th floor		RREEF AMERICA REIT III CORP Z4			BOX 4900 DEP OTTSDALE , A			
Business Name:		Contractor Name	:	Conti	ractor Address:	Phone		
Stone Coast Funding - 5th floor		Dean & Allyn scote@deanan		116 Lewiston Road Gray ME 04039			(207) 657-5646	
Lessee/Buyer's Name		Phone:		Permit Type: Fire Suppression Water Based			Zone: B3	
Past Use:		Proposed Use:			it Fee:	CEO District:		
retail on 1st floor with o	offices above	_	n 1st floor with	1 6111	\$80.00	Cost of Work:	000.00 2	
		offices above		INSPECTION:				
Proposed Project Description								
Relocating existing hea	locations on 5th floor							
				PEDI	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
					action: Appro	ved Appro	ved w/Conditions Denied Date:	
Permit Taken By:	Date Ar	oplied For:	1	5		- Annuaval	Dute.	
bjs	_	1/2014			Zomn	g Approval		
This permit application does not preclude the state of the state			Special Zone or Reviews		Zoni	ing Appeal	Historic Preservation	
Applicant(s) from a Federal Rules.			Shoreland		☐ Variano	ce	Not in District or Landr	
2. Building permits de septic or electrical	work.		☐ Wetland☐ Flood Zone☐ Subdivision		Miscell	aneous	Does Not Require Revi	
3. Building permits an within six (6) mont	hs of the date	of issuance.			Conditi	onal Use	Requires Review	
False information r permit and stop all		a building			Interpre	etation	Approved	
			Site Plan		Approv	ed	Approved w/Conditions	
			Maj Minor Minor M		M Denied		Denied	
			Date:		Date:		Date:	
I have been authorized by jurisdiction. In addition	y the owner to , if a permit fo	o make this appl or work describe	lication as his authord in the application	hat the orized a	proposed work agent and I agredued, I certify that	e to conform to t the code offic	by the owner of record and to all applicable laws of this cial's authorized representation of the code(s) applicable	
SIGNATURE OF APPLICAL	NT		ADD	RESS		DATE	PHONE	