City of Portland, Maine - B	uilding or Use	Permit Applicat	ion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel	: (207) 874-8703	s, Fax: (207) 874-8	716	2014-01803		032 D004001	
Location of Construction: 85 EXCHANGE ST @ #89			CHANGE LLC Owner A 42 MA 04101		ORTLAND , M	Phone:	
Business Name: Dobra Tea			1			1	
Lessee/Buyer's Name Phone:		Permit T		Type:	ercial	Zone:	
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:	
basement & 1st floor is restaurant	To change the	To change the use of the retail location @ #89 which was Aucocisco Art gallery to a restaurant use (Dobra Tea)		\$279.00	\$15,00	00.00 2	
use @ #85 along Exchange with other retail uses on 1st floor and offices above all of it	Aucocisco Ar			INSPECTION:			
Proposed Project Description: New Tea House: removal of (one)	5' partition, instal	lation of a kitchen					
for tea/snack prep., and installatio	storage and a small remain. No change		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
work desk. Existing bathroom and of use.			etion: Appro	Approved Approved w/Conditions Denied			
				Date:			
•	en By: Date Applied For: 08/12/2014		Zoning Approval				
This permit application does not preclude the		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	
Applicant(s) from meeting appreciate Rules.		Shoreland		☐ Varianc	e	☐ Not in District or Landmar	
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscella	nneous	Does Not Require Review		
3. Building permits are void if w within six (6) months of the day	Flood Zone		Condition Condition	onal Use	Requires Review		
False information may invalid permit and stop all work	Subdivision		Interpre	tation	Approved		
	Site Plan		Approve	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
I hereby certify that I am the owner I have been authorized by the owne jurisdiction. In addition, if a permi shall have the authority to enter all such permit.	er to make this app t for work describe	lication as his authored in the application	at the jrized a	proposed work a gent and I agree ed, I certify that	to conform to the code offici	all applicable laws of this al's authorized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE		
RESPONSIBLE PERSON IN CHARGE O	F WORK, TITLE				DATE	PHONE	