City of Portland, Ma	aine - I	Building or Use 1	Permit Applica	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 04	, Fax: (207) 874-8	8716	2013-02283			433 I003001			
Location of Construction:	Owner Name:	vner Name:		er Address:	-		Phone:		
23 OREGON ST BLA		BLACKBEAR	BLACKBEARD LLC		110 MARGINAL WAY STE 292 PORTLAND, ME 04101				
Business Name:		Contractor Name	Contractor Name:		actor Address:	Phone			
		Gaco Inc gacoinc@road	Gaco Inc gacoinc@roadrunner.com		149 Clarks Mills Road Hollis ME 04042			(207) 329-8600	
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: HVAC			Zone: R5	
Past Use:		Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		:	CEO District:	
Single Family		Same: Single I	Same: Single Family		\$70.00 ECTION:	\$5,000.00		5	
Proposed Project Description: HVAC, install Boxi Lun									
HVAC, Ilistan boxi Lun		PEDESTRIAN ACTIVITIES DISTRICT (P.A			T (P.A.D.)				
		Action: Approved Approved w/C				nditions Denied			
				S	ignature:		Date:		
Permit Taken By: bjs	en By: Date Applied For: 10/08/2013			Zoning Approval					
This permit application does not preclude the			Special Zone or Reviews		Zo	Zoning Appeal		Historic Preservation	
Applicant(s) from m Federal Rules.					☐ Varia	☐ Variance ☐		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Misce	Miscellaneous		Does Not Require Review	
3. Building permits are within six (6) month	s of the	date of issuance.	☐ Flood Zone ☐ Subdivision		Cond	Conditional Use		Requires Review	
False information m permit and stop all v		date a building			Interp			Approved	
			Site Plan		Appro	oved		Approved w/Conditions	
	Maj Minor MM		Denie	Denied		Denied			
			Date:		Date:		Date:		
I hereby certify that I am I have been authorized by jurisdiction. In addition, shall have the authority to such permit.	the owr	ner to make this appl nit for work describe	ication as his authord in the application	hat the orized a	proposed wor agent and I agr aled, I certify the	ee to conform that the code off	to all app icial's aut	licable laws of this thorized representative	
SIGNATURE OF APPLICANT			ADD	RESS		DATE		PHONE	