



FILL IN AND SIGN WITH INK

# Application for Heating, Ventilation, Air Conditioning (HVAC) or Power Equipment

To the Inspector of Buildings, Portland Maine:

The undersigned hereby applies for a permit to install the following HVAC, or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Address and CBL: 94 WALNUT ST Use of Building: SINGLE FAMILY Date: 12-12-16

Name & Address of Owner: JP SHERIDAN LLC, PO Box 715, S. Freeport, Me 04026

Phone # of Owner: 207-415-3037 Email: jon.edwards@comcast.net

Name & Address of Installer: Mainely P&H 674 Main St Gorham, Me 04038

Phone # of Installer: 207-854-4969 Email: jim@mainelyplumbing.com

**Is this an EXACT replacement? (ie; SAME PRODUCT in the SAME LOCATION?)**

(If so, you do NOT need to provide any plans, etc, just this form. NOTE: a final inspection is still a requirement)

<p><b>Location of Appliance:</b></p> <p><input checked="" type="checkbox"/> Basement    <input type="checkbox"/> Floor    <input type="checkbox"/> Wall</p> <p><input type="checkbox"/> Attic    <input type="checkbox"/> Roof</p> <p><b>Fuel or Power Source:</b></p> <p><input checked="" type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> Electric    <input type="checkbox"/> Solid</p> <p>Appliance Name: <u>VISSMANN VITODENS 2</u></p> <p>Name of Listed Approval Entity (ie; UL Approval): _____</p> <p>Will appliance be installed in accordance with the manufacturer's instructions?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Type of License of Installer:</p> <p>Master Plumber#: _____</p> <p>Solid Fuel : _____</p> <p>Oil #: _____</p> <p>Gas #: <u>PNT-347</u></p> <p>Other: _____</p>	<p>Type of Venting: (Plan required for submittal)</p> <p><input type="checkbox"/> Masonry Lined</p> <p><input type="checkbox"/> Factory Built: _____</p> <p><input type="checkbox"/> Metal</p> <p><input type="checkbox"/> Factory Built    Listing #: _____</p> <p><input checked="" type="checkbox"/> Direct Vent</p> <p>Type: _____ (ie: UL)</p> <p># of Tanks: _____</p> <p>Type of Fuel Tank:</p> <p><input checked="" type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> K1    <input type="checkbox"/> N/A</p> <p>Size of Tank: _____</p> <p>Distance from tank to center of flame: _____</p> <p>Cost of Work: \$ <u>11,700</u></p> <p>Permit Fee: \$ <u>190</u> <sup>CS</sup></p>
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Signature of Installer: [Signature] Date: 12-12-16