



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: 14 Cleeve St, 013-D01-1001 Use of Building: 3-family Date: 10/07/2016

Name & Address of Owner: 14 Cleeve St, Portland, ME 04101

Phone # of Owner: 781-808-6511 Email: alicegao210@gmail.com

Name & Address of Installer: Revision Heating, 145 Presumpscot St, Portland, ME

Phone # of Installer: 207-221-5677 Email: jacob@revisionheat.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>  <input checked="" type="checkbox"/> Basement    <input type="checkbox"/> Floor    <input type="checkbox"/> Wall  <input type="checkbox"/> Attic    <input type="checkbox"/> Roof</p> <p><b>Fuel or Power Source:</b>  <input checked="" type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> Electric    <input type="checkbox"/> Solid</p> <p><b>Appliance Name:</b> <u>Prestige gas boilers, Triangl</u>  <b>Name of Listed Approval Entity (ie; UL Approval):</b>  _____</p> <p><b>Will appliance be installed in accordance with the manufacturer's instructions?</b>    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Type of License of Installer:</b>  Master Plumber#: _____  Solid Fuel : _____  Oil #: _____  Gas #: <u>PNT-4044, Lionel D. Landry</u>  Other: _____</p>	<p><b>Type of Venting: (Plan required for submittal)</b>  <input type="checkbox"/> Masonry Lined  <input type="checkbox"/> Factory Built: _____  <input type="checkbox"/> Metal  <input type="checkbox"/> Factory Built    Listing #: _____  <input checked="" type="checkbox"/> Direct Vent  Type: <u>PVC</u>  (ie: UL)</p> <p># of Tanks: <u>0</u></p> <p><b>Type of Fuel Tank:</b>  <input 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><b>Cost of Work:</b> \$ <u>20,000</u></p> <p><b>Permit Fee:</b> \$ _____</p>
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**Signature of Installer:** [Signature]    **Date:** 10/7/2016