FILL IN AND SIGN WITH INK APPLICATION FOR PERMIT Image: Control of the integration of	
Location / CBL 013 012 Use of Building Date Name and address of owner of appliance Hormon // Andersey St Portland	
Installer's name and address <u>Smant-Tech Building Southion</u> 70 Box 15202 Portiond Me- Telephone 207-272-0972	
Location of appliance:	Type of Chimney:
Basement D Floor	Masonry Lined
Attic Roof	Factory built
Type of Fuel:	D Metal
Gas Oil Solid	Metal Factory Built U.L. Listing #
Appliance Name: Bax	Direct Vent
U.L. Approved 🕑 Yes 🗆 No	Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes	Type of Fuel Tank
	Gas Aroture
IF NO Explain:	Gas Activity
	Size of Tank
The Type of License of Installer:	Number of Tanks
Master Plumber # Solid Fiel #	
 Solid Fuel # Oil # 	Distance from Tank to Center of Flame feet.
Gas # PNT 4866	Cost of Work: 5 5, 500,00 \$ 10,00
• Other	Permit Fee: \$ 80
	another 100'
Approved	Approved with Conditions
Fire:	See attached letter or requirement
Ele.:	
Plda ·	Inspector's Signature Date Approved
Signature of Installer King Sam	Inspector's Signature Date Approved
White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy	