

Yes. Life's good here.

Permitting and Inspections Department Michael A. Russell, MS, Director

Heating, Ventilating, Air Conditioning (HVAC) or Power Equipment Application

(Including roof top chillers, mini/multi split heat pumps, ERV's and fuel fired heating appliances)

| The following items shall be submitted: | | | |
|---|---|--|---|
| HVAC Application (this form), completed | | | |
| A plot plan showing the size and dimension of the lot, location of buildings, location of all exterior HVAC | | | |
| equipment and distance from property lines | | | |
| Proof of ownership (if inconsistent with the assessor's records) | | | |
| Additional information is required, as applicable, pertaining to the type of system or installation: | | | |
| Floor and roof plans with dimensions, including location of all equipment and appliances and clearances | | | |
| Ductwork including steel gauge, supply/exhaust lines, diffusers, smoke and fire damper locations | | | |
| Product and equipment details (e.g., model number, dimensions, weight, heating/cooling specifications provide the manufacturer's specification manual or cut sheets) | | | |
| Structural framing modifications, equipment mounting and hanging details | | | |
| Venting materials, clearances, number of flues and exhaust termination location | | | |
| Project Address: 27 Merril St Current use of building: Residential | | | |
| 1 2 20 00 | | | |
| Tax Assessor's CBL: Block # Lot # | Cost of Work | \$ (6250 | 5 |
| Owner Name: WAYNE ValzANIA | | Phone: 860-21 | 18-5670 |
| Address: 27 Merrill St | Emai | l: | |
| Installer Name: Breggy oil Service | | Phone: 207-77 | 2-4631 |
| Address: 84 Congress St | Ema | il: GCCOKSON Db | regayoil, com |
| Type of Installation: Bailer Installation | Exhaust CFM_ | Supply Cl | :м |
| Duct Smoke Detection (If supply is over 2,000 CFM) | Furnac | e BTU/hour input | |
| Location of Appliance: ☐ Basement ☐ Floor Leve | el 🔲 Wall | ☐ Attic | Roof |
| Fuel or Power Source: | Electric | ■ Wood | Pellets |
| Appliance Name: Well Mclain | | | |
| Name of Listed Approval Entity (e.g., UL Approval): L | | | 2.1.4 |
| Installer License type (master plumber, oil, gas, etc.): 65 | | License #: PN | 74546 |
| Type of Venting: | | Type of Fuel Tank: | |
| Masonry Lined | | Propane | |
| Metal | | Oil | |
| Direct Vent | | ☐ K1 | |
| Factory Built: Listing #: | | □ N/A | |
| Number of tanks: Size of tank: | Distance | from tank to center of | flame: |
| I hereby certify that I am the owner of record of the named property, have been authorized by the owner to make this application as his/h codes and the laws of this jurisdiction. In addition, if a permit for wor authorized representative shall have the authority to enter all areas of the codes applicable to this permit. | er authorized agent rk described in this o | . I agree to conform to all o application is issued, I certij nit at any reasonable hour | applicable State laws and fy that the Code Official's to enforce the provisions |
| Signature: Durth of Cooksun | | _ Date: 6-7-/ | '/ |

This is not a permit. Work may not commence until the permit is issued.
Separate permits are required for plumbing and electrical installations, as required.