



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: 19 Atlantic St. Portland Use of Building: residential Date: 3/25/16

Name & Address of Owner: Brent Vanni and Jenna Martellucci 19 Atlantic Street Portland ME 04101

Phone # of Owner: 207-595-3173 Email: jenna.martellucci@gmail.com

Name & Address of Installer: ReVision Heat 145 Presumpscot Street Portland ME 04103

Phone # of Installer: 207-400-5494 Email: victoria@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>Location of Appliance:</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>Fuel or Power Source:</p> <p><input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Solid</p> <p>Appliance Name: <u>TRIANGLE TUBE Solo 110</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 4044</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 Type: _____ (ie: UL)</p> <p># of Tanks: _____</p> <p>Type of Fuel Tank:</p> <p><input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> K1 <input checked="" type="checkbox"/> N/A</p> <p>Size of Tank: <u>N/A</u></p> <p>Distance from tank to center of flame: _____</p> <p>Cost of Work: \$ <u>19,832</u></p> <p>Permit Fee: \$ _____</p>
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Signature of Installer: [Signature] Date: 3/25/16