

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: 37 Saint | | Current use of building: home | | | | |
| Tax Assessor's CBL:Chart | t# Block# | | Cost of Work: \$ _ | 1750.00 | | |
| Owner Name: Mellisa and | Lot # | Phone: 207-522-4712 | | | | |
| | | | | | | |
| Address: 37 Saint Lawrence Street Email: Email: | | | | | 156 | |
| | | | | | | |
| Address: 111 Jellerson Road Lyman Maine | | | Email: charlesgthomas@hotmail.com | | | |
| Type of Installation: Heat Pump | | | Exhaust CFMSupply CFM | | | |
| Duct Smoke Detection (If supply is over 2,000 CFM) | | | Furnace BTU/hour input | | | |
| Location of Appliance: | Basement | ☐ Floor Level | ✓ Wall | Attic | Roof | |
| Fuel or Power Source: | Gas | Oit | [Electric | □ Wood | ☐ Pellets | |
| Appliance Name: Mitsubis | hi Heat Pump | | | | | |
| Name of Listed Approval E | ntity (e.g., UL App | roval): | | | | |
| Installer License type (master plumber, oil, gas, etc.): EPA RSES | | | License #: 110500213 | | | |
| Type of Venting: | | | Type of Fuel Tank: | | | |
| Masonry Lined | | | ☐ Propane | | | |
| ☐ Metal | | | | | | |
| ☐ Direct Vent | | | | | | |
| Factory Built: | Li | sting #: | | | | |
| Number of tanks: Size of tank: | | | Distance fro | _ Distance from tank to center of flame: | | |
| hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and codes and the laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit. Date: Date: | | | | | | |
| | 70-38 U 04 | | | Detc | The state of the s | |

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.