



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: 107 Monument St. 017 0016001 Use of Building: Residential Date: 11/22/2015

Name & Address of Owner: Tyler & Katie Judkins 107 Monument St. Portland 04101

Phone # of Owner: 207-620-0301 Email: tyler.judkins@ubs.com

Name & Address of Installer: Guy Derosier 27 Roy St. Biddford Me 04005

Phone # of Installer: 207-590-4744 Email: guyderosierpandh@gmail.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 type="checkbox"/> Basement <input type="checkbox"/> Floor <input checked="" type="checkbox"/> Wall</p> <p><input type="checkbox"/> Attic <input type="checkbox"/> Roof</p> <p>Fuel or Power Source:</p> <p><input type="checkbox"/> Gas <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Solid</p> <p>Appliance Name: <u>Mitsubishi</u></p> <p>Name of Listed Approval Entity (ie; UL Approval): <u>AHRI certified / ETL listed</u></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#: <u>MS 8166</u></p> <p>Solid Fuel : _____</p> <p>Oil #: <u>MS 3000 7243</u></p> <p>Gas #: _____</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 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: _____</p> <p>Distance from tank to center of flame: _____</p> <p>Cost of Work: \$ <u>21,500.00</u></p> <p>Permit Fee: \$ _____</p>
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Signature of Installer: [Signature] **Date:** 11/22/2015



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Name & Address of Installer: Guy Derosier 27 Ray St. Biddford Me 04005

Phone # of Installer: 207-590-4744 Email: guyderosierpanch@gmail.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 type="checkbox"/> Gas <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Solid</p> <p>Appliance Name: <u>Lifebreath 155 Max</u></p> <p>Name of Listed Approval Entity (ie; UL Approval): <u>CSA certified / HVI / HRAI</u></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#: <u>MS 8166</u></p> <p>Solid Fuel : _____</p> <p>Oil #: <u>MS 3000 7243</u></p> <p>Gas #: _____</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 type="checkbox"/> Direct Vent</p> <p style="text-align: right;">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: _____</p> <p>Distance from tank to center of flame: _____</p> <p>Cost of Work: \$ <u>5000.00</u></p> <p>Permit Fee: \$ _____</p>
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Phone # of Owner: 207-620-0301 Email: tyler.judkins@ubs.com

Name & Address of Installer: Guy Derosier 27 Ray St. Biddeford Me 04005

Phone # of Installer: 207-590-4749 Email: guyderosierpandh@gmail.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)

Location of Appliance:

- Basement Floor Wall
- Attic Roof

Fuel or Power Source:

- Gas Oil Electric Solid

Appliance Name: Rinnai V75

Name of Listed Approval Entity (ie; UL Approval): CSA Certified

Will appliance be installed in accordance with the manufacturer's instructions? Yes No

Type of License of Installer:

Master Plumber#: MS 8166

Solid Fuel : _____

Oil #: MS 3000 7243

Gas #: PNT 4495 Mark Mornow

Other: _____ Coastal Tech Heating

Type of Venting: (Plan required for submittal)

- Masonry Lined
- Factory Built: _____
- Metal
- Factory Built Listing #: _____
- Direct Vent

Type: CSA
(ie: UL)

of Tanks: _____

Type of Fuel Tank:
 Gas Oil K1 N/A

Size of Tank: _____

Distance from tank to center of flame: _____

Cost of Work: \$ 2600.00

Permit Fee: \$ _____

Signature of Installer: [Signature]

Date: 11/22/2015