

2016-02675

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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: 223 CUMBERLAND AVE Use of Building: \_\_\_\_\_ Date: 10/13/16

Name & Address of Owner: 223 CUMBERLAND AVE LLC

Phone # of Owner: 252-6264 Email: \_\_\_\_\_

Name & Address of Installer: SHELDON'S PLUMBING & HEATING INC 31 TERRY TERR  
SP PORTLAND, ME

Phone # of Installer: 799-6211 office / 232-3132 cell Email: mrpipes@myfairpoint.net

**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><b>Location of Appliance:</b></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><b>Fuel or Power Source:</b></p> <p><input checked="" type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> Electric    <input type="checkbox"/> Solid</p> <p><b>Appliance Name:</b> <u>VITODENS 200</u></p> <p><b>Name of Listed Approval Entity (ie; UL Approval):</b> <u>NSF/ANSI</u></p> <p><b>Will appliance be installed in accordance with the manufacturer's instructions?</b>    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Type of License of Installer:</b></p> <p>Master Plumber#: _____</p> <p>Solid Fuel : _____</p> <p>Oil #: _____</p> <p>Gas #: <u>PNT8217</u></p> <p>Other: _____</p>	<p><b>Type of Venting: (Plan required for submittal)</b></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</p> <p><u>SEALED COMBUSTION</u>    Type: _____ (ie: UL)</p> <p># of Tanks: _____</p> <p><b>Type of Fuel Tank:</b></p> <p><input type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> K1    <input type="checkbox"/> N/A</p> <p>Size of Tank: _____</p> <p>Distance from tank to center of flame: _____</p> <p><b>Cost of Work:</b> \$ <u>25,000.00</u></p> <p><b>Permit Fee:</b> \$ <u>385.00</u></p>
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Signature of Installer: [Signature] Date: 10/13/16