



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: 195 Kennebec St Unit A Use of Building: Fitness Center Date: 10/22/16
034-0009001

Name & Address of Owner: Northland Enterprises Management Group LLC

Phone # of Owner: 207-780-0223 Email: _____

Name & Address of Installer: Johnson + Jordan Mech. 18 Mussey Rd, Scarborough, ME

Phone # of Installer: 207-883-8345 Email: sderoche@johnsonandjordan.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 type="checkbox"/> Wall</p> <p><input type="checkbox"/> Attic <input checked="" 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>Renew Aire Energy Recovery Unit</u></p> <p>Name of Listed Approval Entity (ie; UL Approval): <u>UL and AHRI</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#: _____</p> <p>Solid Fuel: _____</p> <p>Oil #: _____</p> <p>Gas #: _____</p> <p>Other: <u>Powered by site electrician</u></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 type="checkbox"/> N/A</p> <p>Size of Tank: _____</p> <p>Distance from tank to center of flame: _____</p> <p><u>Root Top Units are existing</u></p> <p>Cost of Work: \$ <u>34,300</u></p> <p>Permit Fee: \$ _____</p>
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Signature of Installer: Larry DeRoche Date: 10/24/16