



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: 3 Grant Street Use of Building: dwelling Date: 8/16/2016

Name & Address of Owner: Kelsea Larson 3 Grant Street Portland Maine

Phone # of Owner: 603-988-4447 Email: kelseal Larson88@gmail.com

Name & Address of Installer: Gammons Corporation 110 Main st Suite 1101 Saco Maine

Phone # of Installer: 207-286-340 Email: edb@gammonshvacr.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><b>Location of Appliance:</b></p> <p><input checked="" type="checkbox"/> Basement    <input type="checkbox"/> Floor    <input type="checkbox"/> Wall</p> <p><input checked="" type="checkbox"/> Attic    <input type="checkbox"/> Roof</p> <p><b>Fuel or Power Source:</b></p> <p><input type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input checked="" type="checkbox"/> Electric    <input type="checkbox"/> Solid</p> <p><b>Appliance Name:</b> _____</p> <p><b>Name of Listed Approval Entity (ie; UL Approval):</b></p> <p>_____</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 #: _____</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 type="checkbox"/> Direct Vent</p> <p style="text-align: right;">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 checked="" 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>26,231.00</u></p> <p><b>Permit Fee:</b> \$ <u>403.00</u></p>
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**Signature of Installer:** Ed Bonenfant    **Date:** 08/17/2016