



FILL IN AND SIGN WITH INK

# Application for Heating, Ventilation, Air Condition (HVAC) Cooking or Power Equipment



To the Inspector of Buildings, Portland Maine:

The undersigned hereby applies for a permit to install the following HVAC, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Address/CBL: 15 Brown St. Unit 10A Use of Building: Multi-Use (Condo) + Busi. Date: 4/2/15

Name and Address of Owner: 15 Brown Street C/O Gebhardt Property Management

Phone Number Owner: Alan Lewis (207) 546-3252 E-Mail: Owner: C/O Gebhardt Prop. mgmt

Name and Address of Installer: MJS Services, Inc. - Matt Solak

Phone Number Installer: 207-329-4984 E-Mail: Installer: mjsser@hotmail.com

<p>Location of Appliance:</p> <p><input checked="" type="checkbox"/> Basement <span style="margin-left: 150px;"><input type="checkbox"/> Floor</span></p> <p><input type="checkbox"/> Attic <span style="margin-left: 150px;"><input type="checkbox"/> Roof</span></p> <p>Type of Fuel:</p> <p><input checked="" type="checkbox"/> Gas <span style="margin-left: 80px;"><input type="checkbox"/> Oil</span> <span style="margin-left: 80px;"><input type="checkbox"/> Solid</span></p> <p>Appliance Name: <u>Baxi</u></p> <p>UL Approved: <input checked="" type="checkbox"/> Yes <span style="margin-left: 50px;"><input type="checkbox"/> No</span></p> <p>Will appliance be installed in accordance with the manufacturer's installation instructions? <input checked="" type="checkbox"/> Yes <span style="margin-left: 20px;"><input type="checkbox"/> No</span></p> <p>Type of License of Installer: Master Plumber #: _____</p> <p>Solid Fuel #: <u>N/A</u></p> <p>Oil #: _____</p> <p>Gas #: <u>PNT3286</u></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 UL Listing: _____</p> <p><input checked="" type="checkbox"/> Direct Vent</p> <p>Type: _____ UL #: _____</p> <p># of Tanks: _____</p> <p>Type of Fuel Tank:</p> <p><input checked="" type="checkbox"/> Gas <span style="margin-left: 150px;"><input type="checkbox"/> Oil</span></p> <p>Size of Tank: _____</p> <p>Distance from tank to center of flame: _____</p> <p>Cost of Work: <u>\$7800.00</u></p> <p>Permit Fee: \$ 102.00</p>
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Signature of Installer: Matthew Solak E-Mail: mjsser@hotmail.com