



Permitting and Inspections Department  
Michael A. Russell, MS, Director

### Heating, Ventilating, Air Conditioning (HVAC) or Power Equipment Application

(Including roof top chillers, mini/multi split heat pumps, ERV's and fuel fired heating appliances)

The following items shall be submitted:

- HVAC Application (this form), completed
- A plot plan showing the size and dimension of the lot, location of buildings, location of all exterior HVAC equipment and distance from property lines
- Proof of ownership (if inconsistent with the assessor's records)

Additional information is required, as applicable, pertaining to the type of system or installation:

- Floor and roof plans with dimensions, including location of all equipment and appliances and clearances
- Ductwork including steel gauge, supply/exhaust lines, diffusers, smoke and fire damper locations
- Product and equipment details (e.g., model number, dimensions, weight, heating/cooling specifications-- provide the manufacturer's specification manual or cut sheets)
- Structural framing modifications, equipment mounting and hanging details
- Venting materials, clearances, number of flues and exhaust termination location

Project Address: 482 Congress Street Current use of building: office

Tax Assessor's CBL: 037 1003 001 Cost of Work: \$ 20,503.00  
Chart # Block # Lot #

Owner Name: Center Congress LLC MRM Equity ME Phone: 207-420-2200

Address: 482 Congress Street Email: castward@mrmequity.com

Installer Name: Seacoast Mechanical LLC Phone: 207-939-8356

Address: 28 Stroutwater St. Westbrook, ME. 04092 Email: seacoastmechanical@yahoo.com

Type of Installation: Air Conditioning Exhaust CFM \_\_\_\_\_ Supply CFM \_\_\_\_\_

Duct Smoke Detection (If supply is over 2,000 CFM) \_\_\_\_\_ Furnace BTU/hour input \_\_\_\_\_

Location of Appliance:  Basement  Floor Level  Wall  Attic  Roof

Fuel or Power Source:  Gas  Oil  Electric  Wood  Pellets

Appliance Name: Trane

Name of Listed Approval Entity (e.g., UL Approval): \_\_\_\_\_

Installer License type (master plumber, oil, gas, etc.): refrigeration License #: 109403111

Type of Venting:  
 Masonry Lined Unit Replacement  
 Metal  
 Direct Vent  
 Factory Built: \_\_\_\_\_ Listing #: \_\_\_\_\_

Type of Fuel Tank:  
 Propane  
 Oil  
 K1  
 N/A

Number of tanks: \_\_\_\_\_ Size of tank: \_\_\_\_\_ Distance from tank to center of flame: \_\_\_\_\_

*I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and codes and the laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.*

Signature: Paul [Signature] Date: 7-12-17

**This is not a permit. Work may not commence until the permit is issued.  
Separate permits are required for plumbing and electrical installations, as required.**