



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: 047 0024 001 Use of Building: \_\_\_\_\_ Date: 10-12-16

Name & Address of Owner: Jason Heinze 11 Mellon St Portland

Phone # of Owner: 207 774-2899 or 504 418-0392 Email: \_\_\_\_\_

Name & Address of Installer: Atlantic Heating Company Inc

Phone # of Installer: 207 797-7218 Email: \_\_\_\_\_

**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>  <input checked="" type="checkbox"/> Basement    <input type="checkbox"/> Floor    <input type="checkbox"/> Wall  <input type="checkbox"/> Attic    <input type="checkbox"/> Roof</p> <p><b>Fuel or Power Source:</b>  <input checked="" type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> Electric    <input type="checkbox"/> Solid  <i>(2) Rinnair Heaters</i></p> <p><b>Appliance Name:</b> <u>Bosch Combi 100 (2)</u></p> <p><b>Name of Listed Approval Entity (ie; UL Approval):</b>  <u>UL Energy Star</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>PNTX 3862</u></p> <p>Other: _____</p>	<p><b>Type of Venting: (Plan required for submittal)</b>  <input type="checkbox"/> Masonry Lined  <input type="checkbox"/> Factory Built: _____  <input type="checkbox"/> Metal  <input type="checkbox"/> Factory Built    Listing #: _____  <input checked="" type="checkbox"/> Direct Vent    Type: _____  <i>(ie: UL)</i></p> <p><b># of Tanks:</b> <u>Natural Gas</u></p> <p><b>Type of Fuel Tank:</b>  <input checked="" 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>22,000.<sup>00</sup></u></p> <p><b>Permit Fee:</b> \$ <u>340.<sup>00</sup></u></p>
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**Signature of Installer:** [Signature]    **Date:** 10/6/16