



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>Location of Appliance: <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Attic <input type="checkbox"/> Roof</p> <p>Fuel or Power Source: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Solid <i>(2) Rinnair Heaters</i></p> <p>Appliance Name: <u>Bosch Combi 100 (2)</u></p> <p>Name of Listed Approval Entity (ie; UL Approval): <u>UL Energy Star</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: Master Plumber#: _____ Solid Fuel : _____ Oil #: _____ Gas #: <u>ANTX 3862</u> Other: _____</p>	<p>Type of Venting: (Plan required for submittal) <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</p> <p>Type: _____ (je: UL)</p> <p># of Tanks: <u>Natural Gas</u></p> <p>Type of Fuel Tank: <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>Cost of Work: \$ <u>22,000.⁰⁰</u></p> <p>Permit Fee: \$ <u>340.⁰⁰</u></p>
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Signature of Installer: [Signature] **Date:** 10/6/16