



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: 26 Cushman - 056 D 003001 Use of Building: single family home Date: 12/16/15

Name & Address of Owner: John Coleman, 26 Cushman St. Portland, ME 04012

Phone # of Owner: 207-939-4444 Email: jcoleman@theviaagency.com

Name & Address of Installer: DOUG JONES JR. / MAINE STOVE & CHIMNEY 1438 main St. SANford, ME 04073

Phone # of Installer: 207-324-4440 Email: info@mainestoveandchimney.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>Location of Appliance:</p> <p><input type="checkbox"/> Basement <input checked="" type="checkbox"/> Floor <input type="checkbox"/> Wall</p> <p><input type="checkbox"/> Attic <input type="checkbox"/> Roof</p> <p>Fuel or Power Source:</p> <p><input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Solid</p> <p>Appliance Name: <u>QADRA-Fire TOPAZ GAS STOVE</u></p> <p>Name of Listed Approval Entity (ie; UL Approval): <u>Underwriters Laboratory</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:</p> <p>Master Plumber#: _____</p> <p>Solid Fuel : _____</p> <p>Oil #: _____</p> <p>Gas #: <u>7M 6999</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 Listing #: _____</p> <p><input checked="" type="checkbox"/> Direct Vent</p> <p>Type: <u>Underwriters</u> (ie: UL) <u>Laboratory</u></p> <p># of Tanks: <u>N/A</u></p> <p>Type of Fuel Tank:</p> <p><input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> K1 <input type="checkbox"/> N/A</p> <p>Size of Tank: <u>N/A</u></p> <p>Distance from tank to center of flame: <u>N/A</u></p> <p>Cost of Work: \$ <u>6215.63</u></p> <p>Permit Fee: \$ <u>80</u></p>
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Signature of Installer: _____

Date: _____