



Application for Heating, Ventilation, Air Conditioning (HVAC) or Power Equipment

To the Inspector of Buildings, Portland Maine:			
Address and CBL: 058 BODO Use of Building: 1000 Date: 8/6/16 Name & Address of Owner: 18659 Marcel Phone # of Owner: 207-798-209 Email:			
			Type of Venting: (Plan required for submittal) Solid Roof Solid R
		Name & Address of Instance: Wowy fast fine ray 1 th 1100 1 57 5, fastices	
Phone # of Installer: 3/-3/25-26/1 Email: 57/46/1 (G choung east encryste			
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)			
Attic Roof Fuel of Power Source: Gas Oil Electric Solid Appliance Name: //CSSMANN Vifes Name of Listed Approval Entity (ie; UL Approval): Will appliance be installed in accordance with the	Masonry Lined Factory Built: Metal Factory Built Listing #: Direct Vent Type: Avavent (ie: UL) Reference Type of Fuel Tank: Masonry Lined Factory Built: Metal Factory Built: Me		
Master Plumber#:Solid Fuel :	Cost of Work: \$ 12,650,00		
-Oil #: Gas #:	Permit Fee: \$		
Other:			

Signature of Installer: ______ Date: