



FILL IN AND SIGN WITH INK



Inspections Division  
Date: 03/17/17

# 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: 20 Sandpiper Road Use of Building: Residential Date: 3/15/2017

Name & Address of Owner: David Scott 20 Sandpiper Road Peaks Island

Phone # of Owner: 312-848-4208 Email: dtscott@gmail.com

Name & Address of Installer: ReVision Energy 142 Presumpscot St Portland, ME 04103

Phone # of Installer: 207-221-6342 Email: allison@revisionenergy.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><b>Location of Appliance:</b>  <input checked="" type="checkbox"/> Basement    <input type="checkbox"/> Floor    <input checked="" type="checkbox"/> Wall  <input type="checkbox"/> Attic    <input type="checkbox"/> Roof</p> <p><b>Fuel or Power Source:</b>  <input type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input checked="" type="checkbox"/> Electric    <input type="checkbox"/> Solid</p> <p><b>Appliance Name:</b> <u>MUZFH12NA</u>  <b>Name of Listed Approval Entity (ie; UL Approval):</b>  <u>UL Approved</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>  Master Plumber#: <u>MS2705</u>  Solid Fuel : _____  Oil #: _____  Gas #: _____  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 type="checkbox"/> Direct Vent  Type: _____  (ie: UL)</p> <p># of Tanks: _____  <b>Type of Fuel Tank:</b>  <input type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> K1    <input type="checkbox"/> N/A</p> <p>Size of Tank: _____  Distance from tank to center of flame: _____</p> <p><b>Cost of Work:</b> \$ <u>4,858.00</u>  <b>Permit Fee:</b> \$ _____</p>
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**Signature of Installer:** Christopher Blaisdell    **Date:** 3/15/2017