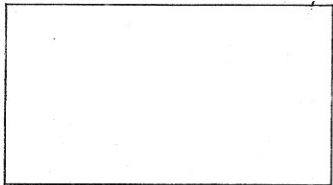


Q1 Appliances



FILL IN AND SIGN WITH INK

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



To the Inspector of Buildings, Portland Maine:

The undersigned hereby applies for a permit to install the following HVAC, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Address/CBL: 087-F002001 Use of Building: RES Date: 4-24-14

Name and Address of Owner: TIMOTHY WANT & CLAUDINE WEATHERFOOT

Installer's Name and Address: PEAKS ISLAND FUEL INC / KEITH IVERS

E-Mail: KEITH@PEAKSFUEL.COM

<p>Location of Appliance: <u>OUTSIDE</u></p> <p><input type="checkbox"/> Basement <input type="checkbox"/> Floor</p> <p><input type="checkbox"/> Attic <input type="checkbox"/> Roof</p> <p>Type of Fuel: <u>ELEC</u></p> <p><input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid</p> <p>Appliance Name: _____</p> <p>UL Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will appliance be installed in accordance with the manufacturer's installation instructions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of License of Installer: Master Plumber #: _____</p> <p>Solid Fuel #: _____</p> <p>Oil #: <u>M530016242</u></p> <p>Gas #: <u>PNT 5030</u></p> <p>Other: _____</p>	<p>Type of Venting: (Plan required for submittal)</p> <p><input type="checkbox"/> Masonry Lined <u>NON</u></p> <p><input type="checkbox"/> Factory Built: _____</p> <p><input type="checkbox"/> Metal</p> <p><input type="checkbox"/> Factory Built UL Listing: _____</p> <p><input type="checkbox"/> Direct Vent</p> <p>Type: _____ UL #: _____</p> <p># of Tanks: <u>NO</u></p> <p>Type of Fuel Tank:</p> <p><input type="checkbox"/> Gas <input type="checkbox"/> Oil <u>ELEC</u></p> <p>Size of Tank: _____</p> <p>Distance from tank to center of flame: _____</p> <p>Cost of Work: \$ <u>4,400.00</u></p> <p>Permit Fee: \$ <u>60.00</u></p>
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Approved

Approved with Conditions

Fire: \_\_\_\_\_

See attached letter or requirements

Electric: \_\_\_\_\_

Building: \_\_\_\_\_

Inspector's Signature

Date Approved

Signature of Installer:

E-Mail: KEITH@PEAKSFUEL.COM