Inspections Division
Date: 05/15/18

Portland, Maine — Yes. Life's good here.

Permitting and Inspections Department
Michael A. Russell, MS, Director

Heating, Ventilating, Air Conditioning (HVAC) or Power Equipment Application

(Including roof top chillers, mini/multi split heat pumps, ERV's and fuel fired heating appliances)

The following items shall be submitted:

- [x] HVAC Application (this form), completed
- [ ] A plot plan showing the size and dimension of the lot, location of buildings, location of all exterior HVAC equipment and distance from property lines
- [ ] Proof of ownership (if inconsistent with the assessor's records)

Additional information is required, as applicable, pertaining to the type of system or installation:

- [ ] Floor and roof plans with dimensions, including location of all equipment and appliances and clearances
- [ ] Ductwork including steel gauge, supply/exhaust lines, diffusers, smoke and fire damper locations
- [ ] Product and equipment details (e.g., model number, dimensions, weight, heating/cooling specifications--provide the manufacturer's specification manual or cut sheets)
- [ ] Structural framing modifications, equipment mounting and hanging details
- [ ] Venting materials, clearances, number of flues and exhaust termination location

Project Address: 63 Alba St, Portland ME 0440 **Current use of building:** Storage

Tax Assessor's CBL: _____ (Chart #) _____ (Block #) 133-D-1/D2 (Lot #) **Cost of Work: $** 3,925.00

Owner Name: Erica Spencer **Phone:** 207-899-4113

Address: 63 Alba St. Portland ME 04103 **Email:** erichackspencer@Gmail.com

Installer Name: All Seasons HVAC - Ryan Beaulieu **Phone:** 207-641-0822

Address: PO Box 682 Wells, ME 04090 **Email:** allseasonshvac2007@gmail.com

Type of Installation: Ductless Heat Pump **Exhaust CFM** _____ **Supply CFM** _____

Duct Smoke Detection (If supply is over 2,000 CFM) _____ **Furnace BTU/hour input** _____

Location of Appliance: [ ] Basement [ ] Floor Level [x] Wall [ ] Attic [ ] Roof

Fuel or Power Source: [ ] Gas [ ] Oil [x] Electric [ ] Wood [ ] Pellets

Appliance Name: Daikin

Name of Listed Approval Entity (e.g., UL Approval): _____

Installer License type (master plumber, oil, gas, etc.): ESCO Universal EPA License #: 0048093374317

Type of Venting:

- [ ] Masonry Lined
- [ ] Metal
- [ ] Direct Vent
- [ ] Factory Built: _____ Listing #: _____

Type of Fuel Tank:

- [ ] Propane
- [ ] Oil
- [ ] K1
- [x] N/A

Number of tanks: _____ **Size of tank:** _____ **Distance from tank to center of flame:** _____

I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable State laws and codes and the laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: _____ Date: 10-5-17

This is not a permit. Work may not commence until the permit is issued.
Separate permits are required for plumbing and electrical installations, as required.