



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: 90 Hartley St. 136 B017001 Use of Building: Primary Residence Date: 02 Dec 2016

Name & Address of Owner: Eric and Taylor Hamlin, 90 Hartley Street, Portland, ME 04103

Phone # of Owner: \_\_\_\_\_ Email: ehamlin@maine.rr.com

Name & Address of Installer: Nathan B. Leavitt, 223 Old Orchard Road, Buxton, ME 04093-6405

Phone # of Installer: 207-929-5085 Email: none

**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></p> <p><input checked="" type="checkbox"/> Basement      <input checked="" type="checkbox"/> Floor      <input type="checkbox"/> Wall</p> <p><input type="checkbox"/> Attic      <input type="checkbox"/> Roof</p> <p><b>Fuel or Power Source:</b></p> <p><input checked="" type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> Electric    <input type="checkbox"/> Solid</p> <p><b>Appliance Name:</b> <u>Regency Liberty LR14 gas</u></p> <p><b>Name of Listed Approval Entity (ie; UL Approval):</b> <u>ETL CAN/CGA-2.17-M91(R)</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></p> <p>Master Plumber#: _____</p> <p>Solid Fuel : _____</p> <p>Oil #: _____</p> <p>Gas #: <u>Technician # PNT3872</u></p> <p>Other: _____</p>	<p><b>Type of Venting: (Plan required for submittal)</b></p> <p><input type="checkbox"/> Masonry Lined</p> <p><input checked="" type="checkbox"/> Factory Built: <u>Dual 3" metal liners per up</u></p> <p><input checked="" type="checkbox"/> Metal</p> <p><input type="checkbox"/> Factory Built    Listing #: <u>CAN/CGA-2.17</u></p> <p><input type="checkbox"/> Direct Vent</p> <p style="text-align: right;">Type: <u>ETL</u> (ie: UL)</p> <p># of Tanks: <u>N/A</u></p> <p><b>Type of Fuel Tank:</b></p> <p><input type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> K1    <input type="checkbox"/> N/A</p> <p>Size of Tank: _____</p> <p>Distance from tank to center of flame: _____</p> <p><b>Cost of Work:</b> \$ <u>6,748.72 (incl. install cost)</u></p> <p><b>Permit Fee:</b> \$ <u>115 (rounded total to \$7,000)</u></p>
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**Signature of Installer:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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Phone # of Owner: Cell: 207-899-9042 Email: ehamlin@maine.rr.com

Name & Address of Installer: Nathan B. Leavitt, 223 Old Orchard Road, Buxton, ME 04093-6405

Phone # of Installer: 207-929-5085 Email: \_\_\_\_\_

**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></p> <p><input checked="" type="checkbox"/> Basement    <input checked="" type="checkbox"/> Floor    <input type="checkbox"/> Wall</p> <p><input type="checkbox"/> Attic    <input type="checkbox"/> Roof</p> <p><b>Fuel or Power Source:</b></p> <p><input checked="" type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> Electric    <input type="checkbox"/> Solid</p> <p><b>Appliance Name:</b> <u>Regency Liberty LR14 gas</u></p> <p><b>Name of Listed Approval Entity (ie; UL Approval):</b> <u>ETL CAN/CGA-2.17-M91</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></p> <p>Master Plumber#: _____</p> <p>Solid Fuel : _____</p> <p>Oil #: _____</p> <p>Gas #: <u>Technician # PNT3872</u></p> <p>Other: _____</p>	<p><b>Type of Venting: (Plan required for submittal)</b></p> <p><input type="checkbox"/> Masonry Lined</p> <p><input checked="" type="checkbox"/> Factory Built: <u>Dual 3" metal liners per up</u></p> <p><input checked="" type="checkbox"/> Metal</p> <p><input type="checkbox"/> Factory Built    Listing #: <u>CAN/CGA-2.17</u></p> <p><input type="checkbox"/> Direct Vent</p> <p>Type: <u>ETL</u> (ie: UL)</p> <p># of Tanks: <u>N/A</u></p> <p>Type of Fuel Tank:</p> <p><input type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> K1    <input type="checkbox"/> N/A</p> <p>Size of Tank: _____</p> <p>Distance from tank to center of flame: _____</p> <p>Cost of Work: \$ <u>7,928.38 (incl. install cost)</u></p> <p>Permit Fee: \$ _____</p>
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Signature of Installer: \_\_\_\_\_ Date: 12/6/16