



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: 20 UNIVERSITY ST Use of Building: RESIDENTIAL Date: 2/24/17

Name & Address of Owner: ANDREW GERVAIS 52 WHITES BRIDGE RD, STANDISH, ME

Phone # of Owner: (207) 756 5520 Email: ajgervais1@gmail.com

Name & Address of Installer: JAY LAMAS 5 KEYSTONE DR, WINDHAM, ME

Phone # of Installer: 207 239-7700 Email: JACE75@aol.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></p> <p><input checked="" type="checkbox"/> Basement    <input 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>Appliance Name: <u>BAY 1 Duo TEC 406A</u></p> <p>Name of Listed Approval Entity (ie; UL Approval): _____</p> <p>Will appliance be installed in accordance with the manufacturer's instructions?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Type of License of Installer:</p> <p>Master Plumber#: _____</p> <p>Solid Fuel: _____</p> <p>Oil #: _____</p> <p>Gas #: <u>PNT 7169</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 type="checkbox"/> Factory Built: _____</p> <p><input type="checkbox"/> Metal</p> <p><input type="checkbox"/> Factory Built    Listing #: _____</p> <p><input checked="" type="checkbox"/> Direct Vent</p> <p>Type: <u>CONCENTRIC</u> (ie: UL)</p> <p># of Tanks: <u>2-120</u></p> <p>Type of Fuel Tank:</p> <p><input checked="" type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> K1    <input type="checkbox"/> N/A</p> <p>Size of Tank: <u>120</u></p> <p>Distance from tank to center of flame: <u>20'</u></p> <p>Cost of Work: \$ <u>5,000</u></p> <p>Permit Fee: \$ <u>85.-</u></p>
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Signature of Installer: Jol Date: 2/24/17