FILL IN AND SIGN WITH INK



Application for Heating, Ventilation, Air Conditioning (HVAC) or Power **Equipment**

Signature of Installer:

Address and CBL:Use o	f Building Date
Name & Address of Owner:	
Phone # of Owner:	Email:
Name & Address of Installer:	
Phone # of Installer:	
Is this an EXACT replacement? (ie: SA) (If so, you do NOT need to provide any plans, etc, just the	ME PRODUCT in the SAME LOCATION?) is form. NOTE: a final inspection is still a requirement)
Location of Appliance: Basement Floor Wall	Type of Venting: (<i>Plan required for submittal</i>) Masonry Lined Factory Built:
Attic Roof Fuel or Power Source:	Metal Factory Built Listing #: Direct Vent
Gas Oil Electric Solid	Type:(ie: UL)
Appliance Name:	# of Tanks:
Name of Listed Approval Entity (ie; UL Approval):	Type of Fuel Tank: Gas Oil K1 N/A
Will appliance be installed in accordance with the	Size of Tank:
manufacturer's instructions? Yes No Type of License of Installer:	Distance from tank to center of flame:
Master Plumber#:	
Solid Fuel:	Cost of Work: \$
Oil #:	-
Gas #:	
Other:	

Date: