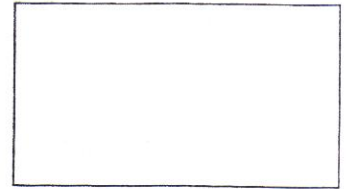




FILL IN AND SIGN WITH INK

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: 70 ALBA STREET Use of Building: SINGLE Date: 9-4-2014

Name and Address of Owner: KIM AND JON COOK
70 ALBA STREET 04103

Installer's Name and Address: REVISION HEAT
1053 FOREST AVE 04103 E-Mail: CYNDI@REVISIONHEAT.COM

<p>Location of Appliance:</p> <p><input checked="" type="checkbox"/> Basement <input type="checkbox"/> Floor</p> <p><input type="checkbox"/> Attic <input type="checkbox"/> Roof</p> <p>Type of Fuel:</p> <p><input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid</p> <p>Appliance Name: <u>TRIANGLE TUBE GAS BOILER</u></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 #: _____</p> <p>Gas #: <u>PNT1785</u></p> <p>Other: <u>MS60019303</u></p>	<p>Type of Venting: (Plan required for submittal)</p> <p><input type="checkbox"/> Masonry Lined Factory Built: _____</p> <p><input type="checkbox"/> Metal Factory Built UL Listing: _____</p> <p><input type="checkbox"/> Direct Vent Type: _____ UL #: _____</p> <p># of Tanks: _____</p> <p>Type of Fuel Oil</p> <p><input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil</p> <p>Size of Tank: _____</p> <p>Distance from tank to center of flame: _____</p> <p>Cost of Work: \$ _____</p> <p>Permit Fee: \$ _____</p>
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Approved

Fire: _____

Electric: _____

Building: _____

Approved with Conditions

See attached letter or requirements

Inspector's Signature _____ Date Approved _____

Signature of Installer: Paste

E-Mail: _____