



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: 466 Capisia Street Use of Building: Res. Date: 4/7/16

Name & Address of Owner: Walter Milligan

Phone # of Owner: 207-761-1826 Email: milliganwalt48@gmail.com

Name & Address of Installer: Jeff Grover Contracting

Phone # of Installer: 577 7282 Email: grovercontracting@yahoo.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>Location of Appliance: <u>4 ITEMS</u></p> <p><input type="checkbox"/> Basement <input type="checkbox"/> Floor <input type="checkbox"/> Wall</p> <p><input checked="" type="checkbox"/> Attic <input type="checkbox"/> Roof - <u>Heat Pump</u></p> <p>Fuel or Power Source: <u>Gas Furnace</u></p> <p><input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Solid <u>Heater</u></p> <p><u>Renew air exchange</u></p> <p>Appliance Name: <u>Bryant</u></p> <p>Name of Listed Approval Entity (ie; UL Approval): <u>UL listed</u></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 3882</u></p> <p>Other: _____</p>	<p>Type of Venting: (Plan required for submittal)</p> <p><input type="checkbox"/> Masonry Lined</p> <p><input type="checkbox"/> Factory Built: _____</p> <p><input type="checkbox"/> Metal</p> <p><input checked="" type="checkbox"/> Factory Built Listing # <u>Sched. 40</u></p> <p><input checked="" type="checkbox"/> Direct Vent Type: _____ (ie: UL)</p> <p># of Tanks: <u>2</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 gal</u></p> <p>Distance from tank to center of flame: <u>50 ft</u></p> <p>Cost of Work: \$ <u>18,500</u></p> <p>Permit Fee: \$ <u>287.50</u></p>
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Signature of Installer: _____ Date: 4/8/16