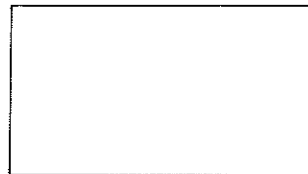




FILL IN AND SIGN WITH INK

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: Lot # 277-F-14 Use of Building: residential Date: 1/8/15
 Name and Address of Owner: Jill Worsham 16 Glenhaven Rd West
 Phone Number Owner: 303-881-7069 E-Mail: Owner: jill.worsham@yahoo.com
 Name and Address of Installer: Downeast Energy
 Phone Number Installer: 799-5585 E-Mail: Installer: smccusker@downeastenergy.com

Location of Appliance: <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Floor <input type="checkbox"/> Attic <input type="checkbox"/> Roof Type of Fuel: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid Appliance Name: <u>Range</u> UL Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will appliance be installed in accordance with the manufacturer's installation instructions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type of License of Installer: Master Plumber #: _____ Solid Fuel #: _____ Oil #: _____ Gas #: <u>PNT 1665</u> Other: _____	Type of Venting: (Plan required for submittal) <input type="checkbox"/> Masonry Lined <input type="checkbox"/> Factory Built: _____ <input type="checkbox"/> Metal <input type="checkbox"/> Factory Built UL Listing: _____ <input type="checkbox"/> Direct Vent Type: _____ UL #: _____ # of Tanks: <u>1</u> Type of Fuel Tank: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil Size of Tank: <u>57 gallon</u> Distance from tank to center of flame: <u>10'</u> Cost of Work: \$ <u>129.00</u> Permit Fee: \$ _____
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*We are only setting propane tank and tying into gas line installed by others.

Signature of Installer: _____ E-Mail: _____