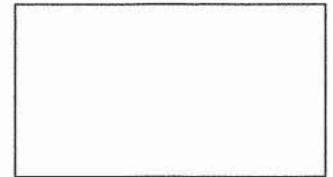




FILL IN AND SIGN WITH INK

# 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:

Building 3, Unit 5  
 Address/CBL: 585 Riverside (67 Rainmaker Dr) Use of Building: Condos Date: 12/10/14  
CBL: 306 B006305  
 Name and Address of Owner: New England Carpenters Training Fund  
 Phone Number Owner: 508-792-5443 E-Mail: Owner: nmorgan@nectf.org  
 Name and Address of Installer: 109 Smith place Cambridge, MA 02138  
 Phone Number Installer: 617-661-7000 E-Mail: Installer: JWolff @tgagallagher.com

<p>Location of Appliance:  <input type="checkbox"/> Basement                      <input checked="" type="checkbox"/> Floor <u>Upper</u>  <input checked="" type="checkbox"/> Attic                                      <input type="checkbox"/> Roof</p> <p>Type of Fuel:  <input checked="" type="checkbox"/> Gas                      <input type="checkbox"/> Oil                      <input type="checkbox"/> Solid</p> <p>Appliance Name: <u>Existing Propane Unit Heater Mitsubishi Heat Pump</u></p> <p>UL Approved: <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>Will appliance be installed in accordance with the manufacturer's installation instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of License of Installer:        Master Plumber #: <u>MS90014372</u></p> <p>Solid Fuel #: _____        Oil #: _____        Gas #: <u>PNT 7672</u>        Other: <u>Building Permit # 2014-02196</u></p>	<p>Type of Venting: (Plan required for submittal)  <input type="checkbox"/> Masonry Lined  <input type="checkbox"/> Factory Built: _____  <input checked="" type="checkbox"/> Metal  <input type="checkbox"/> Factory Built UL Listing: _____  <input type="checkbox"/> Direct Vent        Type: _____ UL #: _____</p> <p># of Tanks: <u>Existing tank</u></p> <p>Type of Fuel Tank:  <input type="checkbox"/> Gas                                      <input type="checkbox"/> Oil</p> <p>Size of Tank: <u>Existing tank</u></p> <p>Distance from tank to center of flame: _____</p> <p>Cost of Work: \$ <u>6,000</u></p> <p>Permit Fee: \$</p>
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Signature of Installer: Janelle Wolff E-Mail: 12/10/2014