

FILL IN AND SIGN WITH INK

ARIDE

## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

DEC 2 4 173

333-K-001

Name and address of owner of appliance Carol Cronin, 105 Beverly Se	
29 Meeting house Kd, Bio	1d. 64005 Telephone 384-4789
Location of appliance:	Type of Chimney:
☑ Basement ☐ Floor	☐ Masonry Lined
☐ Attic ☐ Roof	Factory built
Type of Fuel:	☐ Metal
☐ Gas Ø Oil ☐ Solid	Factory Built U.L. Listing #
Appliance Name: BORN/IAM	Direct Vent
J.L. Approved  Yes No	Type POWER VENT UL#
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank
nstallation instructions?  Yes  No	Oil
	☐ Gas
The Type of License of Installer:	Size of Tank 2>5 94
	Number of Tanks
Master Plumber # M 5 30000 909	1-1-1-e
□ Solid Fuel #	Distance from Tank to Center of Flame 10 pics feet.
☐ Gas #	Cost of Work 3,000
Other	Cost of Work 3,000
	Approved with Conditions
Approved	
Approved Fire:	See attached letter or requirement
Fire	See attached letter or requirement  All Venting Shall be done in according to the manufacture reguirement and A  211;

White-Inspection

Yellow File

Pink - Applicant's

Gold - Assessor's Copy