



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: 105 SKYLARK RD Use of Building: RESIDENTIAL Date: 12/21/15  
 Name & Address of Owner: FRANK DIDONATO 87 SKYLARK RD, PORTLAND, ME 04103  
 Phone # of Owner: (207) 221-2015 Email: fdidonatomasonry@hotmail.com  
 Name & Address of Installer: JOHN CONNORS 1271 ~~ROOSE~~ ROOSEVELT TRAIL, RAYMOND, ME 04071  
 Phone # of Installer: (207) 671-7455 Email: JOHNCONNORS2010@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><b>Location of Appliance:</b></p> <p><input checked="" type="checkbox"/> Basement    <input type="checkbox"/> Floor    <input type="checkbox"/> Wall</p> <p><input type="checkbox"/> Attic    <input type="checkbox"/> Roof</p> <p><b>Fuel or Power Source:</b></p> <p><input checked="" type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> Electric    <input type="checkbox"/> Solid</p> <p><b>Appliance Name:</b> <u>BAYL DUO TEC</u></p> <p><b>Name of Listed Approval Entity (ie; UL Approval):</b></p> <hr/> <p><b>Will appliance be installed in accordance with the manufacturer's instructions?</b>    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Type of License of Installer:</b></p> <p>Master Plumber#: _____</p> <p>Solid Fuel : _____</p> <p>Oil #: _____</p> <p>Gas #: <u>PNT1571</u></p> <p>Other: _____</p>	<p><b>Type of Venting: (Plan required for submittal)</b></p> <p><input type="checkbox"/> Masonry Lined</p> <p><input type="checkbox"/> Factory Built: _____</p> <p><input type="checkbox"/> Metal</p> <p><input type="checkbox"/> Factory Built    Listing #: _____</p> <p><input checked="" type="checkbox"/> Direct Vent</p> <p style="text-align: right;">Type: <u>CONCENTRIC</u> (ie: UL)</p> <p># of Tanks: _____</p> <p><b>Type of Fuel Tank:</b></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>2-120</u></p> <p>Distance from tank to center of flame: <u>20'</u></p> <p><b>Cost of Work:</b> \$ <u>\$7000</u></p> <p><b>Permit Fee:</b> \$ _____</p>
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**Signature of Installer:** [Signature]    **Date:** 12/21/15

