



FILL IN AND SIGN WITH INK

2016-03041

# 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: 95 Virginia ST Use of Building: RESIDENTIAL Date: 12-20-16

Name & Address of Owner: Katie Lee 95 Virginia ST Portland

Phone # of Owner: 207-749-1637 Email: \_\_\_\_\_

Name & Address of Installer: Gary Wilkins Box 200 STANBISH, ME 04084

Phone # of Installer: 207-252-9468 Email: ALPHAHEATMAINE@gmail.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 type="checkbox"/> Gas    <input checked="" type="checkbox"/> Oil    <input type="checkbox"/> Electric    <input type="checkbox"/> Solid</p> <p>Appliance Name: <u>Purepro T110</u></p> <p>Name of Listed Approval Entity (ie; UL Approval): <u>UL</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><b>Type of License of Installer:</b></p> <p>Master Plumber#: _____</p> <p>Solid Fuel: _____</p> <p>Oil #: <u>MS 3000 1458</u></p> <p>Gas #: _____</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 checked="" type="checkbox"/> Metal    Listing #: _____</p> <p><input type="checkbox"/> Factory Built    Listing #: _____</p> <p><input type="checkbox"/> Direct Vent    Type: _____ (ie: UL)</p> <p># of Tanks: _____</p> <p><b>Type of Fuel Tank:</b></p> <p><input type="checkbox"/> Gas    <input checked="" type="checkbox"/> Oil    <input type="checkbox"/> K1    <input type="checkbox"/> N/A</p> <p>Size of Tank: <u>275 gal</u></p> <p>Distance from tank to center of flame: <u>20 FT</u></p> <p>Cost of Work: \$ <u>7,350<sup>00</sup></u></p> <p>Permit Fee: \$ <u>130<sup>00</sup></u></p>
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Signature of Installer: Gary Wilkins Date: 12-16-16