



FILL IN AND SIGN WITH INK

# Application for Heating, Ventilation, Air Conditioning (HVAC) or Power Equipment

2016 - 02685 -

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: 408 2019001 Use of Building: \_\_\_\_\_ Date: 10/14/2016

Name & Address of Owner: BERZINIS REALTY #167 WASHINGTON AVE.

Phone # of Owner: (207) 653-8658 Email: \_\_\_\_\_

Name & Address of Installer: HomeTech Heating, 50 Alice Ct, Portland, ME

Phone # of Installer: (207) 272-4839 Email: HomeTechHeating@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>York Furnace</u></p> <p><b>Name of Listed Approval Entity (ie; UL Approval):</b></p> <p>_____</p> <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>PNT 56 99</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: _____ (ie: UL)</p> <p># of Tanks: _____</p> <p><b>Type of Fuel Tank:</b></p> <p><input type="checkbox"/> Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> K1    <input type="checkbox"/> N/A</p> <p>Size of Tank: _____</p> <p>Distance from tank to center of flame: _____</p> <p><b>Cost of Work:</b> \$ <u>2100.<sup>00</sup></u></p> <p><b>Permit Fee:</b> \$ _____</p>
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**Signature of Installer:** \_\_\_\_\_ **Date:** \_\_\_\_\_