



16 Saco Road  
P.O Box 850, 04002  
(207) 324-5872 ext. 206

**MECHANICAL INSTALLATION**  
**PERMIT APPLICATION**

**Permit#** \_\_\_\_\_

**Location** \_\_\_\_\_

**Application Date** \_\_\_\_\_

**Property Owner** \_\_\_\_\_

**Map/Lot** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Phone No.** \_\_\_\_\_

**Type of Permit:** ( ) heating ( ) ventilation ( ) air-conditioning ( ) other \_\_\_\_\_

**Type of fuel to be used for heating:** ( ) propane ( ) #2 oil ( ) K-1 ( ) other \_\_\_\_\_

**Type of chimney:** ( ) masonry ( ) manufactured metal ( ) other \_\_\_\_\_

**Type of Structure to be Served:** ( ) single family ( ) multiple family ( ) other \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

**Estimated cost of work:** \_\_\_\_\_

**Permit fee:** \_\_\_\_\_  
(Based on \$7.00 per \$1,000.00 of estimated cost of work)

**To be installed by:** \_\_\_\_\_

**License #** \_\_\_\_\_

**Address of Installer:** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

*Installed work shall conform to: 2007 ASHRAE STANDARD, 2009 INTERNATIONAL ENERGY CODE, 2009 INTERNATIONAL BUILDING CODE or 2009 INTERNATIONAL RESIDENTIAL CODE, 2011 NATIONAL ELECTRICAL CODE AND ANY OTHER CODES THAT MAY APPLY.*

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Installer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name



\_\_\_\_\_  
Jim Allaire, CEO, BI, LPI

\_\_\_\_\_  
Date Application Approved