



16 Saco Road  
P.O Box 667, 04002  
(207) 324-5872 ext. 206

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

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,  
\$35.00 minimum permit fee)

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

\_\_\_\_\_  
James Allaire, CEO / LPI

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