



TOWN OF CAPE ELIZABETH

Code Enforcement Office
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APPLICATION FOR HEATING PERMIT

MAP _____ LOT _____ PERMIT # _____

LOCATION _____

OWNER _____

MAILING ADDRESS _____

TELEPHONE HOME _____ WORK _____

INSTALLATION CONTRACTOR _____ TEL# _____

CELL PHONE _____ E-MAIL _____

MAILING ADDRESS _____

TYPE OF LICENSE _____ LICENSE # _____ EXPIRATION DATE _____

___ SINGLE FAMILY ___ TWO FAMILY ___ MULTI-FAMILY ___ COMMERCIAL ___ OTHER

APPLICATION TYPE: ___ NEW ___ REPLACEMENT

PROJECT DESCRIPTION: ___ PRIMARY HEAT SOURCE ___ SECONDARY HEAT SOURCE

___ HOT AIR ___ STEAM ___ FORCED HOT WATER ___ DIRECT VENT HEATERS

___ SOLID FUEL BURNING STOVE ___ OTHER _____

TYPE OF FUEL: ___ WOOD ___ KEROSENE ___ COAL ___ GAS ___ HEATING OIL ___ PELLET

MANUFACTURER _____

TYPE OF VENTING: ___ CONVENTIONAL CHIMNEY ___ POWER VENT ___ DIRECT VENT

SIZE OF FUEL STORAGE TANK _____ LOCATION OF TANK _____

MINIMUM FEE: \$50.00 PER UNIT CK _____ CASH _____ TOTAL FEE _____

I AGREE TO PERFORM ALL WORK IN ACCORDANCE WITH APPLICABLE LOCAL, STATE & FEDERAL RULES.

SIGNED _____ DATE _____

APPROVED _____ DATE _____

PLEASE CALL OFFICE STAFF AT LEAST 24 HOURS IN ADVANCE TO SCHEDULE INSPECTION