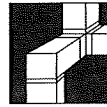




# MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received  
Control #

Date Issued  
Permit #

**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
street municipality zip code

Contractor: \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

### B. MECHANICAL CHARACTERISTICS

**Use Group:** Present: R-3, R-4 or R-5 (*circle one*) Proposed: R-3, R-4 or R-5 (*circle one*)

**Heating System work:**  New OR  Modification to Existing OR  Conversion OR  Replacement

Type:  Hydronic  Hot Air

Fuel Type:  Gas  Oil  Electric  Solar  Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	DATES			
		Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Type:				
<input type="checkbox"/> Mechanical Plans Approved	Gas Piping	_____	_____	_____	_____
Date: _____ Approved by: _____	Appliance	_____	_____	_____	_____
Joint Plan Review Required:	Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.	Oil Piping	_____	_____	_____	_____
<input type="checkbox"/> Elev.	Oil Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	LPG Tank	_____	_____	_____	_____
Date: _____	Hydronic Piping	_____	_____	_____	_____
Approved by: _____	Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Chimney Cert.	_____	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO	Other _____	_____	_____	_____	_____
Date: _____					
Approved by: _____					

### C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK

NO.	FIXTURE/EQUIPMENT
_____	Water Heater
_____	Fuel Oil Piping Connections
_____	Gas Piping Connections
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Other

#### FEE (Office Use Only)

\$ _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
<b>TOTAL FEE \$ _____</b>