



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
[] No Plans Required	Type:				
[] Mechanical Plans Approved	Gas Piping				
Date: _____ Approved by: _____	Appliance				
Joint Plan Review Required:	Chimney/Vent				
[] Bldg. [] Elec. [] Plumb. [] Fire.	Oil Piping				
[] Elev.	Oil Tank				
SUBCODE APPROVAL for PERMIT	LPG Tank				
Date: _____	Hydronic Piping				
Approved by: _____	Fireplace				
SUBCODE APPROVAL for CERTIFICATE	Chimney Cert.				
[] CA [] 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 \$ _____
TOTAL FEE \$ _____