



**MECHANICAL INSPECTION
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. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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		
[] No Plans Required		Type:	Failure	Failure	Approval	Initial
Date: _____ Approved by: _____		Water Heater	_____	_____	_____	_____
[] Mechanical Plans Approved		Appliance	_____	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____	_____
[] Bldg. [] Elec. [] Plumb. [] Fire.		Piping	_____	_____	_____	_____
[] Elev.		Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Cooling/AC	_____	_____	_____	_____
Date: _____		Generator	_____	_____	_____	_____
Approved by: _____		Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Chimney Cert.	_____	_____	_____	_____
[] CA [] CCO		Other _____	_____	_____	_____	_____
Date: _____		Other _____	_____	_____	_____	_____
Approved by: _____		Final	_____	_____	_____	_____

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.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

Licensed Contractor

Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Empty box for describing the work.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	\$ _____
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Generator	_____
_____	Other	_____

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____