



# 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		
[ ] No Plans Required		Type:	Failure	Failure	Approval	Initial
[ ] 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. \_\_\_\_\_

Signature

### 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>	_____