MECHANICAL INSPECTION
TECHNICAL SECTION

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 $________

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

NO. FIXTURE/EQUIPMENT

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1. Water Heater

2. Fuel Oil Piping Connections

3. Gas Piping Connections

4. Steam Boiler

5. Hot Water Boiler

6. Hot Air Furnace

7. Oil Tank

8. LPG Tank

9. Fireplace

10. Generator

11. Other

FEE (Office Use Only)

Administrative Surcharge $________
Minimum Fee $________
State Permit Surcharge Fee $________
TOTAL FEE $________

U.C.C. F145 (rev. 10/17) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.