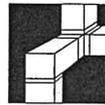




# MECHANICAL INSPECTION TECHNICAL SECTION



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  ReplacementType:  Hydronic  Hot AirFuel Type:  Gas  Oil  Electric  Solar  Other \_\_\_\_\_

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

| JOB SUMMARY (Office Use Only)  |  |                 |         |         |                  |
|--|--|-----------------|---------|---------|------------------|
| PLAN REVIEW  |  | INSPECTIONS     |         | DATES   |                  |
| <input type="checkbox"/> No Plans Required   |  | Type            | Failure | Failure | Approval Initial |
| <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.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

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

 Licensed Contractor Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF 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 \$ |                             | _____                 |
| <b>TOTAL FEE \$</b>           |                             | _____                 |