



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 R-3, R-4 or R-5

Heating System Conversion Replacement

Fuel: Gas Oil Electric Solar
 Other _____

Type: Hydronic Hot Air

Estimated Cost of Mechanical Work \$ _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS		DATES		
<input type="checkbox"/> No Plans Required		Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required		Gas Piping	_____	_____	_____	_____
<input type="checkbox"/> Bldg.	<input type="checkbox"/> Plumb.	Appliance	_____	_____	_____	_____
<input type="checkbox"/> Elec.	<input type="checkbox"/> Elevator	Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Fire	<input type="checkbox"/> Mech.	Oil Piping	_____	_____	_____	_____
PLANS APPROVED		Oil Tank	_____	_____	_____	_____
Date: _____		LPG Tank	_____	_____	_____	_____
Approved by: _____		Hydronic Piping	_____	_____	_____	_____
SUBCODE APPROVAL		Fireplace	_____	_____	_____	_____
<input type="checkbox"/> CA	<input type="checkbox"/> CCO	Chimney Cert.	_____	_____	_____	_____
Date: _____		Other _____	_____	_____	_____	_____
Approved by: _____						

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Other	_____
Administrative Surcharge \$		_____
Minimum Fee \$		_____
State Permit Surcharge Fee \$		_____
TOTAL FEE \$		_____

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

U.C.C. F145 (rev. 7/06)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.