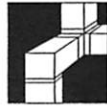




# MECHANICAL INSPECTOR TECHNICAL SECTION



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			
		Failure	Failure	Approval	Initial
[ ] No Plans Required	Type:				
[ ] 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.

Sign here: \_\_\_\_\_

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

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK

Empty box for describing the 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 \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**