



# 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. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

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.	_____	_____	_____
[ ] Elev.		Oil Piping	_____	_____	_____	_____
SUBCODE APPROVAL FOR PERMIT		Oil Tank	_____	_____	_____	_____
Date: _____		LPG Tank	_____	_____	_____	_____
		Hydronic Piping	_____	_____	_____	_____
Approved by: _____		Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL FOR CERTIFICATE		Chimney Cert.	_____	_____	_____	_____
[ ] CA	[ ] CCO	Other _____	_____	_____	_____	_____
Date: _____						
Approved by: _____						

### 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>	_____

### 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 \_\_\_\_\_