



# 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-3-or 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 \$ \_\_\_\_\_

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 APPPROVAL 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.

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

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

### 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>		_____