



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 _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3, R-4 or R-5 Proposed: R-3, R-4 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
<input type="checkbox"/> Mechanical Plans Approved	Date: _____ Approved by: _____	Gas Piping	_____	_____	_____
Joint Plan Review Required:		Appliance	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.		Chimney/Vent	_____	_____	_____
<input type="checkbox"/> Elev.		Oil Piping	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Oil Tank	_____	_____	_____
Date: _____		LPG Tank	_____	_____	_____
Approved by: _____		Hydronic Piping	_____	_____	_____
SUBCODE APPPROVAL for CERTIFICATE		Fireplace	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO		Chimney Cert.	_____	_____	_____
Date: _____		Other _____	_____	_____	_____
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
_____	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 \$ _____