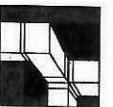




# MECHANICAL INSPECTION TECHNICAL SECTION



**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 \_\_\_\_\_

Contractor License 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 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 \_\_\_\_\_

Est. Cost of Mechanical Work \$ \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

### PLAN REVIEW

[ ] No Plans Required

[ ] Mechanical Plans Approved

Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Released by: \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: \_\_\_\_\_

Released by: \_\_\_\_\_

### INSPECTIONS

Type: \_\_\_\_\_

Water Heater \_\_\_\_\_

Appliance \_\_\_\_\_

Chimney/Vent \_\_\_\_\_

Piping \_\_\_\_\_

Tank \_\_\_\_\_

Cooling/AC \_\_\_\_\_

Generator \_\_\_\_\_

Fireplace \_\_\_\_\_

Chimney Cert. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Final \_\_\_\_\_

Dates (Month/Day)

Failure \_\_\_\_\_

Failure \_\_\_\_\_

Approval \_\_\_\_\_

Initial \_\_\_\_\_

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Date Received  
Control #

Date Issued

Permit #

**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.

Applicant/Contractor

Sign and Seal here:

Print name here:

**D. TECHNICAL SITE DATA** [ ] Licensed Contractor [ ] Exempt Applicant

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

Generator \_\_\_\_\_

Other \_\_\_\_\_

### FEE (Office Use Only)

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