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 (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:	Failure	Failure	Dates (Month/Day) Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other_____				
Other_____				
Final				

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)

$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____