



# MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

App.

No.:

## APPLICATION FOR MECHANICAL INSPECTION

APPLICANT: PLEASE PRINT FIRMLY.

Permit #

Date

Municipality

County

State

Lot

Street Address

Zip

Owner

Occupant

Occupied As

Authorized Agent

Phone #

Applicant's Signature Applicant has read and agrees to terms and conditions on reverse side.

Type of Work -

☐ NEW☐ ADDITION☐ REMODEL

T/A

License #

Type of Construction (IBC Chap. 6) - I: ☐ A ☐ BII: ☐ A ☐ B

Applicant's Address

III: ☐ A ☐ BIV: ☐V: ☐ A ☐ B

City

State

Zip Code

Use &amp; Occupancy Class. (IBC Chap. 3) -

Phone #

Fire Suppression System - ☐ YES ☐ NO

LIST ALL EQUIPMENT BELOW:

CALL 24 HOURS PRIOR TO INSPECTION

|  |                   |  |                           |  |               |  |                      |
|--|-------------------|--|---------------------------|--|---------------|--|----------------------|
|  | Electric          |  | A/C                       |  | Dryer Exhaust |  | Value Mechanical Bid |
|  | Natural Gas       |  | Solid Fuel Burning        |  | Boiler        |  | \$                   |
|  | Oil               |  | Fireplace - Masonry       |  | Refrigeration |  |                      |
|  | Mech. Ventilation |  | Fireplace - Factory Built |  | Furnace       |  | Other:               |
|  | Duct System       |  | Exhaust                   |  | Heaters       |  | Cooking Appliances   |
|  | Chimney & Vents   |  | Hazardous Exhaust         |  | Chillers      |  | Water Heater         |

FOR AGENCY USE ONLY:

COMMERCIAL

Fee

RESIDENTIAL

Fee

|    |                                                |      |  |    |                                                  |      |                      |
|----|------------------------------------------------|------|--|----|--------------------------------------------------|------|----------------------|
| A. | Value of mechanical bid                        | x \$ |  | O. | Single family dwelling                           |      |                      |
| B. | Boiler                                         |      |  | P. | Townhouse/condo # units                          |      |                      |
| C. | Water heater (100 gal. or more)                |      |  | Q. | Industrialized/manufactured                      |      |                      |
| D. | Air handling units/chillers                    |      |  | R. | Multi-family # units                             |      |                      |
| E. | Pumps, fans water heaters (Less than 100 gal.) |      |  | S. | Detached accessory structures (Over 500 sq. ft.) |      |                      |
| F. | Underground snow melt systems                  |      |  | T. | Other                                            |      |                      |
| G. | Kitchen exhaust/per hood unit                  |      |  |    | Code                                             | Date | Insp. initials and # |
| H. | Grease removal system                          |      |  |    | Plan Review                                      |      | Approved             |
| I. | Gas/oil piping system                          |      |  |    | Underground                                      |      | Rejected             |
| J. | Solar heating/cooling                          |      |  |    | Rough-in                                         |      |                      |
| K. | Flammable/combustible liquid                   |      |  |    | Testing by Permit holder                         |      |                      |
| L. | Dust collector                                 |      |  |    | Testing by Permit holder                         |      |                      |
| M. | Other                                          |      |  |    | Final                                            |      |                      |
| N. | Plan Review                                    |      |  |    | Other                                            |      |                      |

SUBTOTAL COMMERCIAL

SUBTOTAL RESIDENTIAL

Notified / Date

TOTAL FEE:

\$

Municipality

Applicant

Contractor

Lender

Owner

Fee Paid ☐

Check #

7/04

Gold - Office Copy

Pink - Inspector Copy

Yellow - Municipal Copy

Yellow - Applicant's Copy