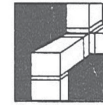


MECHANICAL SUBCODE TECHNICAL SECTION



Date Received _____
Date Issued _____
Permit # _____

R/N
R/O
C/N
C/O

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

Owner _____
Address _____

Tele. (_____) _____
Contractor _____
Address _____

Tele. (_____) _____ Fax (_____) _____
Lic. No. _____
Federal Emp. No. _____ PA.HIC # _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

B. MECHANICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Heating System _____ Conversion _____ Replacement _____
Fuel: _____ Gas _____ Oil _____ Electric _____ Solar _____
Type: _____ Other _____
Type: _____ Hydronic _____ Hot Air _____
Estimated Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[] No Plans Required
Joint Plan Review Required
[] Bldg. [] Plumb.
[] Elec. [] Elevator
[] Fire [] Mech.

PLANS APPROVED

Date: _____
Approved by: _____

SUBCODE APPROVAL

[] CO [] CCO [] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Gas Piping	_____	_____	_____	_____
Appliance	_____	_____	_____	_____
Chimney/Vent	_____	_____	_____	_____
Oil Piping	_____	_____	_____	_____
Oil Tank	_____	_____	_____	_____
LPG Tank	_____	_____	_____	_____
Hydronic Piping	_____	_____	_____	_____
Fireplace	_____	_____	_____	_____
Chimney Cert.	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

DATES

NO.	FIXTURE/EQUIPMENT
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Other

FEE (Office Use Only)

Administrative Surcharge	\$ _____
UCC Inspection	\$ _____
PA L&I	\$ _____
TOTAL	\$ _____

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.

Signature