



MECHANICAL INSPECTION TECHNICAL SECTION



Date Rec Control #

Date Issu 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 _____

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 _____

Estimated Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)						
PLAN REVIEW		INSPECTIONS		DATES		
<input type="checkbox"/> No Plans Required		Type	Failure	Failure	Approval	Initial
<input type="checkbox"/> Mechanical Plans Approved		Gas Piping	_____	_____	_____	_____
Date: _____ Approved by: _____		Appliance	_____	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Bldg <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb <input type="checkbox"/> Fire		Oil Piping	_____	_____	_____	_____
<input type="checkbox"/> Elev.		Oil Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		LPG Tank	_____	_____	_____	_____
Date: _____		Hydronic Piping	_____	_____	_____	_____
Approved by: _____		Fireplace	_____	_____	_____	_____
SUBCODE APPPROVAL for CERTIFICATE		Chimney Cert.	_____	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO		Other	_____	_____	_____	_____
Date: _____						
Approved by: _____						

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

Licensed Contract

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

Administr
State Permit