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	FEE (Office Use Only)
____	Water Heater	$
____	Fuel Oil Piping Connections	
____	Gas Piping Connections	
____	Steam Boiler	
____	Hot Water Boiler	
____	Hot Air Furnace	
____	Oil Tank	
____	LPG Tank	
____	Fireplace	
____	Generator	
____	Other	

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

1 White= Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy