



**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 \_\_\_\_\_

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	
[ ] No Plans Required		Type:	Failure	Failure	Approval
[ ] Mechanical Plans Approved		Water Heater	_____	_____	_____
Date: _____	Approved by: _____	Appliance	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____
[ ] Bldg.	[ ] Elec.	Piping	_____	_____	_____
[ ] Plumb.	[ ] Fire.	Tank	_____	_____	_____
[ ] Elev.		Cooling/AC	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Generator	_____	_____	_____
Date: _____		Fireplace	_____	_____	_____
Approved by: _____		Chimney Cert.	_____	_____	_____
SUBCODE APPPROVAL for CERTIFICATE		Other	_____	_____	_____
[ ] CA	[ ] CCO	Other	_____	_____	_____
Date: _____		Final	_____	_____	_____
Approved by: _____					

**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 sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

[ ] Licensed Contractor

[ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

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 \$ _____
<b>TOTAL FEE \$ _____</b>