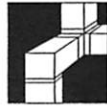




**MECHANICAL INSPECTOR
TECHNICAL SECTION**



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. or Builder Registration 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, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)

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			
		Failure	Failure	Approval	Initial
[] No Plans Required	Type:				
[] Mechanical Plans Approved	Gas Piping				
Date: _____ Approved by: _____	Appliance				
Joint Plan Review Required:	Chimney/Vent				
[] Bldg. [] Elec. [] Plumb. [] Fire.	Oil Piping				
[] Elev.	Oil Tank				
SUBCODE APPROVAL for PERMIT	LPG Tank				
Date: _____	Hydronic Piping				
Approved by: _____	Fireplace				
SUBCODE APPROVAL for CERTIFICATE	Chimney Cert.				
[] CA [] CCO	Other _____				
Date: _____					
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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Empty box for describing the 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
- _____ Other

FEE (Office Use Only)

\$	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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