



# 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   |          |         |
|--|--|-----------------|---------|---------|----------|---------|
| <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 APPROVAL 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 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 \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**