



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

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