



# 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 \_\_\_\_\_

Address \_\_\_\_\_

Tel ( \_\_\_\_\_ ) \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tel ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

Contractor License No. \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_

**B. MECHANICAL CHARACTERISTICS**

Use Group R-3, R-4 or R-5

Heating System  Conversion  Replacement

Fuel:  Gas  Oil  Electric  Solar

Other \_\_\_\_\_

Type:  Hydronic  Hot Air

Estimated Cost of Mechanical Work \$ \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:		INSPECTIONS		DATES		
<input type="checkbox"/>	No Plans Required	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/>	Joint Plan Review Required	Gas Piping	_____	_____	_____	_____
<input type="checkbox"/>	Bldg. <input type="checkbox"/> Plumb.	Appliance	_____	_____	_____	_____
<input type="checkbox"/>	Elec. <input type="checkbox"/> Elevator	Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/>	Fire <input type="checkbox"/> Mech.	Oil Piping	_____	_____	_____	_____
PLANS APPROVED		Oil Tank	_____	_____	_____	_____
Date: _____		LPG Tank	_____	_____	_____	_____
Approved by: _____		Hydronic Piping	_____	_____	_____	_____
SUBCODE APPROVAL		Fireplace	_____	_____	_____	_____
<input type="checkbox"/>	CA <input type="checkbox"/> CCO	Chimney Cert.	_____	_____	_____	_____
Date: _____		Other _____	_____	_____	_____	_____
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. \_\_\_\_\_  
Signature

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Other	_____

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**