



MECHANICAL INSPECTOR TECHNICAL SECTION



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. _____ e-mail _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: _____ Proposed: _____

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

No Plans Required

Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: Bldg. Elec. Plumb. Fire. Elev.

SUBCODE APPROVAL FOR PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE CA CCO

Date: _____

Approved by: _____

INSPECTIONS

Type: Gas Piping _____

Appliance _____

Chimney/Vent _____

Oil Piping _____

Oil Tank _____

LPG Tank _____

Hydronic Piping _____

Fireplace _____

Chimney Cert _____

Other _____

DATES

Failure Approval Initial _____

Failure Approval Initial _____

Failure Approval Initial _____

Failure Approval Initial _____

Failure Approval Initial _____

Failure Approval Initial _____

Failure Approval Initial _____

Failure Approval Initial _____

Failure Approval Initial _____

Failure Approval Initial _____

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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

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 \$ _____