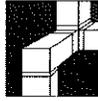




**MECHANICAL INSPECTOR  
TECHNICAL SECTION**



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 \_\_\_\_\_

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                                                                                                                  |  | 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.

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 \$ _____ |
| <b>TOTAL FEE \$ _____</b>           |