



MECHANICAL INSPECTION

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. (_____) _____

Address _____ e-mail _____

Contractor License 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 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 _____

Est. Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Mechanical Plans Approved

Date: _____ Reviewed by: _____

Joint Plan Review Required:

Bldg. Elec. Plumb. Fire Elev.

Date: _____ Reviewed by: _____

SUBCODE APPROVAL for PERMIT

Date: _____

Released by: _____

SUBCODE APPROVAL for CERTIFICATE

CO CCO CA

Date: _____

Released by: _____

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day)	Approval	Initial
Water Heater	_____	_____	_____	_____	_____
Appliance	_____	_____	_____	_____	_____
Chimney/Vent	_____	_____	_____	_____	_____
Piping	_____	_____	_____	_____	_____
Tank	_____	_____	_____	_____	_____
Cooling/AC	_____	_____	_____	_____	_____
Generator	_____	_____	_____	_____	_____
Fireplace	_____	_____	_____	_____	_____
Chimney Cert.	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Final	_____	_____	_____	_____	_____

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.

Applicant/Contractor

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA Licensed Contractor Exempt Applicant

DESCRIPTION OF WORK:

FEE (Office Use Only)

\$ _____

NO.	ITEM
_____	Water Heater
_____	Fuel Oil Piping Connections
_____	Gas Piping Connections
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Generator
_____	Other

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____