



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 _____

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:

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
- _____ Generator
- _____ Other

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____