

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			
Addressstreet	municipality		zip code	
Contractor:		Tel		
Address		e-mail		
Contractor License No.		Exp. Date		
Home Improvement Contractor Registration	•			
Federal Emp. ID No.		FAX:		
B. MECHANICAL CHARACTERISTICS				
Use Group Present: R-3-or R-5				
Heating System work: [] New OR [] N	Modification to Existing	OR []Conversion O	R [] Replacement	
Type: [] Hydronic [] Hot Air				
Fuel Type: [] Gas [] Oil [1 Flectric [1 Sola	ır [] Other		
,,		[] Other		
Estimated Cost of Mechanical Work \$			///////////////////////////////////////	
JOB SUMMARY (Office Use Only)				
PLAN REVIEW [] No Plans Required			I	
[] Mechanical Plans Approved		//Failure//Failure//	Approval / / Initial /	
/Date://///Approved/by:///////	Water Heater	<u> </u>	/ ////////////////////////////////////	
Joint Plan Review Required:	Chimney/Vent			
[] Bldg. [] Elec. [] Plumb. [] Fire				
[] Elev.	Tank			
SUBCODE APPROVAL for PERMIT	Cooling/AC			
Date:				
Approved by:				
SUBCODE APPPROVAL for CERTIFICATE	Chimney Cert			
////{///ca/////////////////////////////	Other //////	(<u> </u>	///////////////////////////////////////	
Date:	Other	·	I	
Approved by:	_ Final			

Date Received Control #

Date Issued Permit #

C. CERTIFICATION IN LIEU OF OATH

thereby certify that application. Applicant sign/Con sign and seal here:	tractor	nt of) owner of record a	and am authorized to make this
Print name here:			
D. TECHNICAL SI			[] Exempt Applican
DESCRIPTION	OI WOIN		
NO.	FIXTURE/EQU Water Heate Fuel Oil Pipin Gas Piping O Steam Boilen Hot Water B Hot Air Furna Oil Tank LPG Tank Fireplace Generator Other	er ng Connections Connections r oiler	FEE (Office Use Only)
		Administrative Surcharge \$ Minimum Fee \$ State Permit Surcharge Fee \$ TOTAL FEE \$	