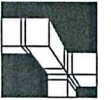




# MECHANICAL INSPECTION TECHNICAL SECTION



**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 \_\_\_\_\_ municipally \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

**B. MECHANICAL CHARACTERISTICS**

Use Group Present: **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 \_\_\_\_\_

Estimated Cost of Mechanical Work \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)		INSPECTIONS		DATES		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Gas Piping	_____	_____	_____	_____
<input type="checkbox"/> Mechanical Plans Approved		Appliance	_____	_____	_____	_____
Date: _____ Approved by: _____		Chimney/Vent	_____	_____	_____	_____
Joint Plan Review Required:		Oil Piping	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.		Oil Tank	_____	_____	_____	_____
<input type="checkbox"/> Elev.		LPG Tank	_____	_____	_____	_____
SUBCODE APPROVAL FOR PERMIT		Hydronic Piping	_____	_____	_____	_____
Date: _____		Fireplace	_____	_____	_____	_____
Approved by: _____		Chimney Cert.	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Other _____	_____	_____	_____	_____
Date: _____						
<input type="checkbox"/> CA <input type="checkbox"/> CCO						
Approved by: _____						

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	FEE (Office Use Only)
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	_____
A/C Condensate Drain	_____
Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
<b>TOTAL FEE \$</b>	<b>_____</b>