



MECHANICAL INSPECTION 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: _____ e-mail _____

Tel. _____ e-mail _____

Address _____ e-mail _____
City _____ Municipality _____ Zip code _____

Contractor: _____ Tel. _____
City _____ 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-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 _____

Estimated Cost of Mechanical Work \$ _____

| PLAN REVIEW | INSPECTIONS | DATES | | | |
|--|---------------|---------|---------|----------|---------|
| | Type: | Failure | Failure | Approval | Initial |
| <input type="checkbox"/> No Plans Required | Water Heater | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Mechanical Plans Approved | Appliance | _____ | _____ | _____ | _____ |
| Date: _____ Approved by: _____ | Chimney/Vent | _____ | _____ | _____ | _____ |
| Joint Plan Review Required: | Piping | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. | Tank | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Elev. | Cooling/AC | _____ | _____ | _____ | _____ |
| SUBCODE APPROVAL for PERMIT | Generator | _____ | _____ | _____ | _____ |
| Date: _____ | Fireplace | _____ | _____ | _____ | _____ |
| Approved by: _____ | Chimney Cert. | _____ | _____ | _____ | _____ |
| SUBCODE APPROVAL for CERTIFICATE | Other _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> CA <input type="checkbox"/> CCO | Other _____ | _____ | _____ | _____ | _____ |
| Date: _____ | Final | _____ | _____ | _____ | _____ |
| Approved by: _____ | | _____ | _____ | _____ | _____ |

D. TECHNICAL SITE DATA

| DESCRIPTION OF WORK | NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---------------------|-------|-----------------------------|-----------------------|
| _____ | _____ | Water Heater | \$ _____ |
| _____ | _____ | Fuel Oil Piping Connections | _____ |
| _____ | _____ | Gas Piping Connections | _____ |
| _____ | _____ | Steam Boiler | _____ |
| _____ | _____ | Hot Water Boiler | _____ |
| _____ | _____ | Hot Air Furnace | _____ |
| _____ | _____ | Oil Tank | _____ |
| _____ | _____ | LPG Tank | _____ |
| _____ | _____ | Fireplace | _____ |
| _____ | _____ | Generator | _____ |

| | |
|-------------------------------------|----------------------|
| Administrative Surcharge \$ _____ | Minimum Fee \$ _____ |
| State Permit Surcharge Fee \$ _____ | TOTAL FEE \$ _____ |