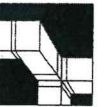




# MECHANICAL INSPECTION TECHNICAL SECTION



**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. \_\_\_\_\_ 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 \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

#### PLAN REVIEW

No Plans Required

Mechanical Plans Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required:

Bldg.  Elec.  Plumb.  Fire.

Elev.

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE

CA  CCO

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

#### INSPECTIONS

Type: \_\_\_\_\_

Gas Piping \_\_\_\_\_

Appliance \_\_\_\_\_

Chimney/Vent \_\_\_\_\_

Oil Piping \_\_\_\_\_

Oil Tank \_\_\_\_\_

LPG Tank \_\_\_\_\_

Hydronic Piping \_\_\_\_\_

Fireplace \_\_\_\_\_

Chimney Cert. \_\_\_\_\_

Other \_\_\_\_\_

#### DATES

Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

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 sign/Contractor \_\_\_\_\_

sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Contractor

Exempt Applicant

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK

Blank area for technical site data description.

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 \$ \_\_\_\_\_**