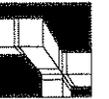




MECHANICAL INSPECTOR TECHNICAL SECTION



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: _____ e-mail _____
Tel: _____

Address _____ street _____ municipality _____ zip code _____
Contractor: _____ Tel: _____
Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS
Use Group Present: _____ Proposed: _____
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	INSPECTIONS	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Type: _____	_____	_____	_____	_____
<input type="checkbox"/> Mechanical Plans Approved	Gas Piping	_____	_____	_____	_____
Date: _____ Approved by: _____	Appliance	_____	_____	_____	_____
Joint Plan Review Required:	Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire	Oil Piping	_____	_____	_____	_____
<input type="checkbox"/> Elev.	Oil Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	LPG Tank	_____	_____	_____	_____
Date: _____	Hydronic Piping	_____	_____	_____	_____
Approved by: _____	Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Chimney Cert.	_____	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO	Other _____	_____	_____	_____	_____
Date: _____					
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	_____
Other	_____

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