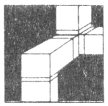
MECHANICAL INSPECTOR
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____

Work Site Location _____

_____

Owner in Fee _____

Address _____

_____

Tele. (_____) _____

Contractor _____

Address _____

_____

Tele. (_____) _____ Fax (_____) _____

Lic. No. _____

Federal Emp. No. _____

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4

Heating System [ ] Conversion [ ] Replacement

Fuel: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Type: [ ] Hydronic [ ] Hot Air

Estimated Cost of Mechanical Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[ ] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Plumb.

[ ] Elec. [ ] Elevator

[ ] Fire [ ] Mech.

PLANS APPROVED

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CA [ ] CCO

Date: _____

Approved by: _____

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other _____				

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.

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Other	_____

Administrative Surcharge $ _____

Minimum Fee $ _____

$ _____

TOTAL FEE $ _____