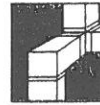


# MECHANICAL INSPECTOR TECHNICAL SECTION



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)		INSPECTIONS		DATES		
PLAN REVIEW:		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Gas Piping	_____	_____	_____	_____
Joint Plan Review Required		Appliance	_____	_____	_____	_____
<input type="checkbox"/> Bldg.	<input type="checkbox"/> Plumb.	Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Elec.	<input type="checkbox"/> Elevator	Oil Piping	_____	_____	_____	_____
<input type="checkbox"/> Fire	<input type="checkbox"/> Mech.	Oil Tank	_____	_____	_____	_____
PLANS APPROVED		LPG Tank	_____	_____	_____	_____
Date: _____		Hydronic Piping	_____	_____	_____	_____
Approved by: _____		Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL		Chimney Cert.	_____	_____	_____	_____
<input type="checkbox"/> CA	<input type="checkbox"/> CCO	Other _____	_____	_____	_____	_____
Date: _____						
Approved by: _____						

**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	\$ _____
	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

**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