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. _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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 $ _____

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 $ _____

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