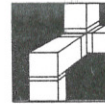


# MECHANICAL INSPECTOR TECHNICAL SECTION



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 \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

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

NO.	FIXTURE/EQUIPMENT
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Other

FEE (Office Use Only)

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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