

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: | | INSPECTIONS | | DATES | | |
|-----------------------------------------------------|-----------------------------------|-------------|---------|----------|---------|--|
| Type: | | Failure | Failure | Approval | Initial | |
| <input type="checkbox"/> No Plans Required | | | | | | |
| <input type="checkbox"/> Joint Plan Review Required | | | | | | |
| <input type="checkbox"/> Bldg. | <input type="checkbox"/> Plumb. | | | | | |
| <input type="checkbox"/> Elec. | <input type="checkbox"/> Elevator | | | | | |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Mech. | | | | | |
| PLANS APPROVED | | | | | | |
| Date: _____ | | | | | | |
| Approved by: _____ | | | | | | |
| SUBCODE APPROVAL | | | | | | |
| <input type="checkbox"/> CA | <input type="checkbox"/> CCO | | | | | |
| 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 | \$ _____ |
| TOTAL FEE | \$ _____ |

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