



MECHANICAL INSPECTOR TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block	Lot	Qualification Code
Work Site Location		

Owner in Fee _____
Address _____

Tel ()
Contractor
Address

Tel (_____) _____ FAX (_____) _____
Contractor License No. _____
Federal Emp. No. _____

B. MECHANICAL CHARACTERISTICS

Use Group ☐ R-3, R-4 or R-5

Heating System ☐ Conversion ☐ Replacement

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Type: ☐ Hydronic ☐ Hot Air

Estimated Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

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PLAN REVIEW:			
<input type="checkbox"/> No Plans Required			
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: _____			

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

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	
	LP-G Tank	
	Fireplace	
	Other	
	Administrative Surcharge \$	
	Minimum Fee \$	
	State Permit Surcharge 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 _____