



# MECHANICAL INSPECTION 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: \_\_\_\_\_  
Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_  
Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

## B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5  
Heating System work:  New OR  Modification to Existing OR  Conversion OR  Replacement  
Type:  Hydronic  Hot Air  
Fuel Type:  Gas  Oil  Electric  Solar  Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES		
<input type="checkbox"/> No Plans Required	<input type="checkbox"/> Mechanical Plans Approved	Type:	Gas Piping	Failure	Approval	Initial
Date: _____ Approved by: _____		Appliance	_____	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Bldg.	<input type="checkbox"/> Elec.	Oil Piping	_____	_____	_____	_____
<input type="checkbox"/> Elev.	<input type="checkbox"/> Plumb.	Oil Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		LPG Tank	_____	_____	_____	_____
Date: _____		Hydronic Piping	_____	_____	_____	_____
Approved by: _____		Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Chimney Cert.	_____	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCC		Other	_____	_____	_____	_____
Date: _____						
Approved by: _____						

## 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.  
Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Contractor  Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	_____ \$
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Generator	_____
_____	Other	_____
Administrative Surcharge \$		_____
Minimum Fee \$		_____
State Permit Surcharge Fee \$		_____
<b>TOTAL FEE \$</b>		_____