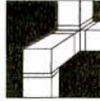




MECHANICAL INSPECTION TECHNICAL SECTION



Date Received _____
Control # _____
Date Issued _____
Permit # _____

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 _____

street municipality zip code

Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3 OR 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 _____

Est. Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Mechanical Plans Approved

Date: _____ Reviewed by: _____

Joint Plan Review Required:

Bldg. Elec. Plumb. Fire Elev.

Date: _____ Reviewed by: _____

SUBCODE APPROVAL for PERMIT

Date: _____

Released by: _____

SUBCODE APPROVAL for CERTIFICATE

CO CCO CA

Date: _____

Released by: _____

INSPECTIONS

Type: Failure Failure Approval Initial

Water Heater _____

Appliance _____

Chimney/Vent _____

Piping _____

Tank _____

Cooling/AC _____

Generator _____

Fireplace _____

Chimney Cert. _____

Other _____

Other _____

Final _____

Dates (Month/Day)

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/Contractor _____

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA Licensed Contractor Exempt Applicant

DESCRIPTION OF WORK:

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

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____