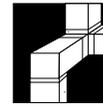




**MECHANICAL  
INSPECTOR  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

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

Block \_\_\_\_\_ Lot \_\_\_\_\_  
 Work Site Location \_\_\_\_\_  
 \_\_\_\_\_  
 Owner in Fee \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Tel ( \_\_\_\_\_ ) \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Tel ( \_\_\_\_\_ ) \_\_\_\_\_ 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 \$ \_\_\_\_\_

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

**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)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

DCA Training 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