



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 (_____) _____ FAX (_____) _____
Contractor _____
Address _____

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)

PLAN REVIEW:		INSPECTIONS		DATES		
Type:	Failure	Type:	Failure	Approval	Initial	
<input type="checkbox"/> No Plans Required	_____	Gas Piping	_____	_____	_____	_____
<input type="checkbox"/> 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: _____	_____					

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 _____



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

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

U.C.C. F145 (rev. 8/20) Applicant When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.