# 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. _____ email _____

Address _____
street municipality zip code

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-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 _____

Estimated Cost of Mechanical Work $ _____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CO
Date: _____
Approved by: _____

| INSPECTIONS Type: | Failure | Failure | DATE Approval | Initial |
|---|---|---|---|---|
| Water Heater | | | | |
| Appliance | | | | |
| Chimney/Vent | | | | |
| Piping | | | | |
| Tank | | | | |
| Cooling/AC | | | | |
| Generator | | | | |
| Fireplace | | | | |
| Chimney Cert. | | | | |
| Other _____ | | | | |
| Other _____ | | | | |
| Final | | | | |

**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 PLAN**

DESCRIPTION OF WORK

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| ____ | Water Heater | _____ |
| ____ | Fuel Oil Piping Connection | _____ |
| ____ | 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 $ _____
**TOTAL FEES** $ _____

UCC-F145 (rev. 12/18)

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