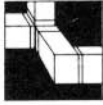


MECHANICAL INSPECTOR TECHNICAL SECTION

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



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
 Work Site Location _____
 Owner in Fee _____
 Address _____
 Tele. (_____) _____
 Contractor _____
 Address _____
 Tele. (_____) _____ Fax (_____) _____
 Lic. No. _____
 Federal Emp. No. _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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 \$ _____

FIXTURE/EQUIPMENT

NO.	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	\$ _____
TOTAL FEE	\$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	DATES
<input type="checkbox"/> No Plans Required	Type: Gas Piping	Failure
<input type="checkbox"/> Joint Plan Review Required	Appliance	Approval
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb.	Chimney/Vent	Initial
<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 _____