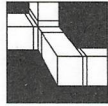




MECHANICAL INSPECTOR TECHNICAL SECTION



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 _____

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.

Owner in Fee: _____ Sign here: _____
Tel. (_____) _____ e-mail _____
Address _____ street _____ municipality _____ zip code _____
Contractor: _____ Tel. (_____) _____
Address _____ e-mail _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Contractor License No. or Builder Registration 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, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)
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 \$ _____

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	\$ _____
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Other	_____

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

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: _____

INSPECTIONS
 Type: Gas Piping _____ Failure _____ Initial _____
 Appliance _____ Approval _____
 Chimney/Vent _____
 Oil Piping _____
 Oil Tank _____
 LPG Tank _____
 Hydronic Piping _____
 Fireplace _____
 Chimney Cert. _____
 Other _____

SUBCODE APPROVAL FOR CERTIFICATE
 CA CCO
 Date: _____
 Approved by: _____