

## TECHNICAL SECTION MECHANICAL INSPECTOR

Heating System Use Group B. MECHANICAL CHARACTERISTICS Tel ( Tel ( Owner in Fee A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000. Estimated Cost of Mechanical Work Federal Emp. No. Contractor License No. Address \_ Contractor Work Site Location record and am authorized to make this application. I hereby certify that I am the (agent of) owner of C. CERTIFICATION IN LIEU OF OATH PLAN REVIEW: Date: SUBCODE APPROVAL Joint Plan Review Required JOB SUMMARY (Office Use Only) Approved by: Approved by: Date: PLANS APPROVED [ ] No Plans Required [ ] CA ] Bldg. Fire Fuel: Elec. [ ] Plumb. [ ] cco [ ] Mech. R-3, R-4 or R-5 [ ] Conversion [ ] Replacement Hydronic [ ] Other \_ Gas [ ] Elevator 10 <u>o</u> Hot Air Type: INSPECTIONS Hydronic Piping Oil Piping Gas Piping Fireplace Oil Tank Chimney/Vent Other\_ Chimney Cert. LPG Tank Appliance [ ] Electric FAX ( Failure Qualification Code [ ] Solar Failure DATES Approval Initial D. TECHNICAL SIT DESCRIPTION C



Date Received Control # Date Issued Permit #
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Administrative Surcharge \$ Minimum Fee \$ State Permit Surcharge Fee \$ TOTAL FEE \$	Other	Fireplace	LPG Tank	Oil Tank	Hot Air Furnace	Hot Water Boiler	Steam Boiler	Gas Piping	Fuel Oil Piping	Water Heater	FIXTURE/EQUIPMENT
We Surcharge \$ Minimum Fee \$ urcharge Fee \$ TOTAL FEE \$											FEE (Office Use Only)

Signature