



MECHANICAL INSPECTION



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. (_____)

Address _____

Contractor: _____ street _____ municipality _____ zip code _____
Address _____ e-mail _____

Contractor License No. _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____

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 _____

Est. Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Mechanical Plans Approved

Date: _____ Reviewed by: _____

Joint Plan Review Required:

Bldg. Elec. Plumb. Fire Elev.

Date: _____ Reviewed by: _____

SUBCODE APPROVAL for PERMIT

Date: _____ Released by: _____

SUBCODE APPROVAL for CERTIFICATE

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Date: _____ Released by: _____

INSPECTIONS

Type: _____

Failure: _____

Failure: _____

Approval: _____

Initial: _____

Dates (Month/Day):

NO. FIXTURE/EQUIPMENT

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