

## TECHNICAL SECTION MECHANICAL INSPECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Work Site Location

Block

o

Qualification Code

Owner in Fee:

JOB SUMMARY (Office Use Only)			111111111111	
	NSPECTIONS	D	DATES	
	Type:	Failure / Failure	Approval	nitial
Mechanical Plans Approved	Gas Piping			
Date:Approved by:	Appliance			
Joint Plan Review Required:	Chimney/Vent			
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.	Oil Piping			
I Elev.	Oil Tank			
SOBCODE AFFROVAL OF PERMIT	LPG Tank			
Amprovade	Hydronic Piping			
100	Fireplace			
OCOUNT APPENDIX ALL JOSO 1 1 CA 1	Chimney Cert.			
Approved by:				

Date Received Control #

Date Issued Permit #

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.

Print name here: Sign here:

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Administrative Surcharge \$ Minimum Fee \$ State Permit Surcharge Eco \$	Other	Generator	Fireplace	LPG Tank	Oil Tank	Hot Air Furnace	Hot Water Boiler	Steam Boiler	Gas Piping Connections	Fuel Oil Piping Connections	Water Heater	FIXTURE/EQUIPMENT		The state of the s					DESCRIPTION OF WORK	D. TECHNICAL SITE DATA
narge \$				A Comment of the Comm							\$	FEE (Office Use Only)		- AMANAMAN MANAGARAN AND AND AND AND AND AND AND AND AND A					- Annual	

B. MECHANICAL CHARACTERISTICS

Federal Emp. ID No.

Home Improvement Contractor Registration No. or Exemption Reason

FAX:

Exp. Date

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion] OR

] Electric

[ ] Solar

[ ] Other

Type: [ ] Hydronic [ ]Hot Air Fuel Type: [ ] Gas [ ] Oil

Address

Contractor:

Address <u>e</u>

street

municipality

e-mail

<u>e</u>

e-mail

Contractor License No.