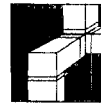


MECHANICAL INSPECTOR TECHNICAL SECTION



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 \$ _____

NO.	FIXTURE/EQUIPMENT
_____	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: <input type="checkbox"/> No Plans Required Joint Plan Review Required <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elec. <input type="checkbox"/> Elevator <input type="checkbox"/> Fire <input type="checkbox"/> Mech. PLANS APPROVED Date: _____ Approved by: _____	INSPECTIONS Type: Gas Piping _____ Appliance _____ Chimney/Vent _____ Oil Piping _____ Oil Tank _____ LPG Tank _____ Hydronic Piping _____ Fireplace _____ Chimney Cert. _____ Other _____	DATES <table border="0"> <tr> <td>Failure</td> <td>Failure</td> <td>Approval</td> <td>Initial</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Failure	Failure	Approval	Initial	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Failure	Failure	Approval	Initial																																							
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_____	_____	_____	_____																																							

SUBCODE APPROVAL
 CA CCO
 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