

NORTHEAST INSPECTION CONSULTANTS

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 \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS		DATES	
		Type:	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Gas Piping			
<input type="checkbox"/> Joint Plan Review Required		Appliance			
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb.		Chimney/Vent			
<input type="checkbox"/> Elec. <input type="checkbox"/> Elevator		Oil Piping			
<input type="checkbox"/> Fire <input type="checkbox"/> Mech.		Oil Tank			
PLANS APPROVED		LPG Tank			
Date: _____		Hydronic Piping			
Approved by: _____		Fireplace			
SUBCODE APPROVAL		Chimney Cert.			
<input type="checkbox"/> CA <input type="checkbox"/> CCO		Other _____			
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 _____

FIXTURE/EQUIPMENT

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

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