NEIC NORTHEAST INSPECTION CONSULTANTS
We are local. We live local. We work local.

MUNICIPALITY _____

MECHANICAL SUBCODE

FILL OUT ALL DASHED LINED SECTIONS

Date Received
Date Issued
Permit #

R/N
R/O
C/N
C/O

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

Owner _____
Address _____

Tele. (_____) _____
Email _____
Contractor _____
Address _____

Tele. (_____) _____ Fax (_____) _____
Email _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

B. MECHANICAL CHARACTERISTICS

Use Group Present _____ _____ Proposed _____
Heating System ☐ Conversion ☐ Replacement
Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other ____ _____
Type: ☐ Hydronic ☐ Hot Air
COST OF MECHANICAL WORK _____

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	_____

Plan Review	$ _____
Administrative Surcharge	$ _____
UCC Inspection	$ _____
PA L&I	$ _____
TOTAL	$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec.
[ ] Fire [ ] Mech.
PLANS APPROVED
Date: _____
Approved by: _____
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
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 Date