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

MECHANICAL SUBCODE
TECHNICAL SECTION

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. (_____) _____

Contractor _____

Address _____

Tele. (_____) _____ Fax (_____) _____

Lic. No. _____

Federal Emp. No. _____ PA. HIC # _____

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	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 $ _____
UCC Inspection $ _____
PA L&I $ _____
TOTAL $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.

PLANS APPROVED
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping	____	____	____	____
Appliance	____	____	____	____
Chimney/Vent	____	____	____	____
Oil Piping	____	____	____	____
Oil Tank	____	____	____	____
LPG Tank	____	____	____	____
Hydronic Piping	____	____	____	____
Fireplace	____	____	____	____
Chimney Cert.	____	____	____	____
Other_____	____	____	____	____

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