

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

Type: Hydronic Hot Air

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)

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: _____

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

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