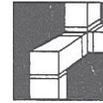


**MECHANICAL
SUBCODE
TECHNICAL SECTION**



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

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 \$ _____