

MECHANICAL SUBCODE TECHNICAL SECTION

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

Date Received
 Date Issued
 Permit #



D. TECHNICAL SITE DATA

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. _____ PA-HIC # _____
 Federal Emp. No. _____

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 \$ _____

DESCRIPTION OF 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
 Bidg. Plumb.
 Elec. Elevator
 Fire Mech.

PLANS APPROVED
 Date: _____
 Approved by: _____

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

INSPECTIONS	DATES	
Type:	Failure	Approval
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