

PARCEL # _____

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 _____

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: _____

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)

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 _____