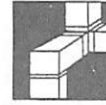


**MECHANICAL  
 SUBCODE  
 TECHNICAL SECTION**



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 \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:	INSPECTIONS	DATES			
<input type="checkbox"/> No Plans Required	Type:	Failure	Failure	Approval	Initial
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: _____					

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	\$ _____

**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