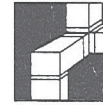


**MECHANICAL
 SUBCODE
 TECHNICAL SECTION**



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 \$ _____

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	_____

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: _____					

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