



MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received
Control #
Date issued
Permit #



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____
Work Site Location _____
Owner in Fee _____
Address _____
Tel (_____) _____
Contractor _____
Address _____
Tel (_____) _____ FAX (_____) _____
Contractor License No. _____
Federal Emp. No. _____

B. MECHANICAL CHARACTERISTICS

Use Group R-3, R-4 or R-5
Heating System Conversion Replacement
Fuel: Gas Oil Electric Solar
 Other _____
Type: Hydronic Hot Air
Estimated Cost of Mechanical Work \$ _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
 No Plans Required
 Joint Plan Review Required
Type: Gas Piping, Appliance, Chimney/Vent, Oil Piping, Oil Tank, LPG Tank, Hydronic Piping, Fireplace, Chimney Cert., Other _____
PLANS APPROVED
Date: _____
Approved by: _____
SUBCODE APPROVAL
 CA CCC
Date: _____
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 _____

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)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____