MECHANICAL INSPECTOR TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____

Work Site Location _____

Owner in Fee _____

Address _____

Tele. (_____) _____

Contractor _____

Address _____

Tele. (_____) _____ Fax (_____) _____

Lic. No. _____

Federal Emp. No. _____

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 $ _____

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 $ _____

Minimum Fee $ _____

DCA Training Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[   ]   No Plans Required

Joint Plan Review Required

[   ]   Bldg.   [   ]   Plumb.

[   ]   Elec.   [   ]   Elevator

[   ]   Fire   [   ]   Mech.

PLANS APPROVED

Date: _____

Approved by: _____

SUBCODE APPROVAL

[   ]   CA   [   ]   CCO

Date: _____

Approved by: _____

INSPECTIONS	DATES			
Type:	Failure	Failure	Approval	Initial
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

U.C.C. F145
(6/96)