

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 _____

Telephone _____

Contractor _____

Address _____

Telephone _____ Fax _____

License Number _____

Federal Emp. No. _____ PA. HIC # _____

B. MECHANICAL CHARACTERISTICS

Use Group _____ R-3/R-4

Heating Systems _____ Replacement

Gas Oil Electric Solar Other _____

Type Hydrolic Hot Air

Total Cost of Fire Protection Work: \$ _____

D. TECHNICAL SITE DATA

Description of Work: _____

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

| 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 CHARGE | \$ _____ |
| UCC INSPECTION | \$ _____ |
| PA L&I | \$ _____ |
| TOTAL | \$ _____ |

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW

No Plans Required

Joint Plan Review Required:

Building Plumbing

Electric Elevator

Fire Mech

Date: _____

Approved By: _____

SUBCODE APPROVAL

CO CCO CA

| INSPECTIONS TYPE: | DATES (MONTH/DAY) | | | INITIAL |
|----------------------|--------------------|---------|----------|---------|
| | FAILURE | FAILURE | APPROVAL | |
| Gas Piping | _____ | _____ | _____ | _____ |
| Appliance | _____ | _____ | _____ | _____ |
| Chimney/Vent | _____ | _____ | _____ | _____ |
| Oil Piping | _____ | _____ | _____ | _____ |
| Oil Tank | _____ | _____ | _____ | _____ |
| LPG Tank | _____ | _____ | _____ | _____ |
| Hydronic Piping | _____ | _____ | _____ | _____ |
| Fireplace | _____ | _____ | _____ | _____ |
| Chimney Cert | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |

DATE: _____ APPROVED BY: _____

C. CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION

SIGNATURE