



MECHANICAL SUBCODE

Date Received _____
Date Issued _____
Permit # _____

A. APPLICANT COMPLETE ALL APPLICABLE INFORMATION *(when changing contractors notify this office)*

Date _____ Tax Map # 64 _____
Work Site Location _____
Owner _____
Address _____
Tele (____) _____
Contractor _____
Address _____
Tele (____) _____ License # _____

Description of work preforming:

B. MECHANICAL CHARACTERSTICS

Use Group – R-3/R-4 Heating System ☐ Conversion or ☐ Replacement
Fuel ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other
Type: ☐ Hydronic ☐ Hot Air
Est. Cost of Mechanical Work \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent) owner of record and am authorized to make this application

X _____

INSPECTORS

Building Inspector – Michael Stack (724) 493-7793
Electrical Inspector – Joseph McClain (724) 787-1199

<u>No.</u>	<u>Fixture/Equipment</u>	<u>Fee (Office use only)</u>
_____	Water Heater	\$ _____
_____	Fuel Oil Piping	\$ _____
_____	Gas Piping	\$ _____
_____	Steam Boiler	\$ _____
_____	Hot Water Boiler	\$ _____
_____	Hot Air Furnace	\$ _____
_____	Oil Tank	\$ _____
_____	LPG Tank	\$ _____
_____	Fireplace	\$ _____
_____	Other	\$ _____
		TOTAL FEE \$ _____