



HOW TO COMPLETE A MECHANICAL INSPECTOR SUBCODE APPLICATION



**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.

1 Block _____ Lot _____ Qualification Code _____

Work Site Location **2** _____

3 Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

B. MECHANICAL CHARACTERISTICS

5 Use Group: Present: R-3, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)

Heating System work: New or Modification to Existing or Conversion or Replacement

Type: Hydronic Hot Air

Fuel Type: Gas Oil Electric Solar Other _____

Estimated Cost of Mechanical Work \$ **6** _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		DATES		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Gas Piping	_____	_____	_____	_____
<input type="checkbox"/> Mechanical Plans Approved		Appliance	_____	_____	_____	_____
Date: _____ Approved by: _____		Chimney/Vent	_____	_____	_____	_____
Joint Plan Review Required:		Oil Piping	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.		Oil Tank	_____	_____	_____	_____
<input type="checkbox"/> Elev.		LPG Tank	_____	_____	_____	_____
SUBCODE APPROVAL FOR PERMIT		Hydronic Piping	_____	_____	_____	_____
Date: _____		Fireplace	_____	_____	_____	_____
Approved by: _____		Chimney Cert.	_____	_____	_____	_____
SUBCODE APPROVAL FOR CERTIFICATE		Other	_____	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO						
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.

Sign here: **7** _____

Print name here: _____

D. TECHNICAL SITE DATA

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NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	\$ _____
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Other	_____
Administrative Surcharge \$		_____
Minimum Fee \$		_____
State Permit Surcharge Fee \$		_____
TOTAL FEE \$		_____

U.C.C. F145 (Rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

Mechanical (F145)

- Block and Lot of the property goes here. (This is the same information from the Construction Permit Application F100 at the top of this document)
- The street address of the property being worked on goes here.
- The property owner's name (Owner in Fee), mailing address (if different than the work site address), telephone number and email address go here.
- The Contractor's business name, address, telephone number, email address, License number/expiration date, and Federal Employer ID Number go here.

* If you are doing the work yourself and you are the owner AND the property is owner occupied, write "Owner."

- Mechanical Characteristics: Use Group is "R-5" for single family residential dwellings. Use groups and construction classifications other than single family residential should be listed on your plans.

* Check off all of the applicable boxes in the Heating System section.

- Estimated cost of Work: This amount should be the cost of materials plus the amount a contractor would charge for labor, even if you're doing the work yourself. The State of New Jersey requires this amount to be as accurate as possible; if these numbers are not realistic your permit application will be denied.
- If owner is doing the work, owner signs here, prints name and checks "exempt applicant." If contractor is doing the work, the contractor signs, prints name, and affixes seal (if applicable).

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8. A brief but complete description of the work goes here.
9. List the quantity for each type of mechanical fixture.