



MECHANICAL INSPECTION
TECHNICAL SECTION



TOWNSHIP OF EAST BRUNSWICK
1 CIVIC CENTER DRIVE
PO 1081
EAST BRUNSWICK, NJ 08816
PHONE 732-390-6875 FAX 732-390-6906

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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

Block: _____ Lot: _____ Qualification Code: _____
Work site location: _____
Owner in fee: _____
Tel. _____ Email _____

Address: _____
Contractor: _____
Address: _____
Tel. _____ Email _____
Contractor License No. _____ Expires _____
Federal Employee ID No. _____

B. MECHANICAL CHARACTERISTICS

EXISTING USE GROUP R-3 R-5 **PROPOSED USE GROUP** R-3 R-5
WORK TYPE: NEW REPLACEMENT MODIFICATION CONVERSION
SYSTEM TYPE: HYDRONIC WARM-AIR SOLAR OTHER
FUEL TYPE: FUEL GAS FUEL OIL ELECTRIC SOLAR

ESTIMATED COST OF MECHANICAL WORK \$ _____

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW SECTION

NO PLANS REQUIRED MECHANICAL PLANS APPROVED CONTRACTOR CHANGE
DATE OF APPROVAL _____ APPROVED BY _____
JOINT PLAN REVIEW REQUIRED: BLDG ELEC FIRE PLUM ELEV
APPROVAL FOR PERMIT DATE _____ SCO _____
APPROVAL FOR CERTIFICATE DATE _____ SCO _____

CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application
Print name here: _____
Applicant Sign: _____
Contractor sign & seal: _____

Master Plumber Master HVACR Exempt Applicant

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	\$ _____
_____	Backflow Preventer	_____
_____	Hot Water Boiler	_____
_____	Steam Boiler	_____
_____	Pool Heater	_____
_____	Forced-Air Warm-Air Furnace	_____
_____	Air Conditioning Equipment	_____
_____	Condensate Disposal Piping	_____
_____	Fuel Gas Piping Connections	_____
_____	Fuel Oil Piping Connections	_____
_____	Standby Generator	_____
_____	Gas Fireplace or Log set	_____
_____	Listed Chimney Liner System	_____
_____	Sauna Heater	_____
_____	Solar	_____

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

INSPECTIONS

TYPE	APPROVED BY	REPLACEMENT APPROVAL DATE		ROUGH APPROVAL DATE		FINAL APPROVAL DATE	
Water Heater							
Backflow Preventer							
Hot Water Boiler							
Steam Boiler							
Pool Heater							
Forced-Air Warm-Air Furnace							
Air Conditioning Equipment							
Condensate Disposal Piping							
Fuel Gas Piping Connections							
Fuel Oil Piping Connections							
Standby Generator							
Gas Fireplace or Log set							
Listed Chimney Liner System							
Sauna Heater							
Solar System / Equipment							

NOTES
