

MECHANICAL PERMIT APPLICATION

MUNICIPALITY _____ NUMERICAL CODE _____ PERMIT NO. _____
 APPLICATION DATE _____ CENSUS TRACT _____ FEE RECEIVED: \$ _____ BY _____

1. STREET LOCATION _____ No. of Stories _____
 2. PLAT/MAP _____ 3. LOT/BLOCK _____ 4. FILE/PARCEL _____ 5. MATERIAL OF STRUCTURE IS _____
 6. USE OF STRUCTURE: PREVIOUS _____ PROPOSED _____
 7. OWNER _____ ADDRESS _____ TEL. NO. _____
 8. CONTRACTOR _____ ADDRESS _____ TEL. NO. _____
 9. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 10. STAMPED PRINTS YES ___ NO ___ 11. ARCH. OR ENG. REG. NO. _____ 12. CONTRACTOR'S LIC. NO. _____
 13. RATING OF BOILER OR FURNACE _____ Drawings submitted Yes ___ No ___
 14. Check one: ___ Construct ___ Install ___ Replace ___ Reconstruct ___ 15. Estimated Cost of Labor and Material: \$ _____
 16. Floor location of equipment ___ Cellar ___ 1st Flr. ___ 2nd Flr. ___ 3rd Flr. ___ Other _____
 17. CAPACITY of STORAGE TANK _____ EXISTING _____ NEW _____
 18. DESCRIPTION OF WORK TO BE PERFORMED _____

19. Estimated Cost of Labor and Materials: \$ _____

MUNICIPAL MECHANICAL PERMIT FEE:	
CE & ADA FEE : _____	x .001 _____ = \$ _____
(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00)	ESTIMATED COST x .001 _____ = \$ _____
	TOTAL PERMIT FEE _____ = \$ _____

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of this building and the undersigned agree to conform to all application codes and ordinances of the municipality.

Tel. No. _____ SIGNATURE OF APPLICANT _____

Installation for: Incinerators w/ or w/o Air Pollution Control, Settling Chambers, Scrubber Afterburner.	Boiler Installations, 200,000 BTU or more, or for Dwellings of 6 Units or More.	Elevators, Dumbwaiters, Moving Stairs, and certain other Conveying Devices.
This Application to Install or Renovate the above must also be reviewed by: R.I. DEPT. OF HEALTH DIVISION OF AIR POLLUTION CONTROL Davis Street Providence, R.I. 02903	This Application to Install or Renovate the above must also be reviewed by: R.I. DEPT. OF LABOR DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT 220 Elmwood Avenue Providence, R.I. 02907	This Application to Install or Renovate the above must also be reviewed by: R.I. DEPT. OF LABOR DIVISION OF OCCUPATIONAL SAFETY, ELEVATOR UNIT 270 Elmwood Avenue Providence, R.I. 02907

DO NOT WRITE BELOW THIS LINE MECHANICAL PERMIT

PERMIT GRANTED: _____
 DATE _____
 BY _____ MECHANICAL INSPECTOR _____