



MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

App.

No.:

APPLICATION FOR MECHANICAL INSPECTION

<b>APPLICANT PLEASE PRINT FIRMLY.</b>		Permit # _____	Date _____
Municipality _____		County _____	State _____
Lot _____		Street Address _____	Zip _____
Owner _____		Occupant _____	
Occupied As _____			
Authorized Agent _____		Phone # _____	
Applicant's Signature _____		Applicant has read and agrees to terms and conditions on reverse side.	
T/A _____		License # _____	
Applicant's Address _____		City _____ State _____ Zip Code _____	
Phone # _____		Type of Work - <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL	
		Type of Construction (IBC Chap. 6) - I: <input type="checkbox"/> A <input type="checkbox"/> B II: <input type="checkbox"/> A <input type="checkbox"/> B	
		III: <input type="checkbox"/> A <input type="checkbox"/> B IV: <input type="checkbox"/> V: <input type="checkbox"/> A <input type="checkbox"/> B	
		Use & Occupancy Class. (IBC Chap. 3) - _____	
		Fire Suppression System - <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>LIST ALL EQUIPMENT BELOW:</b>		<b>CALL 24 HOURS PRIOR TO INSPECTION</b>	
Electric	A/C	Dryer Exhaust	Value Mechanical Bid
Natural Gas	Solid Fuel Burning	Boiler	\$
Oil	Fireplace - Masonry	Refrigeration	
Mech. Ventilation	Fireplace - Factory Built	Furnace	Other:
Duct System	Exhaust	Heaters	Cooking Appliances
Chimney & Vents	Hazardous Exhaust	Chillers	Water Heater
<b>FOR AGENCY USE ONLY:</b>		<b>COMMERCIAL</b>	
		<b>Fee</b>	
A.	Value of mechanical bid _____ x \$	O.	Single family dwelling
B.	Boiler	P.	Townhouse/condo # units
C.	Water heater (100 gal. or more)	Q.	Industrialized/manufactured
D.	Air handling units/chillers	R.	Multi-family # units
E.	Pumps, fans water heaters (Less than 100 gal.)	S.	Detached accessory structures (Over 500 sq. ft.)
F.	Underground snow melt systems	T.	Other
G.	Kitchen exhaust/per hood unit		Code
H.	Grease removal system		Date
I.	Gas/oil piping system		Insp. initials and #
J.	Solar heating/cooling		Approved
K.	Flammable/combustible liquid		Rejected
L.	Dust collector		
M.	Other		
N.	Plan Review		
<b>SUBTOTAL COMMERCIAL</b>			
<b>SUBTOTAL RESIDENTIAL</b>			
<b>TOTAL FEE:</b>		\$ _____	
Municipality _____		Applicant _____	
Contractor _____		Lender _____	
Owner _____			
Fee Paid <input type="checkbox"/>		Check # _____	