



MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

App.
No.:

APPLICATION FOR MECHANICAL INSPECTION

APPLICANT: PLEASE PRINT FIRMLY.		Permit # _____	Date _____
Municipality _____		County _____	State _____
Lot _____		Street Address _____	Zip _____
Owner _____		Occupant _____	
Occupied As _____			
Authorized Agent _____		Phone # _____	
Applicant's Signature _____ <small>Applicant has read and agrees to terms and conditions on reverse side.</small>		Type of Work - <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL	
T/A _____ License # _____		Type of Construction (IBC Chap. 6) - I: <input type="checkbox"/> A <input type="checkbox"/> B II: <input type="checkbox"/> A <input type="checkbox"/> B	
Applicant's Address _____		III: <input type="checkbox"/> A <input type="checkbox"/> B IV: <input type="checkbox"/> V: <input type="checkbox"/> A <input type="checkbox"/> B	
City _____ State _____ Zip Code _____		Use & Occupancy Class. (IBC Chap. 3) - _____	
Phone # _____		Fire Suppression System - <input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST ALL EQUIPMENT BELOW:		CALL 24 HOURS PRIOR TO INSPECTION	
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
FOR AGENCY USE ONLY:			
COMMERCIAL		RESIDENTIAL	
		Fee	
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		
SUBTOTAL COMMERCIAL			
SUBTOTAL RESIDENTIAL		Notified / Date	
TOTAL FEE:		\$ _____	
		Municipality	Applicant
		Contractor	Lender
		Owner	
Fee Paid <input type="checkbox"/>		Check # _____	