

**NO WORK SHALL
COMMENCE
WITHOUT A
PERMIT**

City of Olean

Fire, Buildings, and Emergency Services

Code Enforcement Division

Olean Municipal Building, Rm 212
P.O. Box 668, 101 E. State St.
Olean, New York 14760
716-376-5683
www.cityofolean.gov

Mechanical Permit Application

IDENTIFICATION OF APPLICANT:

NAME OF OWNER _____

ADDRESS _____ PHONE _____

CONTRACTOR:

EMAIL _____ PHONE _____

APPLICANT'S NAME _____

(if other than owner written consent must be received from owner)

- PROPOSED WORK FOR THIS APPLICATION** Commercial Residential
- Wood Stoves Boiler/Furnace Auxiliary Generator Elevators
- Fireplaces HVAC Systems Solar Panels Oil Tank Install
- Plumbing Systems Electrical Upgrade Fire Alarm/ Suppression

DESCRIPTION OF WORK TO BE PERFORMED _____

ESTIMATED COST \$ _____ BTU's _____

ATTACHED HERETO & MADE A PART OF THIS APPLICATION I SUBMIT THE FOLLOWING DOCUMENTS:

(Please check appropriate boxes)

- Name of Inspector _____
- Manufacturer's Specifications & Construction Plans
- Required Licenses
- Proof of Workman's Compensation Insurance on Form #C-105.2 or U26.3 by the carrier

Application is hereby made to the office of the building inspector, department of planning, zoning, and building pursuant to the N.Y.S. uniform fire prevention & building code & the code of the City of Olean. The applicant agrees to comply with all applicable laws, ordinances & regulations.

Signature of Applicant: _____ **DATE** _____