



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
	Natural Gas	Solid Fuel Burning	Boiler
	Oil	Fireplace - Masonry	Refrigeration
	Mech. Ventilation	Fireplace - Factory Built	Furnace
	Duct System	Exhaust	Heaters
	Chimney & Vents	Hazardous Exhaust	Chillers
			Value Mechanical Bid
			\$ _____
			Other: _____
			Cooking Appliances
			Water Heater
FOR AGENCY USE ONLY:			
COMMERCIAL		RESIDENTIAL	
Fee		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 Date Insp. initials and # Approved Rejected
H.	Grease removal system	Plan Review	
I.	Gas/oil piping system	Underground	
J.	Solar heating/cooling	Rough-in	
K.	Flammable/combustible liquid	Testing by Permit holder	
L.	Dust collector	Testing by Permit holder	
M.	Other	Final	
N.	Plan Review	Other	
SUBTOTAL COMMERCIAL			
SUBTOTAL RESIDENTIAL		Notified / Date	
TOTAL FEE: _____ \$ _____		Municipality	Applicant
Fee Paid <input type="checkbox"/> _____ Check # _____		Contractor	Lender
		Owner	