

MECHANICAL PERMIT APPLICATION

CA BC-4

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

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:	This Application to Install or Renovate the above must also be reviewed by:	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	R.I. DEPT. OF LABOR DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT 220 Elmwood Avenue Providence, R.I. 02907	R.I. DEPT. OF LABOR DIVISION OF OCCUPATIONAL SAFETY, ELEVATOR UNIT 220 Elmwood Avenue Providence, R.I. 02907

DO NOT WRITE BELOW THIS LINE MECHANICAL PERMIT

PERMIT GRANTED:

DATE _____

BY _____

MECHANICAL INSPECTOR