

For office use only
 Amt Rec'd _____
 Ck # _____ Date _____
 By _____

MECHANICAL INSPECTION REQUEST
State of New Hampshire
Mechanical Safety & Licensing
Concord, NH 03305
33 Hazen Drive

Inspection #

Phone: (603) 223-4289 Fax: (603) 223-4295

Please Print clearly. Fill-in completely.

Today's Date _____

| | |
|-------------------------------|---|
| LOCATION OF INSPECTION | APPLICANT |
| Name _____ | <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Master Plumber <input type="checkbox"/> Fuel Gas Fitter |
| Number and Street _____ | Name _____ |
| City _____ State _____ | Company _____ |
| Phone _____ Zip _____ | Address _____ |
| Cell _____ | City _____ State/Zip _____ |
| FAX _____ | Phone _____ Cell _____ |
| E-Mail _____ | E-Mail _____ |
| | License or Certificate# _____ FAX _____ |

| | |
|-----------------------------------|--|
| PROPERTY OWNER INFORMATION | TYPE OF PROJECT |
| Name _____ | <input type="radio"/> One- and Two- Family Residential <input type="radio"/> New |
| Address _____ | <input type="radio"/> Multi-Family Residential <input type="radio"/> Alteration |
| City _____ State _____ | <input type="radio"/> Commercial/Industrial <input type="radio"/> Re-inspection |
| Phone _____ Zip _____ | <input type="radio"/> Manufactured Home |
| Fax _____ | <input type="radio"/> School |
| E-Mail _____ | <input type="radio"/> State-Owned Building |

| | |
|--|--|
| Cost of work: \$ _____ <i>Actual amount</i> | TOTAL FEE ENCLOSED: \$ _____ <i>As calculated on back</i> |
|--|--|

APPLICANT SIGNATURE ☆ _____ **DATE** _____
Signature of Licensee or Homeowner (Homeowner must also sign below)

"I acknowledge that under RSA 641:3 knowingly making a false statement on this form is a misdemeanor. I certify that the information I have provided on all parts of this form is complete and accurate to the best of my knowledge and belief."

HOMEOWNER AFFIDAVIT I hereby certify the mechanical work described on this application shall be installed by myself in my own residence in which I am living or about to occupy. All work shall be installed in accordance with the state building code and shall not be enclosed, covered up or put into operation until it has been inspected and approved by the mechanical inspector. I will cooperate with the plumbing inspector and _____

☆ _____ **DATE** _____
Signature of Homeowner

| Inspection Record: | Underground | Rough-in | Finish | Other |
|--------------------|-------------|----------|--------|-------|
| Date | | | | |
| Inspector | | | | |
| IR/CN# | | | | |
| Notes | | | | |

**MECHANICAL INSPECTION REQUEST
Information**

Work Sheet

The inspection fee shall be computed on the dollar value of the mechanical installation, including time and materials, whether they are provided by the contractor or property owner.

General All mechanical installations shall be in conformance with the State Building Code of New Hampshire. No work shall be concealed before it is inspected.

Expiration of Inspection Request An Inspection Request remains valid as long as work is progressing and inspections are requested and conducted. An Inspection Request shall become invalid if the work is suspended or abandoned for a period of 6 months after the last inspection. An Inspection Request Form will be cancelled when no inspections are requested within 6 months of the date of request. Cancelled Inspection Requests cannot be refunded or reinstated.

Minimum notice of 3 business days required for all inspections. Call the Mechanical Licensing Board to schedule an inspection.

Manufactured or modular buildings shall be inspected in one trip only.

Fees are to be paid in full prior to an inspection. Inspection fee covers underground rough-in, above-ground rough-in, and finish inspections.

Minimum inspection fee \$75

Re-inspection fee 10% of the calculated inspection fee, but not less than \$100 nor more than \$500.

Additional fee Required when the applicant requests an additional inspection or when the material/labor costs exceed the original figure estimated.

Make checks payable to: "Treasurer, State of New Hampshire". Credit cards are not accepted unless in person.

If cost of job is between
\$0.01- \$100,000
enter cost here: \$ _____
Multiply by 1.2%: x 0.012
TOTAL: \$ _____
INSPECTION FEE \$

If cost of job is between
\$100,000.01 - \$300,000
enter cost here: \$ _____
Subtract: - \$100,000
Sum: \$ _____
Multiply by 0.05%: x 0.005
Sub Total: \$ _____
Add: \$1,200
TOTAL: \$ _____
INSPECTION FEE \$

If cost of job is more
than **\$300,000**
enter cost here: \$ _____
Subtract: - \$300,000
Sum: \$ _____
Multiply by 0.03%: x 0.003
Sub Total: \$ _____
Add: \$2,200
TOTAL: \$ _____
INSPECTION FEE \$

Sample 1: Actual cost of installation is \$50,000.
 $\$50,000 \times 0.012 = \600
= \$600 Inspection Fee

Sample 2: Actual cost installation is \$235,000.
 $\$235,000 - \$100,000 = \$135,000 \times 0.005 = \$675 + \$1,200 = \$1,875$
= \$1,875 Inspection Fee

Sample 3: Actual cost of installation is \$482,000.
 $\$482,000 - \$300,000 = \$182,000 \times 0.003 = \$546 + \$2,200 = \$2,746$
= \$2,746 Inspection Fee