

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

MECHANICAL INSPECTION REQUEST
State of New Hampshire
Mechanical Safety & Licensing
7 Eagle Square
Concord NH 03301
Phone: (603) 271-2152

Inspection #

Please Print clearly. Fill-in completely.

Today's Date _____

LOCATION OF INSPECTION	APPLICANT
Name _____	__ Contractor __ Owner __ Master Plumber __ 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
Phone _____ Zip _____	<input type="radio"/> Manufactured Home <input type="radio"/> Re-inspection
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>
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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.

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 \$

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.

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