

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, 716-376-5707 (fax)
www.cityofolean.org

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

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Wood Stoves | <input type="checkbox"/> Boiler/Furnace | <input type="checkbox"/> Auxiliary Generator | <input type="checkbox"/> Elevators |
| <input type="checkbox"/> Fireplaces | <input type="checkbox"/> HVAC Systems | <input type="checkbox"/> Solar Panels | <input type="checkbox"/> Oil Tank Install |
| <input type="checkbox"/> Plumbing Systems | <input type="checkbox"/> Electrical Upgrade | <input type="checkbox"/> 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 _____