

MECHANICAL PERMIT APPLICATION

IF SUBSIDIARY, PROVIDE MASTER PERMIT NUMBER HERE:

<p align="center">Location of Improvements</p> Address _____ Unit _____ Folio _____	<p align="center">Contractor Information</p> Cert.No. _____ Contractor Name _____ Qualifier Name _____ Qualifier SS _____ 999-99- _____ Address _____ City _____ St _____ Zip _____ Phone _____
<p align="center">Use of Property</p> Current Use _____ Description of Work _____ Value of Work _____	<p align="center">Owner Information</p> Name _____ Address _____ City _____ St _____ Zip _____ Phone _____
<p align="center">Architect/ Engineer</p> Name _____ Address _____ City _____ St _____ Zip _____ Phone _____	

Type of Improvements

() New Construction () Alteration Interior () Change of Contractor () Repair () Repair due to Fire () Renewal

Item	Qty	Item	Qty
Square Feet of Building		Bath Exhaust	
Air Conditioning Package (Tons)		Dryer Vent	
Air Conditioning Split (Tons)		Commercial Hood Vent	
Air Handler		Refrigeration (Tons)	
Heater Strips (KW)		Above Ground Tanks	
Duct Work (L.F.)		Underground Tanks	
Air Conditioning Window / Thru Wall (Tons)		Chemical Fire System	
Thermostat		Fire Suppression Equipment (No. of Heads)	
Kitchen Exhaust		Amusement Devices	
Other: _____			

If this property is under the jurisdiction of a homeowner's association, you should review the guidelines set forth by that organization and present your plans for review and approvals by the association prior to making any improvements to the property.

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for Building, Electrical, Plumbing, Signs, Pools, Mechanical, Window, Shutters and Roofing work and there may be additional permits required from other

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate.

WARNING TO OWNER: If your job cost exceeds \$2500.00 you must file a Notice of Commencement with the Clerk of the Courts in Miami-Dade County. Failure to do so may result in you paying twice for the improvements to your property. If you intend to obtain financing, consult your attorney or lender before recording your Notice of Commencement.

Signature of Owner or Owner's Agent _____ Print Name _____	Signature of Qualifier _____ Print Name _____
Sworn to and subscribed to me this ____ day of _____ 20	Sworn to and subscribed to me this ____ day of _____ 20
Personally known () Produced Identification ()	Personally known () Produced Identification ()
Type of Identification Produced _____	Type of Identification Produced _____



MECHANICAL PERMIT CHECK LIST

All Mechanical permits for change-out require the minimum items before an application can be approved

- Completed mechanical permit signed and notarized by owner and contractor.
- One (1) copy of a signed proposal for the work being applied.
- Two (2) copies of a completed City of Florida City Air Conditioning Change-Out form (NO BLANK LINES)
- If the existing system was "STOLEN" or otherwise missing then two (2) copies of an approved heat load calculation is required, signed by the qualifier.
- Two (2) copies of plans for any modification being done such as relocation of equipment, new duct work, new ventilation, etc.

NOTE:

An electrical permit is not required for RECONNECTION OF EXISTING ELECTRICAL, however if a disconnect box or the electrical whip to new units is replaced, then an electrical permit will be required prior to approval of Final Mechanical Inspection.

A "JOB COPY" of all of the above shall be required "ON SITE" for inspector prior to approval of inspection.



AIR CONDITIONING CHANGE OUT EQUIPMENT DATA

Two (2) copies of this form must accompany all air conditioning change outs permit applications

Contractor: _____ Phone: _____

Site Address: _____ Unit/Apt #: _____ Permit #: _____

EQUIPMENT DATA	EXISTING UNIT (Must provide system size or provide load calculations)	NEW UNIT
MANUFACTURER		
PKG. UNIT MODEL #		
AUH/COIL MODEL #		
CONDENSOR MODEL #		
HEATER KW		
SYSTEM SIZE (TONS)		
SEER		

A.H.R.I Reference Number: _____ Yes_____ No _____

Is a new roof curb/curb adapter or standard needed? Yes_____ No _____

Is new equipment being moved or relocated? Yes_____ No _____

Is new ductwork being installed/removed? Yes_____ No _____

Is an air duct smoke detector installed? Yes_____ No _____

CONTRACTOR SIGNATURE: _____ Date: _____

FLORIDA STATE CERTIFICATION/REGISTRATION #: _____

*****This form must be posted at the jobsite for inspection*****