



MECHANICAL PERMIT APPLICATION

JOB ADDRESS: _____ PERMIT # _____

Pursuant to F.S. 553.721 & F.S. 468.631, a surcharge fee will be collected on any permit regulated under the FBC

VALUE OF WORK \$ _____

AIR CONDITIONING, HEATING & DUCTWORK INSTALLATION

Air Conditioning: Total Tons _____ SEER/EER Rating _____
Heat: Number of Units _____
Duct Systems: Total CFM's _____

FIRE PREVENTION (Plan Review Required)

Fire Sprinkler System #of Heads _____ (Submit 3 sets of plans)
Fire Standpipe Quantity _____ (Submit 3 sets of plans)
Underground Fire Main Value \$ _____ (Submit 3 sets of plans)
Fire Hose Cabinets Quantity _____ (Submit 3 sets of plans)
Commercial Hoods Quantity _____ (Submit 3 sets of plans)
Fire Suppression Systems Value \$ _____ (Submit 3 sets of plans)

OFFICE USE ONLY

CROSS CONNECT FEE

\$35- Well, 2 inches or less

\$200-Well, 2 inches or more

FIRE PLACES

Prefabricated Fireplace Qty _____
Gas Piping Outlets Qty _____

MISCELLANEOUS

Automobile Lifts _____
Boilers (BTU's) _____
Elevators/Escalators _____
Heat Exchanger _____
Pumps _____
Refrigerator Condenser (BTU's) _____
Solar Collection Systems _____
LP or Gas Tank (gallons) _____

ALL OTHER GAS PIPING

Gas Piping Outlets Qty _____
Vented Wall Furnace Qty _____
Water Heater Qty _____

WELL (Boundary Survey or Drawing detailing the following information is Required)

Purpose _____ GPS Coordinates Latitude: _____ Longitude: _____

Size Diameter/Depth _____ in x _____ ft Well Casing Depth _____ ft Well Casing Material _____

****SJRWD Well Completion Form to be submitted to the Building Department prior to final inspection****

****Separate permit(s) required from Duval County****

OTHER _____

Permit becomes void if work is not done during six month period. I hereby certify that I have read this application and know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified or not. The permit does not give authority to violate the provisions of any other state or local law regulation construction or the performance of construction.

Tenant Name (if applicable) _____

Property Owners Name _____ Phone Number _____

Mechanical Co. Name _____ Office Phone _____ Fax _____

E-Mail Address _____

Co. Address _____ City _____ State _____ Zip _____

License Holder (Print): _____ State Certification/Registration # _____

Notarized Signature of License Holder _____

(Affix Notary Seal Below)

NOTARY PUBLIC, STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20__

Notary Public Signature _____

Notary Name: _____ Personally Known /Identification: _____