



BUILDING DEPARTMENT
MULTI-TRADE PERMIT APPLICATION

CONTRACTOR	MAILING ADDRESS	ZIP	PHONE#	EMAIL
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JOB ADDRESS	LOT #	SUBDIVISION
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OWNER NAME	MAILING ADDRESS	ZIP	PHONE #
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*CONTRACT PRICE: \$ _____
NOTICE OF COMMENCEMENT IS REQUIRED IF CONTRACT PRICE EXCEEDS \$2,500. HVAC- IF EXCEEDS \$15,000.

*PERMIT FEE: SCHEDULE A + 2.5% STATE SURCHARGE APPLIES TO THESE PERMITS (MIN. \$4.00)
 (DUE AT TIME OF SUBMISSION. PERMIT APPLICATIONS WILL NOT BE ACCEPTED WITHOUT PAYMENT)*

WINDOWS/DOORS SHUTTERS DOCK/BOAT LIFT DUNE CROSSOVER SWIMMING POOLS

SCREEN ENCLOSURE

*MINIMUM PERMIT FEE \$125.00 + 2.5% STATE SURCHARGE APPLIES TO THESE PERMITS (MIN. \$4.00)
 (DUE AT TIME OF SUBMISSION. PERMIT APPLICATIONS WILL NOT BE ACCEPTED WITHOUT PAYMENT)*

**MECHANICAL (RESIDENTIAL)
*****Must submit REQUIRED HVAC System Components Form with application.*** (Effective 9/18/23)

GARAGE DOORS TEMP TRAILER/TENT DRIVEWAY/PAVERS SOLAR IRRIGATION

SIGN WALL ELECTRIC PLUMBING INSULATION GAS

FENCE: (CHECK WHICH APPLIES) YARD FENCE ONLY POOL BARRIER FENCE- POOL BUILT _____ (Year)
NOTE: Pool barrier fences must comply with current pool barrier code unless alternative barrier is approved.

GENERATOR: (CHECK WHICH APPLIES) NEW REPLACE FLOOD ZONE: _____ (Required)

NOTES: *Gas permit applications must accompany all generator applications.
 *Flood zone 'X' – Generator must be at the same elevation as the existing house slab.
 *Other than flood zone 'X' – Generator slab must be 2ft. above base flood elevation (Effective 4/27/23).
 *Elevation certificates are required before final inspection.

SCOPE OF WORK ANTICIPATED IN THE PERMIT APPLICATION: _____

(Attach additional sheets if necessary)

“WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.” A NOTICE OF COMMENCEMENT IS REQUIRED IF CONTRACT PRICE EXCEEDS \$2,500. HVAC- IF EXCEEDS \$15,000.

(OWNER)
SIGNATURE _____

State of _____ County of _____

The foregoing instrument was acknowledged before me

this _____ day of _____, 20_____

by _____ who is

personally known OR / produced identification.

Type of identification produced: _____

Official Signature of Notary Public

(QUALIFIER)
SIGNATURE _____

State of _____ County of _____

The foregoing instrument was acknowledged before me

this _____ day of _____, 20_____

by _____ who is

personally known OR / produced identification.

Type of identification produced: _____

Official Signature of Notary Public



HVAC SYSTEM COMPONENTS

NEW REPLACEMENT System Components

Manufacturer _____
AIR HANDLER Model No _____
 SEER2/EER _____
 Size _____ tons Heat Strip _____ KVA/KW
 HACR Breaker/Fuse size:
 _____ Min. _____ Max.
 Wire size _____
 Refrigerant piping sizes (Liq) _____ (Suc) _____
 Refrigerant type _____
 Location: _____ Existing _____ New
 Configuration: _____ Horizontal _____ Vertical

Manufacturer _____
CONDENSER Unit Model No _____
 SEER2/EER _____
 Size _____ tons
 HACR Breaker/Fuse size:
 _____ Min. _____ Max.
 Wire size _____
 Refrigerant piping sizes (Liq) _____ (Suc) _____
 Refrigerant type _____
 Location: _____ Existing _____ New
 Location: _____ Ground _____ Roof top

OLD EXISTING System Components

Manufacturer if known _____
 SEER/EER if known _____
 Size _____ tons Heat Strip _____ KVA/KW
 Existing HACR Breaker/Fuse size: _____
 Existing Wire size _____ (A.W.G.)
 Refrigerant piping sizes (Liq) _____ (Suc) _____
 Refrigerant type _____

Manufacturer if known _____
 SEER/EER if known _____
 Size _____ tons
 Existing HACR Breaker/Fuse size: _____
 Existing Wire size _____ (A.W.G.)
 Refrigerant piping sizes (Liq) _____ (Suc) _____
 Refrigerant type _____

NOTE: If replacing condensor only or air handler only- Matched systems are required:

Select one of the following means:

- AHRI Data Accredited Laboratory Manufacturer's Letter
- Letter from Registered PE State of Florida

Select any of the following items below that apply to A/C System.

- Unit exceeds 2,000 CFM Capacity (Smoke Test Inspection Required)
- Installation of A/C System is in a Commercial Building that has a Fire Alarm System.
- New A/C System for previously un-conditioned space. Energy Code Calculation required along with Duct Layout.

Certification

With the authorization of the installing Contractor, I certify that the information entered on this form accurately represents the system(s) installed.

Qualifier Print Name

Qualifier Signature & Date