



Orange County Division of Building Safety

201 South Rosalind Avenue

Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687

Phone 407-836-5550 • Fax 407-836-2852 • Inspections ONLY: 407-836-2825

Date _____

Building Permit Number _____

APPLICATION FOR MECHANICAL PERMIT

WARNING TO OWNER: " YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

PLEASE PRINT

The undersigned hereby applies for a permit to make mechanical installations as indicated below on property

Owned by: _____

Street Address _____ City _____ State _____ Zip Code _____

Phone No. _____ - _____ - _____ Method of Payment: Cash [] Check [] Escrow []

Job Information: Lot No. _____ Block _____ Subdivision Name _____

Tax Identification Number: Section _____ Township _____ Range _____ Subdivision _____ Lot _____ (15 Digit Parcel Number)

Street Address _____ City _____ State _____ Zip Code _____ Phone No. _____ - _____ - _____

Class of Building: Old [] New [] Type of Building: Residential (028) [] Commercial (029) [] Mobile Home (006) []

Type of Work: New (001) [] Alteration (003) [] Addition (004) [] Repair (002) []

Date First Inspection Desired: _____ or will call []

Please indicate the nature of work by completing the information below:

FEE

1. Air conditioning: No. of Units _____ Tons Per Unit _____ Total Tons _____

Type of System: Water to Air ___ Chiller ___ Split System ___ Package ___ Heat Pump ___ (A) Fee \$ _____

2. Heating: No. of Units ___ KWS Per Unit _____ Total KWS _____ BTU's _____ Estimated Cost \$ _____

Oil _____ Electric _____ Boiler _____ Gas _____ Estimated Cost \$ _____

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor.

3. Ventilation: (Number of) Grease ___ (or) Heat ___ , Hoods, Air Intakes ___ Estimated Cost \$ _____

Exhaust Fans _____ Dryer Vents _____ Estimated Cost \$ _____

4. Refrigeration: Number of units _____ Estimated Cost \$ _____

5. Piping: Air ___ Vacuum ___ Steam ___ Chill Water ___ Estimated Cost \$ _____

6. Others (Specify) _____ Estimated Cost \$ _____

7. Stages _____ Low Voltage _____ Estimated Cost \$ _____

8. Was the space previously Air Conditioned? Yes [] No [] Total Estimated Cost \$ _____

9. Comments: _____ (B) Fee For Estimated Cost \$ _____

(A + B) Total Permit Fee \$ _____

I hereby certify that the above is true and correct to the best of my knowledge.

EER: _____ COP: _____

PLEASE PRINT:

Name of Active Certificate Holder _____

SEER: _____ HSPF: _____

State Registration or Certification Number _____

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations and County Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances.

Authorized Signature (License Holder or Agent) _____

Street Address _____

City _____ State _____ Zip Code _____ Phone Number _____ - _____ - _____

NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building Permit has been issued.

THIS APPLICATION WAS TRANSMITTED BY FACSIMILE ON _____

(Date/Time)