



CITY OF ORLANDO

Mechanical Permit Application

Date: _____ Related Building Permit # (if applicable): _____

Job Site Address, Parcel ID # or Legal Description: _____

Owner Name, Address, Phone: _____

Contractor Name¹, Address: _____

Lic #: _____

Contractor Company Name¹, Address: _____

¹Current license and insurance information must be registered with Permitting Services or provided with this application.

Primary Contact: _____

Job/Project Name: _____

For Contractor and Primary Contact, do we have current Phone #, FAX # and email address?

If No, enter here: Phone # _____

FAX # _____

email: _____

Work Description: _____

GENERAL

Type of Work (subtype—select one): _____

Related to Code Enforcement Action? _____

Plan Review Type: _____

Was Space Previously Air Conditioned? _____

Total # of AC Units: _____

Total # of AC Tons: _____

Total Heating KW's: _____

Duct Work Only? _____

Note: Owner furnished equipment and materials must be included in Estimated Construction Cost.

Estimated Construction Cost: \$ _____

Note: If the estimated cost of this job is greater than \$2,500 and not related to a Building Permit, a certified copy of the recorded Notice of Commencement must be filed with Permitting Services prior to scheduling your first inspection. A Notice of Commencement is not required to Repair/Replace an existing heating or air conditioning system in an amount less than \$7,500. FS 713.135(1)(d).

HVAC DETAIL

Type of AC System:	Water to Air	Chiller	Split System	Package	Heat Pump
Type of Heating System:	Boiler	Electric	Gas	Heat Pump	Oil
Type of Ventilation (qty):	Grease Hoods	Heat Hoods	Air Intakes	Exhaust Fans	

UNIT INFORMATION

Efficiency Rating: EER COP SEER HSPF

Piping (check one): Steam Chilled Water Other (describe)

Fireplace # of units: _____

Refrigeration: # of units: _____

Total HP: _____

I hereby acknowledge that I have read this application and state that the above information is correct. I also agree to conform to all City Ordinances regulating the installation of mechanical work and equipment.

Owner/

Contractor/Agent _____

Date _____

Print Name _____

For plan review status, inspection scheduling/results and other permitting information, please call "PROMPT", our Interactive Voice Response system at 407.246.4444.

Rev 02/2009



CITY OF ORLANDO

NOTARIZED OWNER SIGNATURE REQUIRED ONLY IF THIS WORK IS NOT PART OF A PROJECT WITH AN ISSUED BUILDING PERMIT.

OWNER _____ Date _____

Print Name _____ (Owner)

(Owner)

STATE OF FLORIDA

COUNTY OF _____

SWORN to and subscribed freely and voluntarily for the purpose therein expressed before me by _____, known to me to be the person described in and who executed the foregoing.

He/she is personally known to me or has produced _____ (type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, 201__.

Notary Public Signature

Print Name:

My Commission Expires:

OWNER'S ELECTRONIC SUBMISSION STATEMENT:

Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

For plan review status, inspection scheduling/results and other permitting information, please call "PROMPT", our Interactive Voice Response system at 407.246.4444 or visit online at <http://www.cityoforlando.net/permits>.

Rev 01/2010