



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 407-836-5492 • Inspections ONLY: 407-836-2825

www.ocfl.net/building

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.

Project Address: _____
Suite/Unit #: _____ Bldg #: _____ City: _____ Zip Code: _____
Subdivision Name: _____
Parcel ID Number: Section ___ Township ___ Range ___ Subdivision ___ Block ___ Lot ___
(15 Digit Parcel Number)
Owner Name: _____ Phone No.: (_____) _____ - _____
Owner Address: _____ City: _____ State: ___ Zip Code: _____
Class of Building: Existing ___ New ___ Type of Structure: Residential (028) ___ Commercial (029) ___ Mobile Home (006) ___
Scope of Work: New (001) ___ Alteration (003) ___ Addition (004) ___ Repair (002) ___
Date First Inspection Desired: ___/___/___ or will call ___

Permit valuation greater than \$15,000 requires a notarized Page 2, and Notice of Commencement prior to the first inspection

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

- 1. Was this space previously Air Conditioned? Yes ___ No ___
2. Air conditioning: No. of Units ___ Tons Per Unit ___ Total Tons ___
With Ductwork ___ Without Ductwork ___ SEER ___ HSPF ___ Fee \$ ___
3. Type of System: Water to Air ___ Chiller ___ Split System ___ Package ___ Heat pump []
4. Heating: No. of Units ___ Electric KWS per Unit ___ Gas Btu's ___
Oil ___ Electric ___ Boiler ___ Gas ___

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

Duct Work Only Yes ___ No ___

Ventilation

- 5. (Number of hoods) Grease ___ (or) Heat ___ Exhaust ___ Air Intakes ___
6. Paint booths ___ Exhaust ___ Air Intake ___
7. Bath Fans ___ Range Hoods ___ Dryer Vents ___
8. (Other) Air Intakes ___ (Other) Exhaust ___

Refrigeration

9. Number of Units: ___ Walk-In's ___ Coolers ___ Freezers ___ Reach-in ___

Piping

- 10. Piping: Air ___ Vacuum ___ Steam ___ Chill Water ___ Gasoline ___
11. Medical Gas Piping ___ Process Piping ___
12. Others (Specify) ___
13. Special considerations _____

Total Job Valuation: \$ _____

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

PLEASE PRINT: (Check one) Owner: [] Contractor: []

Name of License Holder/Agent: _____
Contractor License Number (if applicable): _____
Contact Phone Number: (_____) _____ - _____ E-Mail Address: _____

Authorized Signature: _____

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.

Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.

Permit Number

Permit Application Information - Page Two

Permit Number _____

Owner's Name _____

Owner's Address _____

Fee Simple Titleholder's Name (If other than owner's) _____

Fee Simple Titleholder's Address (If other than owner's) _____

City _____ State _____ Zip Code _____

Contractor's Name _____

Contractor's Address _____

City _____ State _____ Zip Code _____

Job Name _____

Job Address _____ SUITE/UNIT _____

City _____ State _____ Zip Code _____

Bonding Company Name _____

Bonding Company Address _____

City _____ State _____ Zip Code _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, GAS, MECHANICAL, ROOFING, SIGNS, POOLS, ETC.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. _____

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.

Owner Signature _____

The foregoing instrument was acknowledged before me this ___ / ___ / ___ by _____ who is personally known to me and who produced _____ as identification and who did not take an oath.

Notary as to Owner _____

Commission No. _____

State of FL. County of _____

My Commission expires: _____

(SEAL)

Contractor Signature _____

The foregoing instrument was acknowledged before me this ___ / ___ / ___ by _____ who is personally known to me and who produced _____ as identification and who did not take an oath.

Notary as to Contractor _____

Commission No. _____

State of FL. County of _____

My Commission expires: _____

(SEAL)

Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.