



MECHANICAL PERMIT APPLICATION
(HVAC, REFRIGERATION, HOODS, SUPPRESSION)

100 NW 1st Avenue Delray Beach FL 33444
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Website: mydelraybeach.com

FOR OFFICE USE ONLY:

PROPERTY CONTROL #: \_\_\_\_\_

PLEASE PRINT:

JOBSITE ADDRESS \_\_\_\_\_

PROPERTY OWNER NAME \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL \_\_\_\_\_

PROPERTY OWNER ADDRESS \_\_\_\_\_

MECHANICAL CONT'R (COMPANY) NAME \_\_\_\_\_

MECHANICAL CONT'R (COMPANY) ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

BUS. PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

BLDG PERMIT #: \_\_\_\_\_
MECH PERMIT #: \_\_\_\_\_
PERMIT FEE: \_\_\_\_\_
PLAN CHECK FEE: \_\_\_\_\_
MCR #: \_\_\_\_\_
APPROVALS:
MECH: \_\_\_\_\_ DATE: \_\_\_\_\_
PLAN: \_\_\_\_\_ DATE: \_\_\_\_\_
FIRE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180-DAYS OR IF ACTIVITY LAPSES FOR 180 DAYS. PLANS MUST BE ON THE JOB SITE FOR ALL INSPECTIONS. FINAL INSPECTION IS REQUIRED ON ALL PERMITS.

TYPE OF INSTALLATION - CHECK ALL THAT APPLY:

DESCRIPTION OF WORK: \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL
\_\_\_\_\_ NEW \_\_\_\_\_ REPLACEMENT

ADDITIONAL DESCRIPTION: \_\_\_\_\_

HVAC: \*\*ANYTHING OVER 5 TONS MAY REQUIRE FIRE DEPT. REVIEW/APPROVAL\*\*
C/U MODEL NO. & C/B SIZE \_\_\_\_\_ KW \_\_\_\_\_
A.H.U. MODEL NO. & C/B SIZE \_\_\_\_\_ C/B SIZE \_\_\_\_\_
BTUH CAPACITY \_\_\_\_\_ S.E.E.R RATING \_\_\_\_\_ PACKAGE UNIT: \_\_\_\_\_
DUCT WORK: \_\_\_\_\_ (Y) \_\_\_\_\_ (N)
PROJECT COST (LABOR AND MATERIAL): \$ \_\_\_\_\_

REFRIGERATION
Equipment Type: \_\_\_\_\_
C.U. Model No.: \_\_\_\_\_
H.P. or BTU/HR: \_\_\_\_\_
E.V.A.P. Model #: \_\_\_\_\_
Effic'y Rating: \_\_\_\_\_
PROJECT COST (LABOR AND MATERIAL):
\$ \_\_\_\_\_

HOODS - EXHAUST- BOOTH - BLOWER (3 SETS OF PLANS REQD)
Spray Booth: \_\_\_\_\_
Hoods : \_\_\_\_\_
SUPPRESSION SYSTEMS (3 SETS OF PLANS REQD)
Halon: \_\_\_\_\_ H2O \_\_\_\_\_
Dry Chem: \_\_\_\_\_ Wet Chem: \_\_\_\_\_
PROJECT COST (LABOR AND MATERIAL):
\$ \_\_\_\_\_

SIGNATURE OF QUALIFIER \_\_\_\_\_ CONTR. REGISTRATION # \_\_\_\_\_ WORKERS COMP# \_\_\_\_\_ OR EXEMPT (FID /FEIN) # \_\_\_\_\_
STATE OF \_\_\_\_\_ Personally Known \_\_\_\_\_
COUNTY OF \_\_\_\_\_ OR
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day Produced Identification \_\_\_\_\_
of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

(SEAL)