



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

100 NW 1st Avenue Delray Beach FL 33444
(561) 243-7200 Fax: (561) 243-7221
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:
INDICATE IF
SMOKE TEST IS REQUIRED

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

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):
\$

ADDITIONAL DESCRIPTION

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

Personally Known
OR
Produced Identification
Type of Identification Produced

Signature of Notary Public

(SEAL)