CITY OF DELRAY BEACH

100 NW 1st Avenue Delray Beach FL 33444
(561) 243-7200 Fax: (561) 243-7221 *Website: mydelraybeach.com*

DELRAY BEACH All-America City 1993 2001

APPLICATION FOR MECHANICAL PERMIT

(HVAC) Heating, Ventilation, & Air Conditioning

CITY	RG	TWP	SEC	SUBD	BLOCK	LOT

FOR OFFICE USE ONLY:

BLDG. PERMIT NUMBER: _____ PLAN CHECK FEE: $_____ MCR #_____

MECH. PERMIT NUMBER: _____ PERMIT FEE: $_____

FIRE FEE: $_____

PLEASE PRINT

JOB SITE ADDRESS _____

PROPERTY OWNER NAME _____ PHONE (_____) _____

PROPERTY OWNER ADDRESS _____

MECHANICAL CONT'R **(COMPANY)** NAME_____ _____

MECHANICAL CONT'R **(COMPANY)** ADDRESS _____

CITY _____ ST_____ ZIP_____

PHONE (_____) _____ FAX (_____) _____

PROJECT COST (Labor and Material) $ _____ ***NEW*** _____ ***REPLACEMENT*** _____

SYSTEM SPECIFICATIONS: ****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 _____ DUCT WORK: _____ (Y) _____ (N)

PACKAGE UNIT: _____

SCOPE OF WORK: _____

_____ _____ _____ **OR** _____

SIGNATURE OF QUALIFIER **CONTR. REGISTRATION #** **WORKERS COMP#** **EXEMPT (FID /FEIN) #**

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____

who is personally known to me or who has produced (Type of ID) _____ as identification.

_____

Signature of Notary Public **(Seal)**

NOTE: *PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180-DAYS. AT LEAST 1-INSPECTION EVERY 180-DAYS OR PERMIT EXPIRES. PLANS MUST BE ON THE JOB BEFORE INSPECTION WILL BE MADE. FINAL INSPECTION IS REQUIRED ON ALL PERMITS.*

APPROVALS

MECHANICAL: _____/DATE:_____ PLAN REVIEW: _____/DATE:_____ FIRE: _____/DATE:_____