

FLOOD: YES OR NO
ZONE: _____ BY: _____



1-B East Jefferson Street/ Post Office Box1799, Quincy, FL 32353
Phone# 850-875-8665 Fax: 850-875-7280

MECHANICAL PERMIT APPLICATION

Property Owners Name _____
Address _____ City _____ FL Zip _____
Home Ph _____ Work Ph _____ Cell Ph _____ Fax _____

Job Site Address _____ City _____ FL Zip _____
Property Parcel Number (Job Site) _____

Contractor _____ License No _____
Email Address _____
Address _____ Wk Ph _____ Cell Ph _____
City _____ ST _____ Zip _____

***Any mechanical installation greater than (\$7,500) in value will require a Notice of Commencement.**

***Must submit an AHRI Certification Form for a Mechanical Change Out Permit.**

Estimated Job Valuation \$ _____ Permit Fee \$ _____

CHECK THE BOXES THAT APPLY TO THIS PERMIT:

() **COMMERCIAL**

() **RESIDENTIAL**

- Change-out Number of Units _____
- New Installation Number of Units _____
- Heat Pump Tons _____ KW Heat _____
- Straight Cool Tons _____ KW Heat _____ Gas Type _____ BTU _____
- Gas Heat Gas Type _____ BTU _____
- Package Unit Heat Pump _____ KW Heat _____
- Package Unit Straight Cool _____ KW Heat _____ Gas Type _____ BTU _____
- Electrical Service Upgrade *NOTE: All service upgrades and feeder wires to disconnect must be performed by a licensed **ELECTRICAL CONTRACTOR**.*
- Gas Service Upgrade: All gas installations require pressure test. This includes extensions of existing systems.
- Wood
- Gas Space Heat
- Kitchen Exhaust System
- Other (If you're installing a system that is not indicated above, please explain below and provide technical data to support the system. This may need to be reviewed by the plans reviewer.) _____

(Please see reverse side to sign)

I hereby attest that all the information is true and agree to install the mechanical system in accordance with the manufacturer's instructions and the 2020 Mechanical Code.

LETTER OF AUTHORIZATION FROM PROPERTY OWNER TO CONTRACTOR

This letter serves as notice on this date I, _____ hereby give authorization to, _____ to obtain all necessary permits for me in Gadsden County at the property located at the following address and parcel Id.:

Physical Address _____ Parcel Id. _____

Property Owners Signature _____ Date _____

Sworn and subscribed this _____ day of _____ 20_____.

Notary _____ for State of Florida ___ Personally Known ___ Produced Identification

Driver's license or Identification Number _____ Commission No.:

Expiration Date:

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies. By signing this permit you are stating you are aware of these additional restrictions/permits.

CONTRACTOR SIGNATURE

DATE