



MECHANICAL PERMIT APPLICATION

FOR BUILDING PERMIT _____

OR PARCEL # _____

DEPOSITORY ACCOUNT NUMBER _____

OWNER _____

JOB ADDRESS _____

GENERAL CONTRACTOR _____

USE OF BUILDING: Single Family Multi-Family Commercial
 Mobile Home Other

SCOPE OF WORK:
 New Installation *Change-out Repair Other

LIST ALL EQUIPMENT TO BE INSTALLED

NO.	TYPE OF EQUIPMENT	Model	Manufacturer	BTU/KW	SEER/ARI
	Air Conditioner/Condenser				
	Air Handler/Evaporator				
	Commercial Kitchen Hood				
	Forced Air Systems				
	Evaporative Cooler				
	Refrigeration Unit				
	Boiler				
	Other:				

AN ADDITIONAL FEE WILL BE ACCESSED ON EACH COMMERCIAL KITCHEN HOOD FOR THE FIRE SERVICE REVIEW AND INSPECTION DIVISION

TOTAL VALUE OF CONTRACT \$ _____ PHONE# _____

QUALIFYING BUSINESS NAME _____

MECHANICAL CONTRACTOR'S NAME (print) _____

SIGNATURE _____ ADDRESS _____

LICENSE: STATE# _____ COUNTY# _____

Notary as to Contractor:

In St. Johns County, Florida

The forgoing instrument was acknowledged before me this _____ day of _____, 20_____.

_____ Stamp:

Notary Signature

Known Personally _____ or Identification _____ Type of Identification _____

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.