



**Building Permit  
Application  
MECHANICAL**  
Escambia County, FL

**MECHANICAL PERMIT NO.:**

**BUILDING PERMIT NO.:**

**DATE:**

**Job Address:** \_\_\_\_\_ **Floor/Unit No.:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Type of Building of Structure:**  Existing  New  
 Commercial  Residential

**Type of Service:**  Replacement  New Installation

<b>Cost of Construction(Labor &amp; Materials)</b>			\$	<b>No. of Inspections Required.:</b>		
Equipment Type	UNIT#	Size of Units		Equipment Type	FIXTURE #	Size of Units
Air Condition Units		Tons		Unit Heaters		BTU
Refrigeration Units		H.P.		Ventilation Fans		
Forced Air Furnace		BTU		Air Cleaners		
Boilers		H.P.		Duct System		
Chillers		Tons		Type I Hood		
Air Handling Units		CFM		Type II Hood		
Evaporative Coolers		BTU		Other (Specify)		

**DESCRIBE WORK TO BE DONE:**

\_\_\_\_\_

**DRIVING DIRECTIONS:**

\_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work has been commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit may be required for all ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, HEATING, AND VENTILATING SYSTEMS ELEVATORS, ESCALATORS AND TRANSPORTING ASSEMBLINGS, GAS, SPRINKLER, ROOFING AND INSTALLATIONS, ETC. **OWNER'S AFFIDAVIT:** I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. **WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AT THE ESCAMBIA COUNTY CLERK OF COURTS AND A CERTIFIED COPY FILED AT THE BUILDING INSPECTIONS DIVISION, BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

If you are not the owner of the property being permitted, by signing this application, you hereby certify that you are the authorized agent of the owner. Furthermore, you must, by law, promise to inform the owner that the property in question is being subjected to possible liens and/or attachment, and must deliver all forms and notices required by law to the owner.

<b>Signature of Owner or Agent:</b>	<b>Date:</b>	<b>Signature of Contractor:</b>	<b>Date:</b>
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X

**Notary as to Owner or Agent:**

STATE OF FLORIDA/COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

by \_\_\_\_\_, who is/is not personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_

SIGNATURE OF NOTARY

Printed Name of Notary: \_\_\_\_\_

**Comm. Expires:** \_\_\_\_\_

**Contractor's License No.:** \_\_\_\_\_

**Escrow Acct. No.** \_\_\_\_\_