



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

Cost of Construction (Labor & Materials) \$ _____ **No. of Inspections Required.:** _____

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		KFM
Forced Air Furnace		BTU		Cooling Tower		GPM
Boilers		H.P.		Pumps		H.P.
Chillers		Tons		Air Cleaners		CFM
Air Handling Units		CPM		Duct System		CFM
Evaporative Coolers		BTU		Other (Specify)		

Equipment Type	No. of Units		Equipment Type	No. of Units	Equipment Type	# Unit
Bathroom Fan			Walk In Coolers/Freezers		Cleaning Fluid Coolers	
Dryer Vent			Refrigeration Units		Solar Collector System	
Residential Range Hood			Ovens		Piping	
Residential Clothes Dryer			Incinerators		Medical Gas Equipment	
Gasoline Pumps			Electric Heating Equipment		Medical Gas Outlets Piping	
Gasoline Tanks			Panel Heating Equipment		Dental Vacuum System	
Hydraulic Lifts			Gas Heating Equipment		Pneumatic Tube System	
Air Compersors			Pressure Vessels/Tanks		Chilled Water Piping	
Car Wash Equipment			Commercial Washers		Condenser Water Piping	
Type I Hood			Commercial Dryers		Hot Water Piping	
Type II Hood			Steam Boilers		Steam Piping	
Kitchen Equipment			Steam Pressing Equipment		Refrigerant Piping	
Trash Mashers			Extractors		Condensate Drain	
Other (Specify)			Pipe Insulation			

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.

Signature of Owner or Agent: _____ **Date:** _____ **Signature of Contractor:** _____ **Date:** _____

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: _____

Notary as to Contractor:

STATE OF FLORIDA/COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____,

by _____,

who is/is not personally known to me and produced _____ as identification.

SIGNATURE OF NOTARY

Printed Name of Notary: _____

Comm. Expires: _____

Escrow Acct. No. _____