CITY OF JACKSONVILLE, FLORIDA
BUILDING INSPECTION DIVISION

MECHANICAL PERMIT APPLICATION

| M |__|__|__|__|__|__|__|__|—|__|__|__|

Permit Number

Date Issued _____/_____/_____

Application must be typed or printed legibly in ink. Complete all relevant fields.

PROJECT IDENTIFICATION

PROJECT NAME _____

PROJECT CONTACT _____

PROJECT CONTACT PHONE (_____)_____ – _____

PERMIT ASSOCIATIONS? NO ☐ YES ☐ If yes, list permit data below:

☐ BUILDING PERMIT
☐ MOBILE HOME PERMIT

|__|__|__|__|__|__|__|__|__|—|__|__|__|

PROPERTY OWNERSHIP DETAILS

TYPE: INDIVIDUAL ☐ GOVERNMENT AGENCY ☐ BUSINESS ☐

FULL LEGAL NAME, AGENCY, OR BUSINESS

_____

MAILING ADDRESS _____

_____

OWNER CONTACT PHONE (_____)_____ – _____

OWNER E-MAIL ADDRESS _____

TEMPORARY TAG NUMBER _____

REAL ESTATE NUMBER _____

PERMIT ADDRESS (This is the physical address of the actual work location.)

STREET NUMBER _____ STREET NAME _____ TYPE (Ave/Blvd) _____ DIRECTION _____

UNIT/SUITE _____ ZIP CODE _____ INTERSECTING STREETS _____ AND _____

LOT NO. _____ BLOCK _____ SUBDIVISION _____ CITY DEVELOPMENT NUMBER _____

LICENSED CONTRACTOR

LICENSE NOT REQUIRED ☐

COMPANY NAME

NAME (QUALIFYING AGENT)

STATE CERTIFICATION OR REGISTRATION NUMBER

QUALIFYING AGENT SIGNATURE

QUALIFYING AGENT CITY ID NO.

ADDRESS

PHONE | FAX

E-MAIL ADDRESS

PROPOSED USE

RESIDENTIAL	NON-RESIDENTIAL
☐ Apartment	☐ Amusement, Recreational
☐ Carport	☐ Church, Other Religious
☐ Condominium	☐ Convert Residence
☐ Duplex	☐ Daycare
☐ Garage	☐ Hospital, Institutional
☐ Mobile Home	☐ Hotel, Motel, Dormitory
☐ Other _____	☐ Industrial
☐ Single Family	☐ Office, Bank, Professional
☐ Townhouse	☐ Other _____
☐ 3 or 4 Family	☐ Parking Garage
	☐ Restaurant
	☐ School, Library, Educational
	☐ Service Station, Repair Garage
	☐ Stores, Mercantile
	☐ Utilities

BRIEF DESCRIPTION OF WORK OR ADDITIONAL NOTES

_____

_____

WORKER'S COMPENSATION

☐ EXEMPT

☐ INSURER _____

☐ LEASE EMPLOYEES _____

EXPIRATION DATE _____

TYPE OF IMPROVEMENT

☐ Existing Building
☐ New Building
☐ Other _____

NATURE OF WORK

☐ Replacement of Existing System
☐ New Installation
☐ Extension or Add-On to Existing System

JOB COST

$ _____

HEATING, VENTILATION, AND AIR CONDITIONING

Type of Heating Fuel: ☐ Electricity ☐ Solar ☐ LP Gas ☐ Wood ☐ Natural Gas ☐ Other _____ ☐ Oil

Type of Heating: ☐ Space ☐ Recessed ☐ Central ☐ Floor

Type of Air Conditioning: ☐ Air-to-Air Heat Pump ☐ Water-to-Air Heat Pump ☐ Straight Water Cool ☐ Straight Air Cool

Duct System Capacity (cfm): _____

Cooling Tower Capacity (gpm): _____

LPG containers (# of units): _____

Gasoline pumps (# of units): _____

Tanks (# of units): _____

Fire sprinklers (# of heads): _____

Other equipment: (Check all that apply)
☐ Boilers ☐ Control wiring ☐ Cooking equipment ☐ Gas fireplace ☐ Gas piping ☐ Range hood ☐ Wood fireplace
☐ Refrigeration ☐ Unfired pressure vessel ☐ Vent hood ☐ Wood stove

LIST ALL EQUIPMENT TO BE INSTALLED

AIR CONDITIONING AND REFRIGERATION (CONDENSERS)

Type	Number of Units	Model Number	Manufacturer	ARI Cooling Capacity (Tons)	ARI SEER/EER	ARI Reference

HEATING – FURNACES, BOILERS, FIREPLACES (AIR HANDLERS)

Type	Number of Units	Model Number	Manufacturer	ARI Heating Capacity (Tons)	ARI HSPF/AFU	ARI Reference

TANKS

Type	Number of Units	Serial Number	Manufacturer	Nominal Capacity	Approving Age

REQUIRED INSPECTIONS

Official Use Only

Req'd	Code	Inspection Type
☐	06	Mechanical Slab
☐	05	Rough
☐	111	Grease Duct Light Test
☐	14	Pressure Test
☐	09	Final

PAYMENT METHOD

☐ Cash ☐ Escrow Account
☐ Credit ☐ Exempt

FEE

$ _____

APPROVAL

Permit Approved by:

_____

OTHER AGENCY APPROVAL

Official Use Only

☐ Code Enforcement _____ ☐ Fire Marshall _____

☐ Zoning _____ ☐ DMG – Flood _____

☐ Other _____

☐ EPA – Ash site _____

_____

Revised 03/12/07