



**CITY OF JACKSONVILLE, FLORIDA
BUILDING INSPECTION DIVISION**

MECHANICAL PERMIT APPLICATION

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Permit Number _____

Date Issued ____/____/____

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

PROJECT IDENTIFICATION			PROPERTY OWNERSHIP DETAILS							
PROJECT NAME _____			TYPE: INDIVIDUAL <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> BUSINESS <input type="checkbox"/>							
PROJECT CONTACT _____			FULL LEGAL NAME, AGENCY, OR BUSINESS _____							
PROJECT CONTACT PHONE (____) _____ - _____			MAILING ADDRESS _____							
PERMIT ASSOCIATIONS? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, list permit data below:			OWNER CONTACT PHONE (____) _____ - _____							
<input type="checkbox"/> BUILDING PERMIT			OWNER E-MAIL ADDRESS _____							
<input type="checkbox"/> MOBILE HOME PERMIT										
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			PROPOSED USE							
LICENSE NOT REQUIRED <input type="checkbox"/>			RESIDENTIAL		NON-RESIDENTIAL					
COMPANY NAME _____			<input type="checkbox"/> Apartment		<input type="checkbox"/> Amusement, Recreational					
NAME (QUALIFYING AGENT) _____			<input type="checkbox"/> Carport		<input type="checkbox"/> Church, Other Religious					
STATE CERTIFICATION OR REGISTRATION NUMBER _____			<input type="checkbox"/> Condominium		<input type="checkbox"/> Convert Residence					
QUALIFYING AGENT SIGNATURE _____			<input type="checkbox"/> Duplex		<input type="checkbox"/> Daycare					
QUALIFYING AGENT CITY ID NO. _____			<input type="checkbox"/> Garage		<input type="checkbox"/> Hospital, Institutional					
ADDRESS _____			<input type="checkbox"/> Mobile Home		<input type="checkbox"/> Hotel, Motel, Dormitory					
PHONE _____ FAX _____			<input type="checkbox"/> Other _____		<input type="checkbox"/> Industrial					
E-MAIL ADDRESS _____			<input type="checkbox"/> Single Family		<input type="checkbox"/> Office, Bank, Professional					
BRIEF DESCRIPTION OF WORK OR ADDITIONAL NOTES			<input type="checkbox"/> Townhouse		<input type="checkbox"/> Other _____					
			<input type="checkbox"/> 3 or 4 Family		<input type="checkbox"/> Parking Garage					
<input type="checkbox"/> Restaurant			<input type="checkbox"/> School, Library, Educational							
<input type="checkbox"/> Service Station, Repair Garage			<input type="checkbox"/> Stores, Mercantile							
<input type="checkbox"/> Utilities										
WORKER'S COMPENSATION			TYPE OF IMPROVEMENT		NATURE OF WORK	JOB COST				
<input type="checkbox"/> EXEMPT			<input type="checkbox"/> Existing Building		<input type="checkbox"/> Replacement of Existing System	\$ _____				
<input type="checkbox"/> INSURER _____			<input type="checkbox"/> New Building		<input type="checkbox"/> New Installation					
<input type="checkbox"/> LEASE EMPLOYEES _____			<input type="checkbox"/> Other _____		<input type="checkbox"/> Extension or Add-On to Existing System					
EXPIRATION DATE _____										
HEATING, VENTILATION, AND AIR CONDITIONING										
Type of Heating Fuel:			Type of Heating:		Type of Air Conditioning:					
<input type="checkbox"/> Electricity <input type="checkbox"/> Solar			<input type="checkbox"/> Space		<input type="checkbox"/> Air-to-Air Heat Pump					
<input type="checkbox"/> LP Gas <input type="checkbox"/> Wood			<input type="checkbox"/> Recessed		<input type="checkbox"/> Water-to-Air Heat Pump					
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Other _____			<input type="checkbox"/> Central		<input type="checkbox"/> Straight Water Cool					
<input type="checkbox"/> Oil			<input type="checkbox"/> Floor		<input type="checkbox"/> 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: <input type="checkbox"/> Boilers <input type="checkbox"/> Control wiring <input type="checkbox"/> Cooking equipment <input type="checkbox"/> Gas fireplace <input type="checkbox"/> Gas piping <input type="checkbox"/> Range hood <input type="checkbox"/> Wood fireplace										
<small>(Check all that apply)</small> <input type="checkbox"/> Refrigeration <input type="checkbox"/> Unfired pressure vessel <input type="checkbox"/> Vent hood <input type="checkbox"/> 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			PAYMENT METHOD		OTHER AGENCY APPROVAL					
Official Use Only			<input type="checkbox"/> Cash <input type="checkbox"/> Escrow Account <input type="checkbox"/> Credit <input type="checkbox"/> Exempt		Official Use Only					
Req'd	Code	Inspection Type			FEE \$ _____ APPROVAL Permit Approved by: _____		<input type="checkbox"/> Code Enforcement _____	<input type="checkbox"/> Fire Marshall _____		
<input type="checkbox"/>	06	Mechanical Slab					<input type="checkbox"/> Zoning _____	<input type="checkbox"/> DMG – Flood _____		
<input type="checkbox"/>	05	Rough					<input type="checkbox"/> EPA – Ash site _____	<input type="checkbox"/> Other _____		
<input type="checkbox"/>	111	Grease Duct Light Test								
<input type="checkbox"/>	14	Pressure Test								
<input type="checkbox"/>	09	Final								