Request for Inspection Exemption for Replacement of Residential HVAC Equipment

Permit number (M-_____)   Address _____

Installation Cost $_____   **(must be under $5,000)** Contractor _____

I hereby waive the required inspections of this permitted work. In consideration for not being required to have inspections, I hereby declare that I will not hold the City of Jacksonville responsible for any adverse consequences resulting from this work, and further that I will not initiate, execute, or enjoin any legal action against the City of Jacksonville for such consequences. A copy of this letter will be recorded as an official record with the Public Works Building Inspection Division permit history so that any and all future buyers/owners of this property may be made aware of the status of work performed on this structure. As the homeowner, I understand that inspections performed to ensure compliance with the Florida Mechanical Code are to protect my health, safety and welfare. I also understand that Florida Statute 553.80(3) (b) allows local governments to adopt rules granting a single family homeowner exemption to required inspections for **work valued at under $5000.00**, and that the City of Jacksonville has adopted such a rule for replacement of existing electric residential HVAC equipment only, when requested by the homeowner.

Print homeowner's name _____

Homeowner's signature _____ Date_____
(By signing this document, I certify that I am the current owner of this residential property and agree to the terms of the inspection exemption)

As the owner/qualifier for the above referenced contractor, I certify that to the best of my knowledge the person signing above is the owner of the referenced property. I also have verified that the equipment installed under this permit, electrical breakers and wiring installed for this equipment meets the requirements of the Florida Building Code and the manufacturer's installation instructions.

Company owner/qualifier signature _____ Date_____

Notary for company owner/qualifier only
Before me this _____day of _____in the County of Duval, State of Florida, has personally appeared_____ herein by himself/herself affirms that all statements and declarations herein are true and accurate.

_____   Commission expires:_____
Notary Public at Large, State of Florida, County of Duval

_____
Notary's Printed Name

Personally Known_____ Produced Identification_____

Official Use Only

Accepted By_____(Building Inspection Division-Official)