



100 NW 1st Avenue Delray Beach FL 33444
(561) 243-7200 Fax: (561) 243-7221

Website: mydelraybeach.com



APPLICATION FOR MECHANICAL PERMIT (HVAC) Heating, Ventilation, & Air Conditioning

CITY	RG	TWP	SEC	SUBD	BLOCK	LOT									

FOR OFFICE USE ONLY:

BLDG. PERMIT NUMBER: _____	PLAN CHECK FEE: \$ _____	MCR # _____
MECH. PERMIT NUMBER: _____	PERMIT FEE: \$ _____	
	FIRE FEE: \$ _____	

PLEASE PRINT

JOB SITE ADDRESS _____

PROPERTY OWNER NAME _____ PHONE (____) _____

PROPERTY OWNER ADDRESS _____

MECHANICAL CONT'R (COMPANY) NAME _____

MECHANICAL CONT'R (COMPANY) ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE (____) _____ FAX (____) _____

PROJECT COST (Labor and Material) \$ _____ **NEW** _____ **REPLACEMENT** _____

SYSTEM SPECIFICATIONS: **ANYTHING OVER 5 TONS MAY REQUIRE FIRE DEPT. REVIEW/APPROVAL**

C/U MODEL NO. & C/B SIZE _____ KW _____

A.H.U. MODEL NO. & C/B SIZE _____ C/B SIZE _____

BTUH CAPACITY _____

S.E.E.R RATING _____

DUCT WORK: _____ (Y) _____ (N)

PACKAGE UNIT: _____

SCOPE OF WORK: _____

SIGNATURE OF QUALIFIER **CONTR. REGISTRATION #** **WORKERS COMP#** **OR** **EXEMPT (FID /FEIN) #**

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____
who is personally known to me or who has produced (Type of ID) _____ as identification.

Signature of Notary Public

(Seal)

NOTE: PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180-DAYS. AT LEAST 1-INSPECTION EVERY 180-DAYS OR PERMIT EXPIRES. PLANS MUST BE ON THE JOB BEFORE INSPECTION WILL BE MADE. FINAL INSPECTION IS REQUIRED ON ALL PERMITS.

APPROVALS

MECHANICAL: _____/DATE: _____ PLAN REVIEW: _____/DATE: _____ FIRE: _____/DATE: _____