

CITY OF PAHOKEE

BUILDING & PLANNING * 207 BEGONIA DRIVE* PAHOKEE FL 33476* PH 561-924-5534* FAX 561-924-8140



MECHANICAL PERMIT APPLICATION

MECHANICAL PERMIT #	PRIMARY PERMIT #	DATE
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LOCATION OF PROPOSED IMPROVEMENT						OWNER OF PROPERTY		
ADDRESS						NAME		
FLOOR/BAY/SUITE						ADDRESS		
SUBDIVISION						CITY	ST	ZIP
LOT		BLOCK				HOME #		CELL #
48						WORK #		FAX #

CONTRACTOR INFORMATION				
COMPANY NAME		QUALIFIER		LICENSE #
ADDRESS		CITY		ST
WORK #		CELL #		FAX #

DESCRIBE PROJECT IN DETAIL								TYPE OF HEATING / AIR CONDITONING						
								ELECTRIC			LP GAS		SOLAR	
								OIL			NATURAL GAS		WOOD	
								OTHER _____						
TOTAL COST OF PROJECT \$														
COMMERCIAL								RESIDENTIAL 1 or 2				RESIDENTIAL 3 OR MORE		
CHURCH	INDUST	OFFICE	SCHOOL	REST	HOSP	STORE	OTHER	SF	CONDO	MOBILE	DUPLEX	GARAGE	APT	OTHER

HEAT	SPACE	RECESS	CENTRAL	FLOOR	REFRIGERATION	VENT HOOD	
DUCT SYSTEM		TOTAL CAPACITY		CFM		BOILERS	CONTROL WIRING
COOLING TOWER		CAPACITY		GPM		RANGE HOOD	COOKING EQUIPMENT
FIRE SPRINKLER		NUMBER OF HEADS				GAS PIPING	FIRE PLACE
ESCALATOR		NUMBER				GAS PUMPS	NUMBER
TANKS		NUMBER				LPG CONTAINERS	NUMBER
AIR CONDITION		AIR TO AIR HEAT PUMP		WATER TO AIR HEAT PUMP		STRAIGHT WATER COOL	STRAIGHT AIR COOL

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THE FOLLOWING INFORMATION AND NOTARIZATION OF OWNER/AGENT AND CONTRACTOR SIGNATURE IS REQUIRED IF THE TOTAL COST OF ALL IMPROVEMENTS (AND NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMITS) IS \$2500 OR MORE. PLEASE ADDRESS FOLLOWING INFORMATION.

WARNING TO OWNER: YOU MUST RECORD A NOTICE OF COMMENCEMENT (AKA MECHANIC LIEN LAW) AND YOUR FAILURE TO DO SO MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY (IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT)

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO WORK AND INSTALLATIONS AS INDICATED ABOVE, AND ON THE ATTACHED ADDENDU (ID APPLICABLE). I CERTIFY THAT ALL THE WORK WILL BE PERFORMED TO MEET THE STANDARDS OF ALL LAWS REGULATING CONSTRUCTION IN THIS JURISDICTION. I UNDERSTAND THAT THE SEPARATE PERMITS ARE REQUIRED FOR STRUCTURAL, ELECTRICAL, PLUMBING, SIGNS, ROOFING, MECHANICAL, AND INSULATION WORK. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. PERMIT WILL BE CONSIDERED OR ABANDONED IF IT DOES NOT PASS INSPECTION WITHIN 180 DAYS.

OWNER BUILDER DISCLOSURE STATEMENT (489.103 FS.)
 State law requires construction to be done by a licensed contractor. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision for the construction yourself. The building or residence must be for your own use and occupancy. It may not be built or substantially improved for lease or sale. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building.

OWNER AFFIDAVIT: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL THE WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING THE CONSTRUCTION AND ZONING. FURTHERMORE, I AUTHORIZE THE ABOVE NAMED CONTRACTOR TO DO THE WORK.

OWNER/AGENT SIGNATURE _____ OWNER/AGENT PRINT _____ <p style="text-align: center;">NOTARY IF \$2,500. OR MORE</p> STATE OF FLORIDA PALM BEACH COUNTY THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ BY _____ WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____ _____ AS IDENTIFICATION _____ SEAL (SIGNATURE OF PERSON TAKING ACKNOWLEDGEMENT) _____ (NAME OF OFFICER TAKING ACKNOWLEDGEMENT TYPED, PRINTED, OR STAMPED) _____ (RANK OR TITLE) _____ (SERIAL NUMBER, IF ANY)	CONTRACTOR SIGNATURE _____ CONTRACTOR PRINT _____ <p style="text-align: center;">NOTARY IF \$2,500. OR MORE</p> STATE OF FLORIDA PALM BEACH COUNTY THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ BY _____ WHO IS PERONSALLY KNOWN TO ME OR WHO HAS PRODUCED _____ _____ AS IDENTIFICATION _____ SEAL (SIGNATURE OF PERSON TAKING ACKNOWLEDGEMENT) _____ (NAME OF OFFICER TAKING ACKNOWLEDGEMENT TYPED, PRINTED, OR STAMPED) _____ (RANK OR TITLE) _____ (SERIAL NUMBER, IF ANY)
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Reviews (Permit Cost)	Initial	Date	Receipt #	Comments
Planning				
Building				
Roofing				
Electrical				
A/C Mechanical				
Plumbing				
Gas				
Fire Marshall				
Zoning				
Plan Review				

PERMIT FEE	SURCHARGES	IMPACT FEE
EDUCATION FEE	PLAN REVIEW	TOTAL FEE \$