

BUILDING CONSTRUCTION SERVICES
MECHANICAL PERMIT APPLICATION

Permit #: _____

Date Received: _____

Fee: \$ _____

**1. PROPERTY
INFORMATION**

Property Address: 6714
Grand Boulevard
City: New Port Richey
State: FL Zip Code:
34652
County: PASCO
Parcel/Folio Number: _____

**2. PROPERTY OWNER
INFORMATION**

Owner Name: Sarah
Martinez
Phone: (727) 555-9999
Email: _____

**3. LICENSED
CONTRACTOR
INFORMATION**

Company Name: Coastal
HVAC Specialists
Contractor License
Number: CAC987654
Phone: (727) 555-8888
Email:
coastal@hvacpros.com
Mailing Address: _____

**4. DESCRIPTION OF
WORK**

Type of Work:
REPLACEMENT/
CHANGEOUT
Equipment Type: AC UNIT

Scope of Work:

Replace existing 3-ton AC unit with new 3
platform 4 feet above grade to meet flood elev
Disconnect located above Base Flood Elevation

Estimated Cost: \$6,800
Estimated Start Date:
2025-11-20

**5. EQUIPMENT
SCHEDULE**

Manufacturer: Carrier

Model Number:
24ACC642A003
Serial Number:
COAST123456
Capacity: 3.5 tons / 42000
BTU
Efficiency Rating: SEER 15
AHRI Certificate Number:
8765432
Fuel Type: ELECTRIC

**6. LOAD
CALCULATION**

Building Square Footage:
1800 sq ft
Year Built: 1985
Ceiling Height: 8 ft
Calculated Load:
_____ BTU (Manual J
attached)

**7. REQUIRED
ATTACHMENTS
CHECKLIST**

- & Load Calculation (Manual J or equivalent)
- & Equipment Specification Sheets
- & Site Plan / Equipment Location Diagram
- & Property Owner Authorization (if contractor applying)

**8. CONTRACTOR
CERTIFICATION**

I certify that the information provided in this application is true and correct to the best of my knowledge.
I understand that work performed without a valid permit may be subject to stop-work orders and penalties.
All work will be performed in accordance with the Florida Building Code and applicable local ordinances.

Date:

Contractor Signature

**9. PROPERTY OWNER
AUTHORIZATION**

I authorize the contractor listed above to apply for this permit and perform the work described.

_ Date:

Property Owner Signature

FOR OFFICE USE ONLY

Plan Review: & Approved & Revisions Required Reviewer: _____ Date: _____

Inspections Required: & Rough-In & Final Inspector: _____ Date: _____