HERNANDO COUNTY COMMERCIAL MECHANICAL APPLICATION

CONTACT PERSONS NAME						
e T	e-mail address: Phone:					
1						
Key #				Date:		
Condenser/Air Handler Cha	angeout Over 5 Tons		Condenser/Ai	r Handler Cł	nangeout Up to 5 Tons	
Ductwork (Add or Replace) Over 5 Drops		Ductwork (Ac	dd or Replac	e) Up to 5 Drops	
□ Other:						
Valuation Of Work to Be Don						
Legal Description: LotBlockSubdiv						
Address Of Job Site: No	Street					
Project Name	Shoj	oping C	Center Name			
Directions to Job Site:						
Property Owner:	Phone:					
Address	City			State	Zip	
Interest In Property:						
Name Of Fee Simple Titlehol	der:					
Address						
MECHANICAL CONTRA	СТОР					
Phone:	License Number	r: <u>(</u> Sta	te Certificati	on or Hern	ando County #Only)	
e-mail address:		(54				
ELECTRICAL CONTRAC	CTOR					
Phone:						
		(Sta	te Certificati	on or Hern	ando County #Only)	
e-mail address:						

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

County of:
The me by means of \Box physical presence or \Box ,, by
ification
j

Hernando County Building Division 789 Providence Blvd Brooksville, FL 34601

For Inspections, use the Internet Inspection System (contractors) or call 754-4050 (owners)

MECHANICAL INSTALLATION SHEET

This form must be submitted before mechanical work begins.						
Permit Number:						
Construction Address:						
Mechanical Contractor:						
(Contractor's Name)						
	Phone No dba)					
	al Air Conditioning and F	leating Specifications				
Cooling EER/SEER Heating COP/HSPF		COP/HSPF				
Gas AFUE	HRU	Solar Heating				
Condenser Unit Manufacturer Condenser Model Number Air Handler Manufacturer Air Handler Model Number KW of Electric Heat Package Unit Manufacturer Package Unit Model Number Gas Furnace Manufacturer Gas Furnace Model Number AC and Heating Duct System Type Bath Ventilation: Range Hood: Commercial hood & Duct System	Unit 1					
Contractor: Print Name: Signature:						
Hernando County Building I	אינ ינוסח , איז אינטעמפּמכפּ ש ועס , Brooksville, Fi	orida, 34601 (352)754-4050 Fax: (352)754-4416				