

HERNANDO COUNTY

MECHANICAL PERMIT APPLICATION

Want a Deficiency Report Faxed to you?
Please Provide Your FAX#: _____
Permitting Service FAX #: _____
E-Mail _____

NOTICE:
No structure, building, or improvement can encroach or be
constructed within an easement.

Permit Application No.: _____
(For office use only)

Key No.: _____
Date: _____

Describe work to be done: New (Energy Forms and Plan Review Required)
 Change-Out

Total Value of Proposed Project: \$ _____

Legal description: Lot: _____ Block: _____ Subdivision: _____ Unit: _____

Address of job site: No: _____ Street: _____

Specific Directions to job site: _____

Property owner: _____

E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Interest in property: _____

Name of fee simple titleholder (If Other Than Owner): _____

Address: _____ City: _____ State: _____ Zip: _____

Permitting Service Name: _____ Phone: _____ Contact Name: _____

E-Mail _____

Mechanical Contractor: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

License Number _____ (State Certification or Hernando County # Only)

Sub-Contractor List (Complete as Necessary)

Electrical: _____ Phone: _____

E-Mail: _____

License Number: _____ (State Certification or Hernando County # Only)

Signature of License Holder or Authorized Agent
(Subcontractor may sign here in lieu of submitting the Sub-Contractor Affidavit)

Bonding Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Architect/Engineer's name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Mortgage lender's name: _____
 Address: _____
 City: _____ State: _____
 Zip: _____

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 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 of 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: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SEC 713.13, FLORIDA STATUTES, AND CAN 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 RECORDING YOUR NOTICE OF COMMENCEMENT.

 Owner/Contractor or Authorized Agent

STATE OF _____ COUNTY OF _____
 Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, _____, by _____.

Personally Known OR Produced Identification

 Type of Identification Produced

 Signature of Notary Public (Seal)

Application Approved By: _____
 Permit Representative

PRINT FORM **CLEAR FORM**

Building Permit Application# _____

SUB-CONTRACTOR AFFIDAVIT

DATE: _____

TO WHOM IT MAY CONCERN:

I, _____,

d/b/a _____,

License Number: _____, will be the _____
(**Example:** Electrical, Mechanical,

_____ contractor for this permit application. The job address
Plumbing, Roofing, Gas, Etc.)

is: _____.

Signature of License Holder or Authorized Agent

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online
notarization, this _____ day of _____, _____, by

_____.

- Personally Known OR
 Produced Identification

Type of Identification Produced

NOTARY PUBLIC

**Hernando County Building Division
789 Providence Blvd
Brooksville, Florida 34601
(352) 754-4050**

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)

Company Name: _____ Phone No. _____
(dba)

Residential Air Conditioning and Heating Specifications

Cooling EER/SEER _____ Heating COP/HSPF _____

Gas _____ AFUE _____ HRU _____ Solar Heating _____

Unit 1

Unit 2

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:	Ducted _____	Ductless _____
Range Hood:	Ducted _____	Ductless _____
Commercial hood & Duct System	Type _____	Refrigeration _____
Misc.	_____	_____

Contractor: Print Name: _____

Signature: _____

THIS AREA IS RESERVED FOR
CLERK OF THE COURT
CERTIFICATION

Permit Number _____

Parcel ID Number _____

NOTICE OF COMMENCEMENT

State of Florida

County of Hernando

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. Description of property (legal description): _____

a) Street (*job*) Address: _____

2. General description of improvements: _____

3. Owner Information or Lessee information if the Lessee contracted for the improvement:

a) Name and address: _____

b) Name and address of fee simple titleholder (if different than Owner listed above) _____

c) Interest in property: _____

4. Contractor Information

a) Name and address: _____

b) Telephone No.: _____ Fax No.: (optional) _____

5. Surety (if applicable, a copy of the payment bond is attached)

a) Name and address: _____

b) Telephone No.: _____

c) Amount of Bond: \$ _____

6. Lender

a) Name and address: _____

b) Telephone No.: _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:

a) Name and address: _____

b) Telephone No.: _____ Fax No.: (optional) _____

8. a) In addition to himself or herself, Owner designates _____ of _____
to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b) Phone Number of Person or entity designated by Owner: _____

9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): _____, 20

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

(Signature of Owner or Lessee, or Owner's or Lessee's (Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

The foregoing instrument was acknowledged before me by means of physical presence or on-line notarization, this _____ day of _____, 20____ by _____ as _____ (type of authority, e.g. officer, trustee, attorney in fact) for _____, as _____

(Name of Person)

(type of authority, e.g. officer, trustee, attorney in fact)

for _____ (name of party on behalf of whom instrument was executed).

Personally Known Produced ID

Type of ID _____

Notary Signature _____

Print name _____

NOTARY STAMP