

Mechanical Permit Application

*For digital plans review, please email this application to digitalpermits@orlando.gov

Projects utilizing Private Provider require submittal and application via our [Private Provider application service page](#).

Date: _____ Related Building Permit # (if applicable): _____

Job Site Address, Parcel ID # or Legal Description: _____

Owner Name, Address, Phone: _____

Contractor Name¹, Address: _____ Lic #: _____

¹Current license and insurance information must be registered with Permitting Services or provided with this application.

Digital Plans Applicant Name: _____ Company: _____

Email: _____ Phone: _____

Primary Contact: _____ Job/Project Name: _____

For Contractor and Primary Contact, do we have current Phone #, FAX # and email address? _____

Work Description: _____

GENERAL

Type of Work (subtype—select one): Addition Alteration New Structure Repair/Replace

Plan Review Type: Commercial Residential 1 or 2 units Residential 3 or more units

Was Space Previously Air Conditioned? (Y/N) _____

Total # of AC Units: _____ Total # of AC Tons: _____ Total Heating KW's: _____ Duct Work Only? (Y/N) _____

Related to Code Enforcement Action? (Y/N) _____ Estimated Construction Cost: \$ _____

Note: Owner furnished equipment and materials must be included in Estimated Construction Cost. If the estimated cost of this job is greater than \$2,500 and not related to a Building Permit, a certified copy of the recorded Notice of Commencement must be filed with Permitting Services prior to scheduling your first inspection. A Notice of Commencement is not required to Repair/Replace an existing heating or air conditioning system in an amount less than \$7,500. FS 713.135(1)(d).

HVAC DETAIL

Type of AC System (Y/N): ___ Water to Air ___ Chiller ___ Split System ___ Package ___ Heat Pump

Type of Heating System (Y/N): ___ Boiler ___ Electric ___ Gas ___ Heat Pump ___ Oil

Type of Ventilation (qty): ___ Grease Hoods ___ Heat Hoods ___ Air Intakes ___ Exhaust Fans

UNIT INFORMATION

Efficiency Rating: ___ EER ___ COP ___ SEER ___ HSPF

Piping (Y/N): ___ Stream ___ Chilled Water ___ Other (describe): _____

Fireplace # of Units: _____ Refrigeration # of Units: _____

I hereby acknowledge that I have read this application and state that the above information is correct. I also agree to conform to all City Ordinances regulating the installation of mechanical work and equipment.

Owner/Contractor/Agent: _____ Date: _____

Print Name: _____

**NOTARIZED OWNER SIGNATURE REQUIRED ONLY IF THIS WORK IS NOT
PART OF A PROJECT WITH AN ISSUED BUILDING PERMIT.**

Owner: _____

Print Name: _____ (Owner)

Date: _____

(Owner)

STATE OF FLORIDA

COUNTY OF _____

SWORN to and subscribed freely and voluntarily for the purpose therein
expressed before me by _____, known to me to be the
person described in and who executed the foregoing. He/she is personally known
to me or has produced _____ (type of identification) as
identification.

WITNESS my hand and official seal in the County and State last aforesaid this
_____ day of _____, 202__.

Notary Public Signature:

Print Name:

My Commission Expires:

OWNER'S ELECTRONIC SUBMISSION STATEMENT:

Under penalty of perjury, I declare that all the information contained in this building permit
application is true and correct.

**For plan review status, inspection scheduling/results and other permitting information, please call
"PROMPT", our Interactive Voice Response system at 407.246.4444 or visit online at orlando.gov/permits.**