

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: _____

Job/Project Name: _____

Owner Name, Address: _____ Phone: _____

Contractor Name: _____

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

Contractor Company Name/Addresses: _____

Phone: _____

Digital Plans Applicant Name: _____ Company: _____

Email: _____ Phone: _____

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

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

Note: Owner furnished equipment and materials must be included in Estimated Construction Cost. If the estimated cost of this job is greater than \$5,000 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 \$15,000. FS 713.135(1)(d).

HVAC DETAIL

Type of Design (Y/N): Straight Cool _____ Heat Pump _____ Chiller _____ Boiler _____

Type of System (Y/N): Split System _____ Package _____ RTU _____ Mini Split _____

Type of Heating System (Y/N): Electric _____ Gas _____ Oil _____ Boiler _____

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

UNIT INFORMATION

Efficiency Rating: _____ EER _____ COP _____ SEER _____ SEER 2 _____ HSPF

Piping (Y/N): _____ Copper _____ PVC _____ Cast Iron _____ 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: _____ Date: _____

Print Name: _____ (Owner)

(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.