

# Mechanical Permit Application

\*For digital plans review, please email this application to [digitalpermits@orlando.gov](mailto: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: \_\_\_\_\_

Contractor Company Name/Address/Phone: \_\_\_\_\_

Digital Plans Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Work Description: \_\_\_\_\_

## GENERAL

Type of Work (subtype—select one):	Addition	Alteration	New	Repair/Replace
Plan Review Type:	Commercial	Residential 1 or 2 units	Residential 3 or more units	_____ # of units

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

Related to Code Enforcement Action? (Y/N) \_\_\_\_\_ Was Space Previously Air Conditioned? (Y/N) \_\_\_\_\_

\*Estimated Construction Cost: \$ \_\_\_\_\_ \*Sq. feet: \_\_\_\_\_

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](http://orlando.gov/permits).**