



MECHANICAL PERMIT APPLICATION
(HVAC, REFRIGERATION, HOODS, SUPPRESSION)

100 NW 1st Avenue Delray Beach FL 33444
(561) 243-7200 Fax: (561) 243-7221
Website: www.delraybeachfl.gov

PROPERTY CONTROL #: _____

PLEASE PRINT: FILL IN COMPLETELY. INDICATE "N/A" WHERE APPLICABLE.

JOBSITE ADDRESS _____

PROPERTY OWNER NAME _____

HOME PHONE (_____) _____ CELL (_____) _____

PROPERTY OWNER ADDRESS _____

MECHANICAL CONT'R (COMPANY) NAME _____

MECHANICAL CONT'R (COMPANY) ADDRESS _____

CITY _____ ST _____ ZIP _____

BUS. PHONE (_____) _____ CELL (_____) _____

E-MAIL _____ FAX (_____) _____

FOR OFFICE USE ONLY:

BLDG PERMIT #: _____
MECH PERMIT #: _____
PERMIT FEE: _____
PLAN CHECK FEE: _____
MCR #: _____
APPROVALS:
MECH: _____ DATE: _____
PLAN: _____ DATE: _____
FIRE: _____ DATE: _____
INDICATE IF
SMOKE TEST IS REQUIRED _____

NOTE: PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180-DAYS OR IF ACTIVITY LAPSES FOR 180 DAYS. PLANS MUST BE ON THE JOB SITE FOR ALL INSPECTIONS. FINAL INSPECTION IS REQUIRED ON ALL PERMITS.

TYPE OF INSTALLATION - CHECK ALL THAT APPLY FOR THIS CONTRACTOR:

DESCRIPTION OF WORK: _____ RESIDENTIAL _____ NEW IS THIS AN EXACT CHANGE-OUT?
_____ COMMERCIAL _____ REPLACEMENT YES NO

HVAC: **ANYTHING OVER 5 TONS MAY REQUIRE FIRE DEPT. REVIEW/APPROVAL**
C/U MODEL NO. & C/B SIZE _____ KW _____
A.H.U. MODEL NO. & C/B SIZE _____ C/B SIZE _____
BTUH CAPACITY _____ S.E.E.R RATING _____ PACKAGE UNIT: _____
DUCT WORK: _____ (Y) _____ (N)
TOTAL PROJECT COST (LABOR AND MATERIAL): \$ _____ Before Rebates

REFRIGERATION
Equipment Type: _____
C.U. Model No.: _____
H.P. or BTU/HR: _____
E.V.A.P. Model #: _____
Effic'y Rating: _____
PROJECT COST (LABOR AND MATERIAL):
\$ _____

HOODS - EXHAUST- BOOTH - BLOWER (2 SETS OF PLANS REQD)
Spray Booth: _____
Hoods: _____
SUPPRESSION SYSTEMS (3 SETS OF PLANS REQD)
Wet Chem: _____ H2O: _____
Clean Agent: _____ Dry Chem: _____
PROJECT COST (LABOR AND MATERIAL):
\$ _____

ADDITIONAL DESCRIPTION _____

SIGNATURE OF QUALIFIER _____ CONTR. REGISTRATION # _____ WORKERS COMP# _____ OR EXEMPT (FID /FEIN) # _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization
this _____ DAY _____ day of _____ MONTH _____, _____ YEAR _____ by _____

(Printed Name of Above Signatory)

Signature of Notary Public - State of Florida

(NOTARY SEAL)

Personally Known _____

OR

Produced Identification _____
Type of Identification Produced _____