



# Community Development Department Building Division

4200 Indian Bayou Trail, Destin, Fl. 32541  
Ph: (850) 654-1119 Fax: (850) 837-7949

## Mechanical Permit Application

JOB SITE ADDRESS: \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_

PARCEL ID: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

DATE: \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ QUALIFIER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE LICENSE #: \_\_\_\_\_ COMP#: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

MOBILE/CELL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

FMC CODE ISSUE: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

MOBILE/CELL: \_\_\_\_\_

BUILDING TYPE:  SINGLE FAMILY  MULTI FAMILY  COMMERCIAL

GIVE DESCRIPTION OF WORK TO BE DONE: \_\_\_\_\_

IMPROVEMENT TYPE:  NEW  REPAIR  REPLACE/CHANGE OUT  ADDITION  UPGRADE

FUEL TYPE:  ELECTRIC  NATRUAL GAS  LPG

NUMBER OF SYSTEMS	SIZE IN TONS	BTU'S	OTHER EQUIPMENT: Duct work only _____
_____	_____	_____	Refrigeration system _____
_____	_____	_____	Comm. Grease hood _____
_____	_____	_____	Incinerator/Boiler _____
_____	_____	_____	Solar Collection _____

TOTAL VALUE (MATERIAL & LABOR): \$ \_\_\_\_\_

If the direct contract is greater than \$2500.00, the applicant/owner must file a NOTICE OF COMMENCEMENT, unless it is a repair or replacement of an existing heating or air-conditioning system that is more than \$7,500.00 a NOTICE OF COMMENCMENT is required.

Application is hereby made to obtain a permit to do work and installation 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 separate permit must be secured for BUILDING, ELECTRICAL, PLUMBING, SIGNS, POOLS, ROOFING, and DOCKS, etc.

**FINAL INSPECTION IS REQUIRED ON ALL PERMITS**-Failure to obtain a final inspection may result in legal action.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ (Permit Official) Date: \_\_\_\_\_

Applicants Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ (initials) Date: \_\_\_\_\_