



Mechanical Permit Application

City of Atlantic Beach Building Department

800 Seminole Road, Atlantic Beach, FL 32233

Phone: (904) 247-5826 Email: Building-Dept@coab.us

****ALL INFORMATION HIGHLIGHTED IN GRAY IS REQUIRED.**

PERMIT #: _____

JOB ADDRESS: _____ PROJECT VALUE \$ _____

NEW AIR CONDITIONING & HEATING SYSTEM INSTALLATION **ARI # (REQUIRED)** _____

Air Handling Equipment Only *Condenser Only* *Air Handling Unit & Condenser*

Air Conditioning: Unit Quantity _____ Tons per Unit _____

Heat: Unit Quantity _____ BTUs per Unit _____ Seer Rating (REQUIRED) _____

Duct Systems: Total CFM _____

REPLACEMENT AIR CONDITIONING & HEATING SYSTEM INSTALLATION **ARI # (REQUIRED)** _____

Air Handling Equipment Only *Condenser Only* *Air Handling Unit & Condenser*

Air Conditioning: Unit Quantity _____ Tons per Unit _____

Heat: Unit Quantity _____ BTU's Per Unit _____ Seer Rating (REQUIRED) _____

Duct Systems: Total CFM _____

FIRE PREVENTION

Fire Sprinkler System Quantity _____ (Requires 1 set of digital plans)

Fire Standpipe Quantity _____ (Requires 1 set of digital plans)

Underground Fire Main Value _____ (Requires 1 set of digital plans)

Fire Hose Cabinets Quantity _____ (Requires 1 set of digital plans)

Commercial Hoods Quantity _____ (Requires 1 set of digital plans)

Fire Suppression Systems Quantity _____ (Requires 1 set of digital plans)

FIRE PLACES

Prefabricated Fireplace (Qty) _____

Gas Piping Outlets _____

MISCELLANEOUS:

Automobile Lifts _____

Boilers _____ BTUs _____

Elevators/Escalators _____

Heat Exchanger _____

Pumps _____

Refrigerator Condenser _____ BTUs _____

Solar Collection Systems _____

Tanks (gallons) _____

Wells _____

ALL OTHER GAS PIPING

Quantity of Outlets _____

Vented Wall Furnaces _____

Water Heaters _____

OTHER: _____

Permit becomes void if work does not commence within a six month period or work is suspended or abandoned for six months. I hereby certify that I have read this application and know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified or not. The permit does not give authority to violate the provisions of any other state or local law regulation construction or the performance of construction.

Owner Name: _____ Phone Number: _____

Mechanical Company: _____ Office Phone: _____ Fax _____

Co. Address: _____ City: _____ State: _____ Zip: _____

License Holder: _____ State Certification/Registration # _____

Notarized Signature of License Holder _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, in the State of Florida, County of _____ Signature of Notary Public _____

[] Personally Known OR [] Produced Identification
Type of Identification: _____