



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

100 NW 1st Avenue Delray Beach FL 33444
(561) 243-7200 Fax: (561) 243-7221
Website: 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 _____

FAX _____ E-MAIL _____

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 EQUIPMENT): \$ _____ 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 (3 SETS OF PLANS REQD)

Spray Booth: _____

Hoods : _____

SUPPRESSION SYSTEMS (3 SETS OF PLANS REQD)

Halon: _____ H2O _____

Dry Chem: _____ Wet Chem: _____

PROJECT COST (LABOR AND MATERIAL):
\$ _____

ADDITIONAL DESCRIPTION _____

_____ SIGNATURE OF QUALIFIER	_____ CONTR. REGISTRATION #	_____ WORKERS COMP#	OR	_____ EXEMPT (FID /FEIN) #
STATE OF _____				Personally Known _____
COUNTY OF _____				OR
The foregoing instrument was acknowledged before me this _____ day				Produced Identification _____
of _____, 20____ by _____.				Type of Identification Produced _____

(SEAL)

Signature of Notary Public