



City of Daytona Beach Shores
BUILDING DEPARTMENT
 2990 S. Atlantic Avenue
 Daytona Beach Shores, FL 32118
 Phone (386) 763-5377 Fax (386) 763-5370
 permits@cityofdb.org

MECHANICAL PERMIT APPLICATION

DATE: _____

JOB/OWNER NAME: _____ PHONE: _____

JOB ADDRESS: _____

TAX PARCEL NO: _____ EMAIL: _____

CONTRACTOR: _____

ADDRESS: _____ CITY & ZIP: _____

PHONE: _____ FAX: _____

STATE LICENSE #: _____ EMAIL: _____

Describe Work: _____

NUMBER OF UNITS: _____

VALUE PER UNIT: _____

TOTAL VALUE OF JOB: _____

Check all that apply:

New: ___ Remodel: ___ Residential: ___ Commercial: ___ Multiple Units: ___

FOR A/C UNITS:

MODEL: _____ EER/SEER: _____ TONS: _____

MODEL: _____ EER/SEER: _____ TONS: _____

Will the condensing unit(s) be placed on an existing stand? ___ Or on a structure? ___

FOR HEATING UNITS:

Type of Fuel: ELECTRIC GAS OIL _____

FOR OFFICE USE ONLY

____ Current Volusia County Listing Card & ____ State license verified & ____ Insurance verified (Hoods & hood ductwork)

____ Workers Comp (Hoods and hood ductwork)

OR

____ Proof of Liability Insurance with the City of DBS listed as the certificate-holder

____ Proof of Workers' Compensation Insurance or Exemption

____ State license verified

Send/Sent to Fire Marshal? VCE/Turtle?

CONTRACTOR'S STATEMENT: Application is hereby made to obtain a permit to do the 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 standard of all laws regulating construction in this jurisdiction.

CONTRACTOR'S SIGNATURE _____

CONTRACTOR'S NAME (PRINTED): _____

STATE OF _____ **COUNTY OF** _____

Sworn to and subscribed before me this _____ **day of** _____ **20** __,

by _____ **who is personally known to me or has produced** _____ **and who did (did not) take an oath.**

My Commission Expires:

Notary Public

WARNING TO OWNERS: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

OWNER/AGENT SIGNATURE: _____

OWNER/AGENT'S NAME (PRINTED) _____

STATE OF _____ **COUNTY OF** _____

Sworn to and subscribed before me this _____ **day of** _____ **20** __,

by _____ **who is personally known to me or has produced** _____ **and who did (did not) take an oath.**

My Commission Expires:

Notary Public



City of Daytona Beach Shores

Building & Codes Division

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Air Conditioning Replacement Form

Job Name: _____

Address: _____ Unit #: _____

Note: On existing equipment, make and model number are only required for components proposed to remain on site. If the entire system is replaced, only the make and model number for the new equipment is required.

Existing Equipment

Package Unit Make/Model

#: _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

Condenser Make/Model

#: _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

A.H.U. Make/Model

#: _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

New Equipment

Package Unit Make/Model

#: _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

Condenser Make/Model

#: _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

A.H.U. Make/Model

#: _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

S.E.E.R./E.E.R.: _____

(1) Show Wire Size: _____ Type: _____ (T.W. or T.H.W.)

(2) Size Disconnect Circuit Breaker or Fuse: _____

(3) Received a copy of D.B.S. Mechanical Inspection Checklist? _____ Yes

Signature of Contractor: _____ Date: _____