

TOWN OF PENNEY FARMS, FLORIDA

Tel: 904-529-9078 4100 CLARK AVENUE - PO BOX 1041
 Fax: 904-284-4405 PENNEY FARMS, FLORIDA 32079

PERMIT # _____

(County Reference Number)

MECHANICAL PERMIT APPLICATION

Owner:		Phone:	
Address:		City:	Zip:
Contractor:		EMAIL:	Phone:
Address:		City:	Zip:
PROJECT	Parcel Number:		
LOCATION	Street Address: :		City: Zip:
CHARACTERISTICS OF PROPOSED MECHANICAL WORK – ALL APPLICANTS COMPLETE PARTS A, B, & C			
A. USE OF BUILDING RESIDENTIAL 1. <input type="checkbox"/> One Family 2. <input type="checkbox"/> Two or More Families Enter Number of Units _____ 3. <input type="checkbox"/> Transient Hotel, Motel Rooming House Enter Number of Units _____ 4. <input type="checkbox"/> Mobile Home 5. <input type="checkbox"/> Other Residential _____ _____ _____	NON-RESIDENTIAL 6. <input type="checkbox"/> Amusement, Recreational 7. <input type="checkbox"/> Church, Other Religious 8. <input type="checkbox"/> Industrial 9. <input type="checkbox"/> Garage, Service Station 10. <input type="checkbox"/> Office, Bank Professional 11. <input type="checkbox"/> School Library Educational 12. <input type="checkbox"/> Store Mercantile 13. <input type="checkbox"/> Other _____	B. OWNERSHIP 14. <input type="checkbox"/> Private Individual Corporation Nonprofit Institution, Etc. 15. <input type="checkbox"/> Public (Federal, State or Local Governments C. NATURE OF WORK 16. <input type="checkbox"/> New Bldg 17. <input type="checkbox"/> Old Bldg	
Air Conditioning and Refrigeration _____ Tons _____ BTU			
Range Hood Value \$ _____			
Gas Burners (not in heating element) No. _____			
Boilers (including heating element) _____			
Underground Tanks Value \$ _____			
Other _____		Minimum Permit Fee \$ _____	
JOB VALUE	\$		
Additional Information:		+++++ PAID +++++ Permit Fee _____ Surcharge _____ TOTAL PAID _____ DATE _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
NOTE: 1.) Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state, and/or local agencies asserting concurrent jurisdiction for this work. 2.) Permits become null and void if work or construction authorized is not commenced within one (1) year or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. 3.) OWNER'S FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.			
I hereby certify that I have read and examined this permit and know the same to be complete and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.			
Owner Signature: _____		License Holder Signature: _____	
(Date)		(Date)	

Date Permit Issued: _____

Date Permit Completed: _____