

12103CO _____ G or H

Zone _____ Base Elev. _____

Map Revised Date _____

Finished Floor Elev. _____

TOWN OF KENNETH CITY

6000 54TH AVE N, KENNETH CITY, FL 33709
 PHONE: 727-498-8948 FAX 727-498-8841



MECHANICAL PERMIT APPLICATION

PERMIT #: _____

DATE ISSUED: _____

PROJECT SITE:	PROPERTY OWNER:
TENANT:	Name:
Address:	Address:
	City, State, Zip:
	Phone:

CONTRACTOR:

COMPANY:	QUALIFIER:
STATE LICENSE #:	PCCLB #:
PHONE:	EMAIL:

DESCRIPTION OF WORK:

NEW CONDENSOR

NEW AIR HANDLER

MANUFACTURER:	MANUFACTURER:
MODEL #:	MODEL #
AHRI #:	AHRI #:

TOTAL PROJECT VALUATION: \$ _____

TOTAL PROJECT SQUARE FOOTAGE _____

- **Notice of Commencement:** 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 FIRST INSPECTION.
- **ASBESTOS:** FBC 5TH ED (2014) 105.9 (Received customer asbestos notification). The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's responsibility to comply with the provisions of Section 469.003, Florida Statutes, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

BY SIGNING THIS APPLICATION, IT IS AGREED THAT YOU ARE THE QUALIFIED CONTRACTOR/ OWNER FOR THIS JOB AND ARE ACCEPTING ALL PERTINENT ORDINANCES AND BUILDING CODES OF THE TOWN OF KENNETH CITY.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

PERMIT FEE \$ _____ REVIEW FEE \$ _____ DBPR \$ _____ TECH \$ _____ **TOTAL \$** _____