



# MECHANICAL PERMIT APPLICATION

CITY OF BOCA RATON • 201 W. PALMETTO PARK ROAD • BOCA RATON, FL 33432

**PERMIT #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permit Type: (CHECK ONE ONLY)**

**Main Mechanical**     **Commercial Hood**     **Refrigeration**     **Natural & LP Gas**

Is this a sub-permit application?  YES  NO      **CONTRACT AMOUNT: \$** \_\_\_\_\_

Description of Work: \_\_\_\_\_  
 \_\_\_\_\_

Job Address: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

State Certification #: \_\_\_\_\_ Certificate of Competency #: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Tax Folio Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Architect/Engineer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Architect/Engineer's Address: \_\_\_\_\_ Fax: \_\_\_\_\_

1. Application is hereby made to obtain a permit to do the work and installations as herein indicated. I certify that no work or installation has been affected prior to the issuance of said permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits must be obtained for electrical, plumbing, air conditioning, roofing, paving, signs, pools, fences, etc. It is further understood that other approvals from federal, state or county agencies, homeowner or condominium associations or similar authorities, may be required prior to commencing the work described in this permit.

2. **Warning to owner: 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.**

3. If you intend to obtain financing, consult with your lender or an attorney before commencing work or recording your notice of commencement.

4. Applicants/Permit Holders are advised to determine if any deed restrictions, Homeowner Association rules, or other applicable provisions or restrictions apply to any work that may be authorized by this permit. The issuance of any permit or other action by the City in relation to any permit does not relieve the Applicant/Permit Holder of the duty, if any, to comply with any other applicable rules, obligations, provisions, or restrictions relating to the work and/or the permit. The City of Boca Raton is not responsible for compliance with or the enforcement of any such obligations, restrictions, rules, or provisions. The City reserves the right, in its sole and absolute discretion, to require, as a condition of the permit, approval from any entity the City deems appropriate for work that may be authorized by a permit.

**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.

\_\_\_\_\_  
 (Signature of Owner or Agent)

STATE OF FLORIDA • COUNTY OF PALM BEACH  
 Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year),

by: \_\_\_\_\_  
 (Print name of Owner or Agent)

\_\_\_\_\_  
 (Signature of Notary Public)

\_\_\_\_\_  
 (Print, Type or Stamp Commissioned Name of Notary Public)

\_\_\_\_ Personally known    \_\_\_\_ Produced identification

Type of Identification Produced: \_\_\_\_\_

**CONTRACTOR'S AFFIDAVIT:** I certify that I have the authority to make the foregoing application, that the application is true and correct and he contract amount for the work is listed above.

\_\_\_\_\_  
 (Signature of Contractor)

STATE OF FLORIDA • COUNTY OF PALM BEACH  
 Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year),

by: \_\_\_\_\_  
 (Print name of Contractor)

\_\_\_\_\_  
 (Signature of Notary Public)

\_\_\_\_\_  
 (Print, Type or Stamp Commissioned Name of Notary Public)

\_\_\_\_ Personally known    \_\_\_\_ Produced identification

Type of Identification Produced: \_\_\_\_\_

# City of Boca Raton

## Code Compliance Division/Building



### AIR CONDITIONING REPLACEMENT DATA (Must Submit 2 Copies)

APPLICATION NUMBER \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_

DATA	UNIT BEING REPLACED	NEW UNIT
Condenser Model		
Max Amps / Circuit Size	/	/
Air Handler Model		
Max Amps / Circuit Size	/	/
Package Unit		
Max Amps / Circuit Size	/	/
Heat Pump		
Max Amps / Circuit Size	/	/
Manufacturer		
EER / SEER		
KW Heat		
Nominal Tons		
Height of unit from roof deck		
Height of screen from roof deck		
Duct Work		<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke Detectors		<input type="checkbox"/> Yes <input type="checkbox"/> No
Work due to re-roofing		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical unit ground mounted		<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit screened by Landscaping		<input type="checkbox"/> Yes <input type="checkbox"/> No

**As per City of Boca Raton Code Section 19-126 the contractor is responsible for providing a ladder in place at the time of inspection, when required.**

As per Community Appearance Board Criteria 302.1.4 the mechanical equipment shall be screened by effective compatible architectural treatment .

Contractor Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name \_\_\_\_\_

Contractor License Number \_\_\_\_\_