



# Mechanical Permit Application

City of Atlantic Beach Building Department  
800 Seminole Rd, Atlantic Beach, FL 32233  
Phone: (904) 247-5826 Email: [Building-Dept@coab.us](mailto:Building-Dept@coab.us)

**\*\*ALL INFORMATION HIGHLIGHTED IN GRAY IS REQUIRED.**

PERMIT #: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_ PROJECT VALUE \$ \_\_\_\_\_

**NEW AIR CONDITIONING & HEATING SYSTEM INSTALLATION** ARI # (REQUIRED) \_\_\_\_\_

Air Handling Equipment Only       Condenser Only       Air Handling Unit & Condenser

Air Conditioning: Unit Quantity \_\_\_\_\_ Tons per Unit \_\_\_\_\_

Heat: Unit Quantity \_\_\_\_\_ BTUs per Unit \_\_\_\_\_ Seer Rating (REQUIRED) \_\_\_\_\_

Duct Systems: Total CFM \_\_\_\_\_

**REPLACEMENT AIR CONDITIONING & HEATING SYSTEM INSTALLATION** ARI # (REQUIRED) \_\_\_\_\_

Air Handling Equipment Only       Condenser Only       Air Handling Unit & Condenser

Air Conditioning: Unit Quantity \_\_\_\_\_ Tons per Unit \_\_\_\_\_

Heat: Unit Quantity \_\_\_\_\_ BTU's Per Unit \_\_\_\_\_ Seer Rating (REQUIRED) \_\_\_\_\_

Duct Systems: Total CFM \_\_\_\_\_

**FIRE PREVENTION**

Fire Sprinkler System      Quantity \_\_\_\_\_ (Requires 3 sets of plans)

Fire Standpipe      Quantity \_\_\_\_\_ (Requires 3 sets of plans)

Underground Fire Main      Value \_\_\_\_\_ (Requires 3 sets of plans)

Fire Hose Cabinets      Quantity \_\_\_\_\_ (Requires 3 sets of plans)

Commercial Hoods      Quantity \_\_\_\_\_ (Requires 3 sets of plans)

Fire Suppression Systems      Quantity \_\_\_\_\_ (Requires 3 sets of plans)

**FIRE PLACES**

Prefabricated Fireplace (Qty) \_\_\_\_\_

Gas Piping Outlets \_\_\_\_\_

**MISCELLANEOUS:**

Automobile Lifts \_\_\_\_\_

Boilers \_\_\_\_\_ BTUs \_\_\_\_\_

Elevators/Escalators \_\_\_\_\_

Heat Exchanger \_\_\_\_\_

Pumps \_\_\_\_\_

Refrigerator Condenser \_\_\_\_\_ BTUs \_\_\_\_\_

Solar Collection Systems \_\_\_\_\_

Tanks (gallons) \_\_\_\_\_

Wells \_\_\_\_\_

**ALL OTHER GAS PIPING**

Quantity of Outlets \_\_\_\_\_

# Vented Wall Furnaces \_\_\_\_\_

# Water Heaters \_\_\_\_\_

**OTHER:** \_\_\_\_\_

Permit becomes void if work does not commence within a six month period or work is suspended or abandoned for six months. I hereby certify that I have read this application and know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified or not. The permit does not give authority to violate the provisions of any other state or local law regulation construction or the performance of construction.

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mechanical Company: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Co. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License Holder: \_\_\_\_\_ State Certification/Registration # \_\_\_\_\_

**Notarized Signature of License Holder** \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the State of Florida, County of \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

[ ] Personally Known OR [ ] Produced Identification

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