



Gilchrist County Building Department
209 South East First Street Trenton, FL 32693
Phone: (352) 463-3173 Fax: (352)463-3189

MECHANICAL CHANGE-OUT PERMIT APPLICATION

Date	
Property Owner's Name	
Owner's Mailing Address	
Job Site Address	
Contractor	
Contact Phone	
License #	
Parcel Number	
Describe the Work	
Type of Equipment to be installed:	
Valuation of Work	\$ Notice of Commencement if needed
Rating of the equipment -	Air Conditioner: _____ Furnace: _____ AHRI forms required

Application is hereby made to obtain a permit(s) to do work and installations as indicated. I certify that no work or installation commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws. If applicant is not owner, the applicant shall certify to be acting as owner's authorized agent.

Based on this information, I hereby acknowledge that I have been advised that I should seek out and on my own to identify if there are any Deed Restriction and/or Covenants on the use of the site associated with this permit application.

Contractor/Agent _____ **Contractor** _____
 Signature Print Name

STATE OF FLORIDA, COUNTY OF Gilchrist

The foregoing information was sworn to, subscribed and acknowledged before me this _____ day of _____, 20 _____,

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

Notary Public, State of Florida _____ Stamp:

Date: _____

ANY WORK STARTED BEFORE THE ISSUANCE OF A PERMIT WILL RESULT IN DOUBLE PERMIT FEES