



Gilchrist County Building Department

209 SE 1st Street Trenton, FL 32693

Phone: (352) 463-3173 Fax: (352) 354-9113

Date Submitted: _____

Please print

Mechanical/HVAC Permit Application

Owner/Applicant Information

Owner Name:

Proof of Ownership: Recorded Deed Other:

Contractor Name:

License #:

Authorized Agent Name:

Affidavit on File Affidavit Attached

Owner/Builder Affidavit must be submitted if owner applying for permit

Contact Information

Name:

Address:

City:

State:

Zip:

Contact Phone:

Alternate Contact #:

Fax Number:

Email:

Project Information

Job Valuation: \$

N.O.C is Required if the replacement or repair is over *\$7,500 see below

Residential Commercial

Zoning Approval for City

Project Address:

City:

State:

Zip:

Parcel Number:

New Change Out (same tonnage) Change out (Upgrade) Air Handler Only Condenser Only Air Handler & Condenser

Description of work to be done:

Equipment type: Based on Tonnage - Up to 2 ½ Ton 3 Ton 3 ½ Ton 4 Ton 4 ½ Ton 5 Ton

Fire Place Duct Work Only (Addition-New duct installation) Duct Changes (Remodel)

Range Hood Grease Hood & Duct System

Estimated Construction Cost: \$

***If the estimated cost of this job is greater than \$2,500 and not related to a Building Permit, a certified copy of the recorded Notice of Commencement must be filed with the Building Department prior to scheduling your first inspection. A Notice of Commencement is not required to repair/replace an existing heating or air conditioning system in the amount less than \$7,500. FS-713-135(1)(d).**

Signature of Owner/Contractor/Agent

Date

STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____.

By: _____ (Printed Name of Individual Acknowledging)

Individual identified by: Personal Knowledge Satisfactory Evidence: Type: _____

Signature of Notary Public - State of Florida

Printed Name of Notary Public or Stamp