



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 Information

Owner Name:

Phone:

Proof of Ownership: Recorded Deed Other:

Address:

Email:

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

Contractor Information

Name:

Phone:

Address:

Email:

Agent:

Phone:

Email:

Affidavit on File Affidavit Attached

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).**

The Department and Applicant agree that this Document may be electronically signed. The parties agree that electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

Signature of Owner/Contractor/Agent

Date