

HERNANDO COUNTY COMMERCIAL CHECK LIST FOR MECHANICAL PERMIT

Mechanical permits applied for must be pulled by a mechanical contractor registered with our Licensing Department. If you are State certified you must still be registered with our Contractor Licensing Department. Please contact: 352-754-4050, Contractor Licensing to register. If you are working on a project that has a General Contractor and you will be the trade sub, providing you have registered, all you need to do is submit a sub-contractor affidavit. (Please use Hernando County Sub-Contractor affidavit.) This can be faxed to our office.

To apply for a MECHANICAL Permit you will need:

- 1) **3 Page application** – filled out with a key number (you can obtain this from the Property Appraiser’s screen online), legal description, description of work to be done, enter the value of the work to be done, name of project (what business you are performing the work for) and the location address of where the work will be done. The space for Mechanical Contractor must be filled out, along with the contact person area, if someone else will be responsible for answering questions or is to be notified when permit is ready for pickup. The application needs to be signed by the qualifier on file for the business. If anyone other than the qualifier is signing the application, a Hernando County authorized agent form must be submitted. The original will be produced each time a permit is applied for and the permit technician will make a copy for the permit file. The original will be returned to the holder.

- 2) For mechanical “change outs” (size for size units) no additional duct work added you will need to submit a **Mechanical Installation Sheet**, showing the equipment details and a **copy of the contract, showing scope of work and value.**

- 3) If any equipment will be located on a roof, a drawing of how it is anchored down must be submitted with the application. If there is any electrical work to be done, you will need to submit a **Complete electrical drawing** showing a diagram of work to be done, with all parts labeled for the Plans Examiner to review. There must be a written description of the scope of work stating procedure and describing construction methods, supplies used etc. It must be clear to the Plans Examiner as to what is being done or the permit application will be placed on hold. The drawing must have the Project name, location, Contractor’s name or business, along with the license number registered with Hernando County and the drawing needs to be **signed** by the contractor. The diagram must state: **“ This work complies with the 2011 NEC ”** A sub-contractor affidavit will need to be furnished by the Electrical Contractor.

- 4) If value of work done is over \$7500 a certified copy of recorded **Notice of Commencement**, with the BLUE seal must be turned in when picking up permit.

Hernando County Building Division
789 Providence Blvd.
Brooksville, FL 34601

Phone: (352) 754-4050 Fax: (352) 754-4151
www.hernandocounty.us/bldg

HERNANDO COUNTY COMMERCIAL BUILDING PERMIT APPLICATION

APPLICATION #	KEY #
Project Name:	
Shopping Center:	
Address of jobsite:	
Legal Description: Lot:	Block : Subdivision:
Previous use:	
Directions to jobsite:	

Describe Work To Be Done: _____

MUST HAVE THIS INFORMATION - Valuation of work to be done: \$

Property Owner:			
Address:	City:	State:	Zip:
Interest in Property:			
Name of Fee Simple Titleholder: (If other than Owner:			
Address:	City:	State:	Zip:

Architect:	Phone: ()
Address:	City: State: Zip:
Site Civil Engineer:	Phone: ()
Address:	City: State: Zip:
Building Engineer:	Phone: ()
Address:	City: State: Zip:

Public Contact Person – Responsible for Coordination of Project:			
Address:	City:	State:	Zip:
Email:			
Phone: ()	Fax: ()		

Building Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Electrical Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Plumbing Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Mechanical Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Roofing Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Underground Utilities Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Paving Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Gas Line Contractor (within building only):	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has 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 understand that a permit must be secured for **ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, ETC.**

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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT FOR JOBS IN WHICH THE VALUATION EXCEEDS \$2500.00 MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner or Agent (Including Contractor)

State of _____

County of _____

The foregoing instrument was sworn to and subscribed before me this ____ day of _____ by _____, who is () personally known to me or who has () produced _____ as identification.

NOTARY PUBLIC

Application approved by _____
Commercial Permit Representative

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Brooksville, FL 34601
Phone: (352) 754-4050 Fax: (352) 754-4151

www.hernandocounty.us/bldg

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For Inspections, use the Internet Inspection System (contractors) or call 754-4050 (owners)

MECHANICAL INSTALLATION SHEET

This form must be submitted before mechanical work begins.

Permit Number: _____

Construction Address: _____

Mechanical Contractor: _____
(Contractor's Name)

Company Name: _____ Phone No. _____
(dba)

Residential Air Conditioning and Heating Specifications

Cooling EER/SEER _____ Heating COP/HSPF _____

Gas _____ AFUE _____ HRU _____ Solar Heating _____

Unit 1

Unit 2

Condenser Unit Manufacturer	_____	_____
Condenser Model Number	_____	_____
Air Handler Manufacturer	_____	_____
Air Handler Model Number	_____	_____
KW of Electric Heat	_____	_____
Package Unit Manufacturer	_____	_____
Package Unit Model Number	_____	_____
Gas Furnace Manufacturer	_____	_____
Gas Furnace Model Number	_____	_____

AC and Heating Duct System Type	_____	_____
Bath Ventilation:	Ducted _____	Ductless _____
Range Hood:	Ducted _____	Ductless _____
Commercial hood & Duct System	Type _____	Refrigeration _____
Misc.	_____	_____

Contractor: Print Name: _____

Signature: _____