

**CITY OF EDGEWATER
BUILDING DEPARTMENT**

104 North Riverside Drive
Edgewater, Florida 32132
Phone: (386) 424-2400 X 1514 FAX: (386) 424-2423



MECHANICAL PERMIT APPLICATION

Application must be completed in ink or typed. All signatures must be notarized. All sections of the application must be accurately completed including the Work Description with a thorough description of all work proposed by this application. All required supporting documents, engineering, plans, etc., must be submitted for the application to be valid for review.

OFFICE USE ONLY

Application/Permit #: _____
Approved by: _____ Date: _____
Permit Fee: \$ _____
Receipt #: _____ Issued: _____

JOB SITE

PROJECT/COMPLEX NAME (IF ANY): _____

STREET ADDRESS: _____ UNIT #: _____

COUNTY: VOLUSIA LOT(S) # _____ BLOCK _____ PARCEL ID # _____

CONTRACTUAL DESCRIPTION -- Your contract for work is as a:

SUBCONTRACTOR FOR (Building Contractor) _____ Issued permit or application #: _____

INDEPENDENT WORK (unrelated to other permit). *If non-conforming, FEMA Improvements/Repair Application Packet is required*

Amount of contract: \$ _____ *If contract/price is \$7,500 or more, a recorded Notice of Commencement is required to be submitted prior to the issuance of the permit.*

WORK DESCRIPTION: _____

MECHANICAL PERMIT APPLICANT **PROPERTY OWNER IS APPLICANT** (if yes, skip below to property owner information)

NOTE: Registered Contractor must be licensed in the county project is located

LICENSES: STATE #: _____

APPLICANT/QUALIFIER NAME: _____ PHONE: _____

COMPANY NAME: _____ FAX: _____

STREET: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

**PROPERTY OWNER (required) (OWNER AS CONTRACTOR REQUIRES A SIGNED AFFIDAVIT)
(FAX OR EMAIL ADDRESS REQUIRED)**

NAME AS ON PROPERTY RECORD: _____ PHONE: _____

COMPANY NAME: _____ FAX: _____

STREET: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

Note: "NOTICE TO MECHANICAL CONTRACTOR" Only a licensed electrical contractor can replace breakers within the main electrical panel or branch circuit wiring to the equipment disconnect. Separate permits required for electrical work from the disconnect and into the panel board.

Florida Statute 489.105(3)(f) "to replace, disconnect, or reconnect power wiring on the load side of the dedicated existing electrical disconnect switch".

FEES FOR MECHANICAL PERMIT:

MINIMUM MECHANICAL PERMIT FEE	(BASE FEE) \$50.00 = \$ _____ <i>(For first \$1,000.00 of contract value)</i>
MECHANICAL FEE AS SUB-PERMIT FOR NEW RESIDENTIAL BUILDING PERMIT	\$95.00 = \$ _____
MECHANICAL FEE AS SUB-PERMIT FOR NEW COMMERCIAL BUILDING PERMIT	(BASE FEE) \$50.00 + = \$ _____ _____ X .006 per \$1,000.00 of contract value = \$ _____
MECHANICAL CHANGE-OUT (RESIDENTIAL)	\$66.00 = \$ _____
MECHANICAL CHANGE-OUT (COMMERCIAL)	
UP TO 5 TON	\$66.00 = \$ _____
OVER 5 TON	\$95.00 = \$ _____
MISCELLANEOUS MECHANICAL	(BASE FEE) \$50.00 + = \$ _____ _____ X .006 per \$1,000.00 of contract value = \$ _____
SUBTOTAL	\$ _____ +
STATE OF FLORIDA SURCHARGE	
3% of subtotal or \$4, whichever is greater. Effective 10/01/11, per F.S. 468.631 and 553.721.	\$ _____
TOTAL PERMIT FEE DUE	= \$ _____

WARNING TO OWNER: Your failure to record a notice of commencement may result in you 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.

Applicant's Affidavit: I certify that all the information is accurate and complete. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit. **Note:** If owner is applying for this permit as a contractor under F.S. 489.103 (and applicable Florida Building Code), said owner must personally appear at the CITY OF EDGEWATER Building Department to sign this application form and submit a completed Owner Affidavit Form.

Signature: _____ Print Name: _____

NOTARY of the State of Florida County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____ who is personally known to me or who has
produced _____ as identification.

Signature of Notary Public, State of Florida SEAL: