

**Application for Mechanical Permit
Highlands County, Florida**

Owner _____
Address _____
City _____
Phone _____

Contractor _____
Address _____
City _____
Phone _____

Legal Description of Property:

Strap: C- _____ Lot _____ Block _____
Address: _____ Subdivision _____

Equipment being installed:

"Voltage & Phase for Commercial Applications Only"

<input type="checkbox"/> Package Unit	Voltage: _____	Phase: _____	
Minimum Circuit Amps: _____	Heater Size: _____ KW	Wire Size: _____	Maximum Overcurrent Protection: _____
<input type="checkbox"/> Condenser	Voltage: _____	Phase: _____	
Minimum Circuit Amps: _____		Wire Size: _____	Maximum Overcurrent Protection: _____
<input type="checkbox"/> Air Handling Unit	Voltage: _____	Phase: _____	
Minimum Circuit Amps: _____	Heater Size: _____ KW	Wire Size: _____	Maximum Overcurrent Protection: _____
S.E.E.R.: _____	Unit Size _____ Tons	Heat Pump <input type="checkbox"/>	Straight Cool <input type="checkbox"/>
Duct Material: _____			

For condenser or air handling unit replacement only (partial system): Provide verification of energy rating documentation from ARI or another independent Testing agency, manufacturers support documentation, or Florida registered professional engineer verification, as per the laws, rules and codes applicable at the time of permit application.

Value of Work [Contract Price] \$ _____

Signature of Owner or Contractor

Date

State#

County#

Permit Fee	\$ _____
Certificate of Completion	\$ _____
State Surcharge	\$ _____
Total:	\$ _____

FBC-Mechanical issued under: _____