



CITY OF BELLEVIEW

"City with Small Town Charm"

DEVELOPMENT SERVICES DEPARTMENT

5525 SE 119th St., Belleview, Florida 34420

www.belleviewfl.org Email: DSStaff@belleviewfl.org

Telephone: (352) 245-7021 Fax: (352) 307-7708

MECHANICAL – HVAC PERMIT CHECKLIST

Before **any** development activity occurs on a piece of property, a permit is required from the local jurisdiction. A permit is required before carrying out any building activity, the making of any material change in the use, or change in appearance of any structure.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

The following items are among those required by the Belleview City Code and Florida Building Code. They must be included and completely filled out for the application package to be considered complete. If something does not apply please mark as such. If your application is found to be incomplete City staff will contact you within 3 full working days from the received date.

Check off all items that have been included in your application package:

1. **BUILDING PERMIT APPLICATION** Indicate the Electric Utility Company
2. **LEGAL DESCRIPTION** - Section, Township, Range, Lot, and Block, Parcel #, and Subdivision name.
3. **PROOF OF OWNERSHIP** – i.e., Current tax notice, Homestead Exemption Notice, Certificate of Title, or Recorded Deed.
4. **AIR CONDITIONING CHANGE-OUT FORM AND AHRI CERTIFICATE.** (HVAC SYSTEM)
5. **RAISED SEAL FLOOD ELEVATION SURVEY W/SPOT ELEVATION WHERE STRUCTURE TO BE LOCATED** Required if any part of property is in an A zone or AE zone (also required at final inspection)
6. **NOTICE OF COMMENCEMENT** - Certified and Recorded for projects of \$15,000 or more.
NOC MUST BE PRESENTED WITH COMPLETED APPLICATION OR BEFORE FIRST INSPECTION.
7. **OWNER/BUILDER DISCLOSURE STATEMENT & AFFIDAVIT** (If applicable)
8. **PROVIDE COPY OF APPLICABLE STATE AND LOCAL LICENSES, PROOF OF WORKERS COMPENSATION INSURANCE OR EXEMPTION** (for contractor and all subcontractors; see Permit Application).



CITY OF BELLEVIEW

“City with Small Town Charm”

DEVELOPMENT SERVICES DEPARTMENT

5525 SE 119th St., Belleview, Florida 34420

www.belleviewfl.org Email: DSStaff@belleviewfl.org

Telephone: (352) 245-7021 Fax: (352) 307-7708

Permit #: _____

Received by: _____

Application Date: _____

Fees Rec'd: _____

BUILDING PERMIT APPLICATION

CURRENT CODE IN EFFECT: 2020 FLORIDA BUILDING CODE, 7TH EDITION

Permit Type:

Building Roof Electrical Mechanical Plumbing Gas Shed Fence Pool Demo Alarm Other

Owner Information:

Owner's Name: _____ Phone: _____

Owner's Address: _____ City: _____ State: _____ Zip Code: _____

Owner's Email Address: _____

Fee Simple Titleholder's Name: (If other than owner) _____

Fee Simple Titleholder's Address: (If other than the owner) _____

City: _____ State: _____ Zip Code: _____

Mortgage Company Name: _____ Contact Person: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Project Location Information:

Parcel number: _____ Lot: _____ Block: _____ Unit: _____ Sec: _____ Twp: _____ Rge: _____

Site Address*: _____

***New construction/unit: The City will submit an address request to Marion County 9-1-1 Management for assignment of address.**

Subdivision: _____ Flood Zone: _____ Power Company: _____

Project Information:

Residential Commercial New Repair Alteration Addition Revision

Contract Price/Value (excluding lot): \$ _____ Sq. Footage: _____ Sq. Ft under roof: _____

Proposed project description/scope: _____

Architect Name: _____ Email: _____

Architect's Address: _____ City: _____ State: _____ Zip Code: _____

Engineer: _____ Email: _____

Engineer's Address: _____ City: _____ State: _____ Zip Code: _____

Construction Dumpster Provider: _____

Contractor Information:

Qualifier's Name: _____ State License No.: _____

Company Name: _____

Company Address: _____ City: _____ State: ___ Zip: _____

Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Bonding Company Name: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Subcontractor Information:

Contractors: Please complete information and sign below. By signing, I hereby swear that I am in compliance with Florida's worker's compensation law and that I have secured coverage or have a valid certificate of exemption.

Plumber: _____ Lic. #: _____ Signature: _____

Electrician: _____ Lic. #: _____ Signature: _____

Mechanical: _____ Lic. #: _____ Signature: _____

Roofer: _____ Lic. #: _____ Signature: _____

Gas: _____ Lic. #: _____ Signature: _____

Irrigation: _____ Lic. #: _____ Signature: _____

Other: _____ Lic.#: _____ Signature: _____

NOTICE

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work 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 separate permit may be required for ELECTRICAL, PLUMBING, SIGNS, IRRIGATION WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, ETC.

OWNER'S AFFIDAVIT: I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

It is agreed that in all respects, the work will be performed & completed in accordance with the permitted and applicable codes of the local jurisdiction. This permit may be revoked at any time upon violation of any of the provisions of said laws, ordinances, or rules & regulations, or upon any unauthorized change in the original approved plans. This permit becomes invalid if an inspection for permanent construction is not requested and approved within 180 days or more than 6 months has elapsed between inspections.

WARNING TO OWNER: FAILURE TO RECORD A NOTICE OF COMMENCEMENT WITH MARION COUNTY CLERK OF THE COURTS MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT: F.S.713.135

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other government entities, such as water management districts, state agencies, or federal agencies.

I _____ (applicant name) understand that the City of Belleview has regulations regarding Zoning and development activities including: setbacks, lot coverage, and site plans and that I have attended a Site Plan Committee meeting (for commercial projects) or I have read and understand all regulations pertaining to my proposed project and the attached application and submittal package is complete.

NOTE TO HVAC CONTRACTOR: *FLORIDA BUILDING CODE - ENERGY EFFICIENCY*, ON replacement HVAC systems; contractor must provide certification that all ductwork has been inspected and all necessary repairs/taping have been completed.

Owner's Signature: _____
Date: _____

and/or

Contractor's Signature: _____
Date: _____

State of _____
County of _____

State of _____
County of _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____ 20____, By _____ Personally known to me _____ or has produced _____ as identification.

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____ 20____, By _____ Personally known to me _____ or has produced _____ as identification.

Notary Public Signature
Print, type, or stamp commissioned name of Notary Public

Notary Public Signature
Print, type, or stamp commissioned name of Notary Public

Notary Seal

Notary Seal

Pursuant to Florida Statute 713.135(7) all signatures must be notarized



CITY OF BELLEVUE

"City with Small Town Charm"

DEVELOPMENT SERVICES DEPARTMENT

5525 SE 119th St., Belleview, Florida 34420

www.belleviewfl.org Email: DSStaff@belleviewfl.org

Telephone: (352) 245-7021 Fax: (352) 307-7708

Project #: _____
Received by: _____
Application Date: _____
Fees Rec'd: _____

AIR CONDITIONING CHANGE OUT FORM

FLORIDA BUILDING CODE – 7th EDITION (2020)

One form required for each separate A/C System Installed

Residential: _____ or Commercial: _____
 Single Package Unit: _____ Split System: _____ Ductless Mini: _____
 Any Duct Replacement: Yes No
 Refrigerant Line Replacement Yes No
 Rooftop A/C Stand Installation Yes No
 Smoke Detector Installation (over 2000 cfm) Yes No

**LADDER NEEDS TO BE AVAILABLE FOR ATTIC OR ROOFTOP ACCESS
NEW REPLACEMENT (System Components)**

AIR HANDLER

Manufacturer: _____
 Model #: _____
 SEER/EER: _____
 Size: ___ Tons Heat Strip: ___ KVA/KW
 HACR Breaker/Fuse Size: Min: ___ Max: ___
 Wire Size: _____
 Refrigerant type: _____
 Replace Existing: _____ New: _____
 Config: Horizontal: _____ Vertical: _____

CONDENSER

Manufacturer: _____
 Model #: _____
 SEER/EER: _____
 Size: ___ Tons Heat Strip: ___ KVA/KW
 HACR Breaker/Fuse Size: Min: ___ Max: ___
 Wire Size: _____
 Refrigerant type: _____
 Replace Existing _____ New: _____
 Config: Horizontal: _____ Vertical: _____

OLD EXISTING (System Components)

Manufacturer (if known): _____
 SEER/EER (if known): _____
 Size: _____ Tons Heat Strip: ___ KVA/KW
 Wire Size: _____
 Refrigerant Type: _____

Manufacturer (if known): _____
 SEER/EER (if known): _____
 Size: _____ Tons Heat Strip: ___ KVA/KW
 Wire Size: _____
 Refrigerant Type: _____

Note for **new** systems: Mechanical equipment in the AE flood zone shall be elevated to meet the requirements of the Florida Building Code.

Certification: With the authorization of the installing Contractor, I certify that the information entered on this form accurately represents the system(s) installed.

Signature of Applicant

Date