



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Development Services

5525 SE 119th St.

Belleview, FL 34420

Office: 352-245-7021

Email: DSStaff@belleviewfl.org

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. All applicable items must be included and forms completely filled out for the application package to be considered complete. If something does not apply please mark as such. **Payment of permitting fees is required at submittal.** 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 if known
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. ☐ **RECORDED NOTICE OF COMMENCEMENT** (Required for projects of \$15,000 or more.)
MUST BE PRESENTED WITH COMPLETED APPLICATION OR BEFORE FIRST INSPECTION.
7. ☐ **OWNER/BUILDER DISCLOSURE STATEMENT & AFFIDAVIT** (If applicable)
8. ☐ **PROVIDE COPY OF APPLICABLE STATE LICENSE(S), PROOF OF LIABILITY INSURANCE AND WORKERS COMPENSATION OR EXEMPTION** (for contractor and all subcontractors; see Permit Application).



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BUILDING PERMIT APPLICATION

Permit #: _____

Received By: _____

Permit Type:

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

Owner Information:

Owner's Name: _____ Phone: _____

Owner's Address: _____

Owner's Email Address: _____

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: _____ Phone: _____

Engineer Name: _____

Email: _____ Phone: _____

Construction Dumpster Provider: _____

Contractor Information:

Qualifier's Name: _____ State License #: _____

Company Name: _____

Company Address: _____

Contact Name: _____ Phone: _____

Email: _____

Subcontractor Information:

Contractors: Please complete information and sign below. By signing, I hereby swear or affirm 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.

Plumbing Company Name: _____ Qualifier Name: _____

Lic. #: _____ Signature: _____

Electrical Company Name: _____ Qualifier Name: _____

Lic. #: _____ Signature: _____

Mechanical Company Name: _____ Qualifier Name: _____

Lic. #: _____ Signature: _____

Roofing Company Name: _____ Qualifier Name: _____

Lic. #: _____ Signature: _____

Gas Company Name: _____ Qualifier Name: _____

Lic. #: _____ Signature: _____

Irrigation Company Name: _____ Qualifier Name: _____

Lic. #: _____ Signature: _____

Other Company Name: _____ Qualifier Name: _____

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.

Pursuant to the Florida Building Code, this permit application will be deemed abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued.

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.

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 A COPY PROVIDED TO THE BUILDING DEPARTMENT, 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:

and/or

Contractor's Signature:

Date: _____

State of _____

County of _____

Date: _____

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.

Notary Public Signature

Print, type, or stamp commissioned name of Notary Public

Notary Seal

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 Seal

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

CURRENT CODE IN EFFECT: 2023 FLORIDA BUILDING CODE, 8TH EDITION



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AIR CONDITIONING CHANGE OUT FORM

FLORIDA BUILDING CODE – 8th EDITION (2023)

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