

**TOWN OF LONGBOAT KEY
PLANNING, ZONING AND BUILDING
DEPARTMENT**

501 Bay Isles Road
Longboat Key, FL 34228
Phone: 941-316-1966 FAX: 941-316-1970



HVAC PERMIT APPLICATION
****A/C Change Out Only****

PLEASE PRINT AND FAX OR EMAIL COMPLETED FORM

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	
Applic #: _____	Permit # HP: _____
Approved by: _____	Date: _____
Permit Fee: \$ _____	
Receipt #: _____	Issued: _____

REVIEWED UNDER 2007 FLORIDA BUILDING CODE AND STATE STATUTES

JOB SITE

PROJECT/COMPLEX NAME (IF ANY): _____

STREET ADDRESS: _____ UNIT #: _____

COUNTY: MANATEE SARASOTA LOT (S) #: _____ PARCEL ID #: _____

HVAC PERMIT APPLICANT PROPERTY OWNER IS APPLICANT

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

LICENSES: STATE #: _____ MANATEE CO: _____ SARASOTA CO: _____

APPLICANT/QUALIFIER NAME: _____ PHONE: _____

COMPANY NAME: _____ FAX: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

CONTRACTUAL/WORK DESCRIPTION

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

EXISTING AND NEW LOCATION/DIMENSIONS: (not required if roof top or existing cantilevered installation)

EXISTING CONDENSER UNIT: GROUND DIMENSIONS: ___ ft. X ___ ft. SETBACK(S): SIDE YARD _____ ft.
REAR YARD _____ ft.
OTHER _____ ft.

NEW CONDENSER UNIT*: GROUND DIMENSIONS: ___ ft. X ___ ft. SETBACK(S): SIDE YARD _____ ft.
REAR YARD _____ ft.
OTHER _____ ft.

*Changes in ground dimensions or setbacks from respective property line(s) may require the submittal of a site plan to be approved for zoning prior to the issuance of the HVAC permit.

Please note regarding replacement a/c units:

- **Application a/c units must meet required setbacks for mechanical equipment. A site plan clearly indicating the location and setback of the new unit, as well as the placement of the required mechanical equipment screening may be required.**
- **Replacement a/c units must be inspected while the unit is being installed to ensure access by the inspector. Failure to do so will result in a re-inspection fee. Please make arrangements accordingly.**

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 Town Planning, Zoning and 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:

CREDIT CARD PAYMENT AUTHORIZATION FORM

Faxed applications must have this section of the application form completed authorizing payment through the cardholder's credit card.

I hereby authorize the Town of Longboat Key Planning, Zoning and Building Department to charge the credit card designated on the bottom of this form for payment of those fees identified below.

VISA/MASTERCARD Acct. No.: _____

Exp. Date: _____ CID #: _____ Billing Address (including ZIP): _____

Signature of Authorized Card Holder: _____ Card Holder's Phone: _____

Name Shown on Card: _____ FAX Number: _____