

HVAC PERMIT APPLICATION

****A/C Change Outs Only****

**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

OFFICE USE ONLY

Applic #: _____ PERMIT # HP: _____
Approved By: _____ Date: _____
Fees Due: \$ _____
Receipt #: _____ Issued: _____

**CHANGE OUTS MUST BE CALLED IN FOR INSPECTION WHILE THE WORK IS GOING ON OR
ARRANGEMENTS MADE TO MEET THE INSPECTOR ON THE JOB AFTER COMPLETION.**

COMPLETE APPLICATION IN INK OR TYPE

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 #: _____

AMOUNT OF CONTRACT*: \$ _____

*If contract/cost is more than \$7,500.00, a recorded Notice of Commencement is required prior to permit issuance.

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.

APPLICANT INFORMATION: LICENSED CONTRACTOR or PROPERTY OWNER per Statutes

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: _____ OTHER: _____
CITY: _____ STATE: _____ ZIP: _____
BONDING COMPANY: _____
BONDING COMPANY ADDRESS: _____ STATE: _____ ZIP: _____

FEES FOR HVAC PERMIT:

301 EXACT CHANGE OUT OF EQUIPMENT \$50.00 = \$ _____

Town of Longboat Key HVAC Permit Application for A/C Change-Outs Only

Site Address: _____ **Unit:** _____ **Applicant:** _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that through the replacement of the exterior mechanical equipment (condenser unit) that the existing setback distance from the property lines have not changed and the ground dimensions of the unit have not been increased. I certify that no work or installation 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 must be secured for ELECTRICAL WORK, PLUMBING, GAS, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANK, and AIR CONDITIONERS, etc.

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

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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.

NOTARIZED SIGNATURE OF APPLICANT (no agent signatures allowed)

If property owner is applying for this permit as his/her own contractor under Florida Statute 489.103 or Florida Building Code, 104.4.4, Statutes require owner to personally appear at the Planning, Zoning and Building Department to sign this form, and the owner must attach to this form a fully executed 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

CREDIT CARD PAYMENT AUTHORIZATION FORM

Payment by credit card is required for applications submitted by fax. 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.

MASTERCARD Acct. No.: _____ Exp. Date: ____/____

VISA CARD Acct. No.: _____ Exp. Date: ____/____

Credit Card Billing Address ZIP CODE: _____

Signature of Authorized Card Holder: _____

Print Name Exactly as Shown on Card: _____

Card Holder's Phone: _____ **FAX:** _____

DEPARTMENT USE ONLY: PAYMENT DENIED INFORMATION
 Charge denied by the credit card company code _____
 Charge denied by the Town because fee information does not match Town records _____