



BELLEAIR BUILDING DEPARTMENT
901 PONCE DE LEON BLVD.
BELLEAIR, FL 33756
(727) 588-3775
WWW.TOWNOFBELLEAIR.COM/BUILDING

MECHANICAL INSTALLATION FORM

THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED BEFORE THE PERMIT BECOMES VALID

Permit #: \_\_\_\_\_ Homeowner: \_\_\_\_\_
License Holder (Individual Name): \_\_\_\_\_
Company Name: \_\_\_\_\_
Contractor's Mailing Address: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contractor's Phone #: \_\_\_\_\_
FL State License #: \_\_\_\_\_ PCCLB #: \_\_\_\_\_
Jobsite Address: \_\_\_\_\_

AIR CONDITIONING, HEATING, AND VENTILATION SPECIFICATIONS

[ ] Residential [ ] Commercial

[ ] Electrical Cooling: Cooling Seer: \_\_\_\_\_ Heating HSPF: \_\_\_\_\_

[ ] Gas/Oil Cooling: COP: \_\_\_\_\_ Gas: \_\_\_\_\_ Oil: \_\_\_\_\_ HRU: \_\_\_\_\_

Condensing Unit Manufacturer 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Condensing Unit Model # 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Air Handler Unit Manufacturer 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Air Handler Unit Model # 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Furnace Manufacturer 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Furnace Model # 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Evaporator Coil Manufacturer 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Package Unit # 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Package Unit Model # 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

A/C and HTG Duct System: \_\_\_\_\_ Chilled Water Piping: \_\_\_\_\_ Hot Water Piping: \_\_\_\_\_

Refrigeration: \_\_\_\_\_ Bath Exhaust: \_\_\_\_\_ Dryer Exhaust: \_\_\_\_\_ Kitchen Hood: \_\_\_\_\_

Other: \_\_\_\_\_

MINIMUM REQUIRED INSPECTIONS:

1st rough (under slab) / 2nd rough (and/or prior to covering any work) / Final

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_