CITY OF PUNTA GORDA
HVAC PERMIT APPLICATION

CODE	DATE:	PERMIT#:

JOB ADDRESS:	UNIT #:	BUILDING #:	PHASE #:

BLOCK:	LOT:	SECTION:	SUBDIVISION:	PROJECT/CONDO NAME

OWNER NAME:	MAILING ADDRESS	ZIP	PHONE

CONTRACTOR'S BUSINESS NAME:	MAILING ADDRESS	ZIP	PHONE

CONTRACTOR'S STATE REGISTRATION NO.:	CONTRACTOR'S CITY CERTIFICATE NO.:
ARCHITECT:	ENGINEER:

USE OF BUILDING:			
❑ SINGLE FAMILY	❑ DUPLEX	❑ MULTI-FAMILY	❑ COMMERCIAL, DESCRIBE

ZONING DISTRICT	FLOOD ZONE	FLOOD ELEVATION	LOT TYPE
TONS	KW	SEER	UNITS

DESCRIPTION OF WORK – SPECIFICALLY:

VALUATION OF WORK:

PERMIT FEES:

NOTICE

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

_____

CONTRACTOR (QUALIFIER) SIGNATURE DATE

_____

SIGNATURE OF OWNER (IF OWNER/BUILDER) DATE

ACCEPTED BY:	DATE
PLANS CHECKED BY:	DATE
APPROVED FOR ISSUANCE BUILDING:	DATE
APPROVED ZONING:	DATE
APPROVED HISTORIC:	DATE

FAILURE TO READ AND UNDERSTAND THE CONDITIONS AND GENERAL PROVISIONS, DOES NOT RELIEVE THE APPLICANT FROM HIS OBLIGATIONS AS STATED ABOVE. IF ANY CONDITION OR PROVISION IS NOT FULLY UNDERSTOOD, THE APPLICANT SHOULD REQUEST CLARIFICATION BEFORE SIGNING THIS APPLICATION.

PERMIT VALIDATION CK#_____RECEIPT:_____CASH:_____DATE:_____

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner:	_____	Contractor name:	_____
Street address:	_____	Jurisdiction:	_____
City:	_____	Permit No.:	_____
Zip:		Final inspection date:	

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- ☐ Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- ☐ Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- ☐ The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- ☐ System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)
- ☐ Not tested – Duct work not accessible – (Section 101.4.7.1.1)

Signature: _____ Date: _____

Printed Name: _____

Contractor License #: _____

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____

Printed Name: _____

This form must be completed, signed by contractor and be on site at time of inspection.

Revised 4/17/12