



City of Belle Isle

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APPLICATION FOR MECHANICAL PERMIT

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: _____ **PERMIT NUMBER** _____

PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address _____, Belle Isle FL ___32809 ___32812
Property Owner _____ Phone _____
Property Owner's Mailing Address _____ City _____
State _____ Zip Code _____ **Parcel Id Number:** _____

REQUIRED! To obtain this information, please visit <http://www.ocpaf1.org/Searches/ParcelSearch.aspx>

Class of Building: Old New **Type of Building:** Residential Commercial Other
Type of Work: New Alteration Addition Repair

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units _____ Tons Per Unit _____ Total Tons _____
Type of System: Water to Air _____ Chiller _____ Split System _____ Package _____ Heat Pump _____ Estimated Cost \$ _____

Heating: # of Units KWS Per Unit _____ Total KWS _____ BTU's _____ Estimated Cost \$ _____
Oil _____ Electric _____ Boiler _____ Gas _____

(A) Estimated Cost Fee \$ _____

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor.

Ventilation:

(Number of) Grease _____ Heat _____ Hoods, Air Intakes _____ Exhaust Fans _____ Dryer Vents _____ Estimated Cost \$ _____

Refrigeration: Number of units _____ Estimated Cost \$ _____

Piping: Air _____ Vacuum _____ Steam _____ Chill Water _____ Estimated Cost \$ _____

Others: (Specify) _____ Estimated Cost \$ _____

Was the space previously Air Conditioned? Yes _____ No _____ (B) Estimated Cost Fee \$ _____

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE _____ LICENSE # _____

LICENSE HOLDER NAME _____ COMPANY NAME _____

Street Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Email Address _____

Building Official: _____ **Date** _____
Verified Contractor's Licenses & Insurance are on file _____ Date _____

Permit Fee \$ _____

Review Fee \$ _____

1% BCAIB Fee \$ _____

1.5% DCA Fee \$ _____

Total Permit Fee \$ _____

NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building Permit has been issued.

Building Permit Number _____