Application for Building Permit Mechanical (HVAC) CHANGE OUT (LIKE FOR LIKE) City of Fort Pierce - Building Department

Phone: (772) 460-2200 EXT. 261 OR 276 Fax: (772) 467-9836	
Property Tax ID# Owner's Name: Owner's Address: Property Address:	Discourse
Type of Permit - HVAC CHANGE OUT Valuat	tion \$
Description of Description:	
Change Out:	
□ Package Unit □ Roof	□ Ground □ Other
□ Air Handler □ Attic	□ Closet □ Other
☐ Condenser ☐ Roof ☐ Other	□ Ground □ Other
Electrical Work required	
Company's Name	
Qualifier: Initial	Last
	State: Zip:
Phone #: () I understand that no building may be occupied until a Certificate of O inspection by the Building Department and full compliance with the burules and regulations. I am also verifying that all sets of plans submit	ailding code, city and state ordinances and other applicable
Permit	
Double Fee Sig	gnature of Applicant
Other fees NO Total fees due	OTARY:
	OTARY SIGNATURE
Remarks Dividion Official	Dete
Building Official	Date

Plans and specifications of structure to be built or repaired must accompany this application. The Florida Energy Code submitted becomes an integral part of this plan and must pass final inspection. NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the Public Records of this County, and there may be additional permits required from other Governmental entities such as Water Management Districts, State Agencies, or Federal Agencies. **Signature** of **applicant must be notarized** if **not signing in person**.