



**ONE TEAM,
ONE GOAL,
ONE MISSION**

Revised November 2016

Application for a Mechanical Permit

Development Services

6051 Old Bagdad Highway, Suite 202

Milton, FL 32583

Phone: 850-981-7000

www.santarosa.fl.gov

srcpermits@santarosa.fl.gov

Division of Community Planning, Zoning and Development

Fax: 850-983-9874

Building Inspection and Code Compliance

Fax: 850-623-1208



2007 Florida Statutes, 713.135(6) Application is hereby made to obtain a permit to do the work and installations as indicated. 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, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, etc.

Time limitation of application: An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the day of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extensions shall be requested in writing and justifiable cause demonstrated.

Conditions of Permit: Every permit issued shall become invalid unless the work authorized by such permit is commenced within six (6) months after its issuance or if the work authorized by such permit is suspended or abandoned for a period of six (6) months after the time the work is commenced. Work shall be considered to be in active progress when the permit has received an approved inspection within 180 days.

“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.”

Effective March 15, 2012, Santa Rosa County will no longer accept the residential balanced return air affidavit. HVAC Contractors will need to ensure compliance with M1602.4 by providing a signed balanced return air distribution data sheet showing the required and final CFMs for each area served or meet one of the following exceptions:

1. Transfer duct may achieve the balanced return air by increasing the return transfer 1-1/2 times the cross sectional area of the supply duct entering the room or space it is serving and the door having at least an unrestricted 1-inch undercut to achieve the proper return air balance.
2. Transfer grilles shall use 50 sq inches (of grille area) to 100 CFM (of supply air) for sizing through-the-wall transfer grilles and using an unrestricted 1-inch undercutting of doors to achieve proper return air balance.

Note: Habitable rooms only shall be required to meet these requirements for proper balanced return air excluding bathrooms, closets, storage rooms and laundry rooms, except that all supply air into the master suite shall be included.

Effective immediately we will require a separate inspection for the return air plenum if it is not constructed or sealed at the time of the rough inspection. The mechanical contractor will be responsible for calling in an additional rough inspection. If the return air plenum has not been inspected at the time of the final inspection, if needed we will require the finished elements be removed so that our department can ensure that it is constructed according to code.

Property Information

Property Owner: _____

Job Address: _____

Parcel Number: _____

City: _____ Zip: _____

Owner Phone Number: _____

Owner E-mail: _____

Mailing Address for Property Owner: _____

City: _____ State: _____ Zip: _____

Driving Directions to Site From Public Service Complex (6051 Old Bagdad Hwy, Milton):

If applicable, please provide a gate access code: _____

Job Information

- Commercial or Residential
- New or Existing
- Repair Alteration Change-out

Please select what you are changing-out

- Condenser Evaporator or Both*

How many inspections: _____

Cost of Construction: \$ _____

Size of Unit: _____ TONS

How Many Units: _____

Scope of work:

- Single Family Accessory Building Duct
- Mobile Home Range Hood* Boiler*
- Commercial Building DCA Modular Building
- Condo/Apt/Multi Family Cooler* Other _____

*Please complete the following:

Project #: _____

Boiler Information- BTU _____ Gallons

Range Hood Information-

____ Type I or ____ Type II and Length _____ & Width _____

Cooler Information- Length _____ & Width _____

Balanced Air Method
Per M1602.4

A) Test and Balance

B) Transfer Duct

C) Transfer Grills

MECHANICAL

Contractor

Applicant: _____

Contractor State Registration#: _____

Company Name: _____

Mailing Address: _____

Phone #: _____

City: _____ State: _____

Fax #: _____

Zip: _____

Email Address: _____

Signature of Qualifier: _____

By signing you acknowledge the Conditions and Limitations on the reverse side.

If you are an owner who would like to pull your own permit please fill out the Owner/Building Disclosure form.

Office Use

Building Permit # _____

Issued Date: _____

Approved By: _____

Written By: _____