



City of South Pasadena

COMMUNITY IMPROVEMENT

Office Address:
6940 Hibiscus Ave S
South Pasadena, FL 33707

Mailing Address:
7047 Sunset Dr S
South Pasadena, FL 33707

PHONE: (727) 343-4192 * FAX: (727) 381-4819

HVAC/Mechanical Sub-Permit Application CHANGEOUT

SUB-PERMIT # _____

PROJECT ADDRESS _____ MASTER PERMIT # _____

PROPERTY OWNER _____ PHONE # () _____ - _____

ADDRESS _____ CITY _____ ZIP _____

COMPANY _____ LICENSE # _____

ADDRESS _____ CITY _____ ZIP _____

QUALIFIER _____ PHONE # () _____ - _____ FAX # () _____ - _____

Description of Work _____

CHECK APPLICABLE

___ CHANGEOUT CONDENSER

___ CHANGEOUT AIR HANDLER

Manufacturer _____

Manufacturer _____

Model Number _____

Model Number _____

AHRI Reference Number _____

AHRI Reference Number _____

****Units will be checked for compatibility requirement or an Engineer's letter is required at Inspection per Florida Building Code 13.607.AB.3.1.1**

___ EXISTING CONDENSER (To Remain)

___ EXISTING AIR HANDLER (To Remain)

Manufacturer _____

Manufacturer _____

Model Number _____

Model Number _____

AHRI Reference Number _____

AHRI Reference Number _____

UNIT TONNAGE _____

VALUATION OF PROJECT \$ _____

As a condition to the issuance of this Permit, I promise in good faith that I will immediately deliver the required Florida Construction Lien Law Statement to the persons whose property is subject to attachment. I understand that a separate permit must be secured for all work not provided in this application. I certify that all foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating zoning and construction.

Contractor or Agent's Signature _____ Date _____

Print Contractor or Agent's Name _____ Date _____

Application Approved by _____ Approval Date _____