

Permit Checklist

AC Permit

- 1. COMPLETED PERMIT APPLICATION
- 2. COPIES OF LICENSE AND INSURANCE
- 3. NOTICE OF COMMENCEMENT FOR JOBS VALUED AT OVER \$15,000
- 4. PROPERTY RECORDS CARD SHOWING THE OWNER MATCHES THE OWNER ON THE APPLICATION.
- 5. AHRI SHOWING THE UNIT MEETS THE MINIMUM EFFICIENCIES REQUIRED BY THE FLORIDA BUILDING CODE.
- 6. FOR NEW INSTALLATIONS PROVIDE A DUCT LAYOUT, ENERGY CALCULATION AND AC LOAD CALCULATION.

Apply for your permit at: https://portal.iworq.net/MASCOTTEFL/new-permit/600/5611

		C	ITY OF	MASC	OTTE	Perr	nit Number
		PE PE	ERMIT A	PPLIC	ATION		
Alternate Key Number	Pa	arcel Number	Project Addre	ess			
			Project Desc	ription			
Owner's Name	Mailing Addre	ss	City, State,	Zip		Т	elephone
Email Address:	<u> </u>					L	
ee Simple Titleholder's Nam	e Mailing Addre	ss	City, State, 2	Zip		Т	elephone
General Contractor	Mailing Addre	ss	City, State, 2	Zip		Т	elephone
Email Address:	I		State License				
Construction Contractor	Mailing Addre	SS	City, State, 2	Ζιp		<u> </u>	elephone
Email Address:			State License	a Number			
Electrical Contractor	Mailing Addre	ss	City, State, 2		<u> </u>	T	elephone
Email Address:			State License	e Number:			
Plumbing Contractor	Mailing Addre	SS	City, State, 2	Zip		Т	elephone
Email Address:			State License Number:		Tolophore		
HVAC Contractor	Mailing Addre	SS	City, State, 2	Zip		<u> </u>	elephone
Email Address: Roofing Contractor	Mailing Addre	SS	State License Number: City, State, Zip			Telephone	
			-				
Email Address:	IM-Sin - Antolog		State License Number: City, State, Zip			-	Salara la cara
Gas Contractor	Mailing Addre	SS	City, State, A	Zip		<u>'</u>	elephone
Email Address:			State License	e Number:			
_egal Description							
Bonding Company							
Bonding Company Address Architect's Name							
Architect's Address							
		Job Name:			•		
Project Informa	ation	Subc	division Name		Lot No.	Phase	
Zone Lot Area							
		Setback	s (ft)	Front	Rear	Side	Corner
Project (check one)	1	Area	Electrical Service Size		vac		(check one)
New	Living		5311100 0120	Ту	pe	Municipal	
Alteration	Garage		-			Well	<u> </u>
Addition	Porch(s)		-	Efficiency		Plumbing (check	one)
Repair Other	Other Total		-	Airhandler Condenser	1	Sewer Septic	
Ou IOI	ıolai	1	END OF PAC		<u> </u>	Оерис	<u>I</u>

			PAGE 2 OF 2				
Attached Detached		Job Value		7th Edition Florida Building Code			
Signature of A			Date	latia at			
WARNING TO OWNER: Your failure to record a Notice of							
	Commencement may result in your paying twice for improvements to						
your property. If you intend to obtain financing, consult with your lender							
or an attorney before recording your Notice of Commencement. The							
issuance of a building permit does not assure the building setbacks have							
been met or that the structure does not encroach on an easement. The							
owner and/or contractor have the sole responsibility of determining							
compliance with setbacks and non-encroachment of easements. If the							
City of Mascotte determines the structure does not meet applicable							
setbacks or improperly encroaches on an easement, the owner is							
•	responsible for moving the structure, restoring the easement to its						
original condition, or otherwise making the structure comply with City							
setbacks and other land use requirements. Permits expire 6 months after							
issuance.							
			efore me this				
or has produ				who is personally known to me identification and who did			
or did not			ac	nachtinoation and who did			
(Seal)							
Notary Public							

Afte	er recording return to:								
	mit No: Folio or Alternate Key #:	Groveland, Lady Lake, Lake County, Leesburg, Mascotte, Minneele Mentyerde Mount Dara Tayong Umatilla							
		e that improvement will be made to cert bllowing information is provided in this N	ain real property, and in accordance with otice of Commencement.						
1.	Description of property:	Legal Description: (legal description of the property, and street address if available)							
		Street Address:							
2.	General description of improve	f improvement:							
3.	Owner's Information:	Address:	cholder (if other than owner):						
4.	Contractor Information:	Name:	_Fax No. (Opt.)						
5.	Surety Information:	Name:	Fax No. (Opt.)						
6.	Lender Information:	Name:Address:Telephone No	Fax No. (Opt.)						
7.		rida designated by Owner upon whom n 713.13(1)(a)7.,Florida Statutes: Name:							
8.	In addition to himself or herself to receive a copy of the following	f, Owner designates ng Lienor's Notice as Provided in Sectio Name:	of						
9.		nmencement (the expiration date is 1 ye	ear from the date of recording unless a						
PAY PRO	YMENTS UNDER CHAPTER 713, PA OPERTY. A NOTICE OF COMMENC	ART I, SECTION <u>713.13</u> , FLORIDA STATUTI EMENT MUST BE RECORDED AND POSTE	CPIRATION OF THE NOTICE OF COMMENCEMENT AR ES, AND CAN RESULT IN YOUR PAYING TWICE FOR I ED ON THE JOB SITE BEFORE THE FIRST INSPECTIO NG WORK OR RECORDING YOUR NOTICE OF COMMI	MPROVEMENTS TO YOUR N. IF YOU INTEND TO OBTAIN					
			Signature of Owner or Owner's Authorized Officer/Dir	ector /Partner /Manager					
			Printed Name & Signatory's Title/Office						
The	foregoing instrument was acknowled	lged before me thisday of	_, 20, by						
who	is personally known to me or has pro	oduced	as identification and who did	or did not					
take	e an oath.								
			Signature of Notary Public - State of Florida						
Ve	ification nursuant to Section 22.50	E Florido Statutas	Print, type or Stamp Commissioned Name of Notary F	Public					
	ification pursuant to Section <u>92.52</u> der penalties of perjury, I declare that		ated in it are true to the best of my knowledge and belief.						

Signature of Natural Person (Owner) Signing Above