



City of Mascotte  
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>



# PERMIT APPLICATION

Date Received: \_\_\_\_\_

Permit # \_\_\_\_\_

PROJECT INFORMATION		PURPOSE OF APPLICATION	
Job Site Address:		<input type="checkbox"/> Residential	<input type="checkbox"/> New Construction
City, State & Zip:		<input type="checkbox"/> Multi-family	<input type="checkbox"/> Addition
Alternate Key #		<input type="checkbox"/> Commercial	<input type="checkbox"/> Alteration/repair
Subdivision <span style="float:right">Lot</span>		<input type="checkbox"/> Industrial	<input type="checkbox"/> Demolition
<input type="checkbox"/> Sewer <input type="checkbox"/> Septic		<input type="checkbox"/> Other	Total
<b>SCOPE OF WORK</b>			
Job Description:			
Job Value \$		<b>RE-ROOFS ONLY ROOFING MATERIAL:</b>	
Existing Site Development/ Current use of building:		Proposed use of building:	
OWNER'S INFORMATION		FEE SIMPLE TITLEHOLDER (if different than owner)	
Name:		Name:	
Mailing Address:		Mailing Address:	
City, State & Zip:		City, State & Zip:	
Phone #: <span style="float:right">Email:</span>		Phone #: <span style="float:right">Email:</span>	
CONTRACTOR INFORMATION			
Company Name:		License #	
Qualifier Name:		Phone #	
Mailing Address:		Email:	
City, State & Zip:			
SUBCONTRACTORS			
Electrician:	License #	Email:	
Mechanical:	License #	Email:	
Plumbing:	License #	Email:	
Gas:	License #	Email:	
Roofer:	License #	Email:	
Irrigation:	License #	Email:	
Fire:	License #	Email:	
INSPECTION CONTACT			
Super 1:	Email:	Phone #	
Super 2:	Email:	Phone #	
Super 3:	Email:	Phone #	
BONDING COMPANY		ARCHITECT/ENGINEER	MORTGAGE LENDER
Name:		Name:	Name:
Address:		Address:	Address:

**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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

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.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERTO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT.**

\_\_\_\_\_  
CONTRACTOR OR OWNER/BUILDER SIGNATURE

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

Personally Known:   
Or Produced Identification:   
Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

After recording return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Permit No: \_\_\_\_\_  
Tax Folio or Alternate Key #: \_\_\_\_\_  
\_\_\_\_\_

**NOTICE OF COMMENCEMENT**  
**Astatula, Clermont, Eustis, Fruitland Park, Howey in the Hills,**  
**Groveland, Lady Lake, Lake County, Leesburg, Mascotte,**  
**Minneola, Montverde, Mount Dora, Tavares, Umatilla**

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: Legal Description: (legal description of the property, and street address if available)  
\_\_\_\_\_  
\_\_\_\_\_  
Street Address: \_\_\_\_\_
2. General description of improvement: \_\_\_\_\_
3. Owner's Information: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Interest in Property: \_\_\_\_\_  
Name and Address of fee simple titleholder (if other than owner): \_\_\_\_\_  
\_\_\_\_\_
4. Contractor Information: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. (Opt.) \_\_\_\_\_
5. Surety Information: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. (Opt.) \_\_\_\_\_  
Amount of Bond: \_\_\_\_\_
6. Lender Information: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. (Opt.) \_\_\_\_\_
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. (Opt.) \_\_\_\_\_
8. In addition to himself or herself, Owner designates \_\_\_\_\_ of \_\_\_\_\_  
to receive a copy of the following Lienor's Notice as Provided in Section 713.13 (1) (b), Florida Statutes:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. (Opt.) \_\_\_\_\_
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) \_\_\_\_\_.

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

\_\_\_\_\_  
Signature of Owner or Owner's Authorized Officer/Director /Partner /Manager

\_\_\_\_\_  
Printed Name & Signatory's Title/Office

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_  
who is personally known to me or has produced \_\_\_\_\_ as identification and who did \_\_\_\_\_ or did not \_\_\_\_\_  
take an oath.

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, type or Stamp Commissioned Name of Notary Public

**Verification pursuant to Section 92.525, Florida Statutes**  
Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Natural Person (Owner) Signing Above