



BUILDING & ZONING DIVISION
Application for AC Change Out Permits

FLORIDA BUILDING CODE
2017

www.sarasotagov.com

Application Number: _____

Provide the 2 page application form along with the permit by fax form when faxing in your AC permit. Your credit card must be kept on file in order to do permits by fax. AC change outs that are valued at \$7500.00 or more are required to file a Notice of Commencement

Homeowner Name: _____	Phone No.: () _____
Address: _____	Fax No.: () _____
City: _____ State: _____ Zip Code: _____	Cell No.: () _____
Owner Signature (: _____	

Do you want your permit emailed (yes)____ (no) _____ **

Do you want you permit faxed to you (yes)____ (no) _____ **

PARCEL ID # _____

SITE ADDRESS: _____

Name Brand _____ Tonnage _____ K.W. _____ SEER _____

Pkg Unit Split System Duct Work Only Air Handler Only In Closet

On Roof On Exist Stand or Curb New Roof Stand (Provide detail of stand or curb)

Residential Units: On Pad on Ground On Elevated Pad Change Out New Install

Single Family Multi Family Commercial Mixed Use

Construction Valuation: \$ _____ Census _____ Occupancy Use _____

Contractor's Name: _____ City Registration No.: _____

Company _____

Contractor's Address: _____ State Cert./Reg No.: _____

City: _____ State: _____ Zip Code: _____ Phone No.: () _____

E-mail: ** _____ Fax No.: ** () _____

FBC 2017 105.3.3 An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "**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."

APPLICATION FOR PERMIT BY CONTRACTOR

(Contractor or one of your registered agents please sign below)

Contractor Signature: _____ Printed Name: _____ Date: _____

Agent's Signature: _____ Printed Name: _____ Date: _____

The rest of this page for City use only

<u>Fee Schedule</u>	<u>Department</u>	<u>Init.</u>	<u>Date</u>
<input type="checkbox"/> Triple Fee	Zoning	_____	_____
	Building	_____	_____
	Purchasing	_____	_____
Building	_____	_____	_____
Electrical	_____	<i>Approved / Denied</i>	<i>Date</i>
AC/Mechanical	_____	Conditions:	_____
Roofing	_____	_____	_____
Radon Fee	_____	_____	_____
Miscellaneous	_____	_____	_____
Training & Cert .	_____	_____	_____
Fax Convenience Fee	_____	_____	_____
Permit Fees Due	_____	_____	_____
<i>Credit Card Fee</i>	_____	_____	_____
TOTAL FEES DUE	_____	_____	_____

ACCORDING TO THE CITY ZONING ORDINANCE CONSTRUCTION IS ALLOWED BETWEEN THE HOURS OF 6 AM - 9 PM WEEKDAYS, AND 9 AM - 9 PM ON WEEKENDS & HOLIDAYS.