FLORIDA BUILDING CODE
2023

BUILDING & ZONING DIVISION

www.SarasotaFL.gov

Application for AC Change Out Permits

Application Number:_____

Provide this 2 page application form. AC change outs that are valued at $15,000.00 or more are required to file a Notice of Commencement. Please note that your email address is required for issuance of this permit. Please Print Clearly.

Homeowner Name:_____ Phone No.:_____

Address:_____ Fax No.:_____

City:_____ State:_____ Zip Code:_____ Cell No.:_____

Owner Signature (If applying for permit as owner)_____

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/curb) ☐ Water-Source Unit

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: **_____

FBC 2023 105.3.3 An enforcing authority may not issue a building permit for any building construction, erection, alteration, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: modification, "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."

CITY OF SARASOTA BUILDING DIVISION
1575 2nd STREET, 2ND FLOOR
SARASOTA, FL 34230 (941) 263-6494

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

Fee Schedule

☐ **Triple Fee**

Building: _____

Electrical:_____

AC/Mechanical:_____

Roofing:_____

Radon Fee:_____

Miscellaneous:_____

Training & Cert:_____

Total Permit Fees Due: _____

Department	**Initials**	**Date**
Zoning	_____	_____
Building	_____	_____
Purchasing	_____	_____

Approved / Denied _____ **Date**_____

Conditions:_____

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.
