



**BUILDING & ZONING DIVISION**  
**Application for AC Change Out Permits**

**FLORIDA BUILDING CODE**  
**2017**

[www.sarasotaFL.gov](http://www.sarasotaFL.gov)

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	_____	_____	_____
<b>Permit Fees Due</b>	_____	_____	_____
<i>Credit Card Fee</i>	_____	_____	_____
<b>TOTAL FEES DUE</b>	_____	_____	_____

**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.**