



**TOWN OF BELLEAIR  
BUILDING DEPARTMENT**  
901 Ponce de Leon Blvd.  
Belleair, Florida 33756-1096  
Phone: (727) 588-3769 ext. 215  
Fax: (727) 588-3768

**Mechanical Installation List**

**NOTICE: THIS FORM MUST BE COMPLETED, SIGNED BY CONTRACTOR AND SUBMITTED BEFORE THE PERMIT BECOMES VALID.**

Permit No \_\_\_\_\_ Homeowner \_\_\_\_\_  
 Plumbing Contractor \_\_\_\_\_ Certification No. \_\_\_\_\_  
 Contractors Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip. \_\_\_\_\_  
 Contractors Phone No. \_\_\_\_\_ Fax # \_\_\_\_\_  
 Jobsite Address \_\_\_\_\_

**Resident Air Condition and Heating Specifications**

COOLING seer \_\_\_\_\_ HEATING hspf \_\_\_\_\_ GAS/OIL COOLING cop \_\_\_\_\_ GAS \_\_\_\_ OIL \_\_\_\_ HRU \_\_\_\_  
 Table 403.3 of the Mechanical Code \_\_\_\_\_ **OR** ASHRAE Standard 62

Condensing unit manufacturer	1. _____	2. _____	3. _____
Condensing unit model number	1. _____	2. _____	3. _____
Air handler unit manufacturer	1. _____	2. _____	3. _____
Air handler unit model number	1. _____	2. _____	3. _____
Furnace manufacturer	1. _____	2. _____	3. _____
Furnace model number	1. _____	2. _____	3. _____
Evaporator coil manufacturer	1. _____	2. _____	3. _____
Package unit manufacturer	1. _____	2. _____	3. _____
Package unit model number	1. _____	2. _____	3. _____

**Commercial (Includes 4 plex and over)**

A/C AND HTG Duct System \_\_\_\_\_ Chilled Water Piping \_\_\_\_\_ Duct Work \_\_\_\_\_  
 Dryer Exhaust \_\_\_\_\_ Refrigeration \_\_\_\_\_ Commercial Hood \_\_\_\_\_

**Commercial change out/equal change out**

Cond. Unit Make	1. _____	2. _____	3. _____	M/N	1. _____	2. _____	3. _____
A/H Unit Make	1. _____	2. _____	3. _____	M/N	1. _____	2. _____	3. _____
Package Unit Make	1. _____	2. _____	3. _____	M/N	1. _____	2. _____	3. _____

(s)eer/hspf/cop 1. \_\_\_/\_\_\_ 2. \_\_\_/\_\_\_ 3. \_\_\_/\_\_\_ Only applies when the Cond. & A/H unit are replaced at the same time

**Other:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_



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