

UNIVERSAL COUNTY-WIDE/MUNICIPAL BUILDING PERMIT APPLICATION FORM

July 2013 Edition

Approved for use throughout Palm Beach County and Municipalities

FOR OFFICE USE ONLY

FBC Version: Permit Type: A/C
Accepted By: RLM Application Date:
Application #: 15-2933

1 **KIND of PERMIT (CHECK ONE):** AUG 11 2015
☒ **PRIMARY PERMIT**
☐ **SUB-PERMIT** - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6, 8, only to apply. If not covered under a Primary Permit, complete the entire application to apply.

2 **PROPERTY OWNER:** PATRICK OHARA
TENANT: _____
ADDRESS: 14492 STIRRUP LN **UNIT:** _____
CITY: WELLINGTON **STATE:** FL **ZIP:** 33414
PHONE: _____ **FAX:** _____
EMAIL: _____

3 **TRADE (CHECK ONE):**
☐ **STRUCTURAL** ☐ **ROOFING** ☐ **ELECTRICAL**
☒ **MECHANICAL** ☐ **PLUMBING** ☐ **FIRE** ☐ **GAS**
☐ **OTHER:** _____
PRIMARY PERMIT #: _____

4 **PROJECT NAME:** OHARA
PCN: 73-41-44-04-01-014-0090
LEGAL DESCRIPTION: SUGAR POND MANOR OF WELLINGTON
ADDRESS: 14492 STIRRUP LN
CITY: WELLINGTON

5 **FURTHER WORK DESCRIPTION:** A/C CHANGEOUT EXACT 4 TON 16 SEER
Type of Work ☐ New ☐ Addition ☐ Alteration ☒ Repair ☐ Demo ☐ Temporary ☐ Other
VALUE: 4000 **PERMIT FEE:** _____ **NET S.F (for SFD's):** _____
(SEE FEE SCHEDULE) (AS APPLIES) (AS APPLIES)

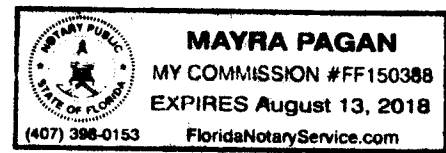
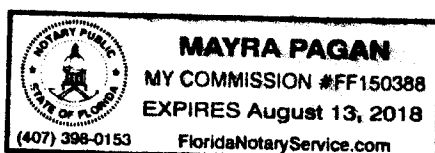
6 ☐ **OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)**
☒ **CONTRACTOR (CERT. HOLDER):** MIKE RAMOS License #: CAC057376
DBA (COMPANY NAME): ONE HOUR AIR CONDITIONING Contact Person: MIKE
ADDRESS: 8833 GATOR LN **STE:** 25 **CITY:** WEST PALM BEACH **STATE:** FL **ZIP:** 33411
PHONE: 561-719-8152 **FAX:** _____ **EMAIL:** MIKE@KINGOFCOOL.COM

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.

7 **Signature of Owner or Agent (including contractor)**
Print Name: PATRICK OHARA
NOTARY REQUIRED IF \$ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA
COUNTY OF PALM BEACH
Sworn to (or affirmed) and subscribed before me this 10 **day of** AUG 2015, by
Patrick J. Ohara **PATRICK OHARA**
(Name of person making statement)
Mayra Pagan
(Signature of Notary Public - State of Florida)
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known ☒ **OR Produced Identification** _____
Type of Identification Produced _____

8 **Signature of Contractor**
Print Name: MIKE RAMOS
NOTARY REQUIRED IF \$ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA
COUNTY OF PALM BEACH
Sworn to (or affirmed) and subscribed before me this 10 **day of** AUG 2015, by
MIKE RAMOS
(Name of person making statement)
Mayra Pagan
(Signature of Notary Public - State of Florida)
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known ☒ **OR Produced Identification** _____
Type of Identification Produced _____



FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$2,500 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$7500). PLEASE ADDRESS ALL ITEMS.

⁹
Fee Simple Titleholder's Name (If other than owner): _____

Fee Simple Titleholder's Address (If other than owner): _____

City: _____ State: _____ Zip: _____

☐ Same as Owner

¹¹
Architect/Engineer's Name: _____

Architect/Engineer's Name Address: _____

City: _____ State: _____ Zip: _____

☐ Not Applicable

¹⁰
Bonding Company: _____

Bonding Company Address: _____

City: _____ State: _____ Zip: _____

☐ Not Applicable

¹²
Mortgage Lender's Name: _____

Mortgage Lender's Address: _____

City: _____ State: _____ Zip: _____

☐ Not Applicable

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.

NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN \$2,500 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$7500), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

OFFICE USE ONLY BELOW THIS LINE

¹³
CODE EDITION/NOTES: _____

¹⁴
USE (CHECK ONE):

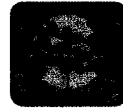
- ☐ 1 & 2 FAMILY ☐ TOWNHOUSE ☐ CONDOMINIUM
☐ MULTI-FAMILY ☐ COMMERCIAL ☐ INDUSTRIAL
☐ AGRICULTURAL - BLDG CODE EXEMPT ☐ OTHER: _____

☐ USE CHANGE: _____

¹⁵
APPROVED BY: _____ DATE: _____
Permit Officer

AUTHORIZED FOR CERTIFICATE OF OCCUPANCY: _____ DATE: _____
Building Official or Designee

AUTHORIZED FOR CERTIFICATE OF COMPLETION: _____ DATE: _____
Building Official or Designee



Air Conditioning Replacement Form
Building Department

WELLINGTON
1500002933
CERTIFIED COPY

Job Name OHARA Permit # _____
Address: 14492 STIRRUP LN.

Existing Equipment

Package Unit Make/Model #: _____ ☐ No Heat
☐ H/P ☐ Heat Strip K.W. _____
Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____
Condenser Make/Model #: UALC048JAZ
Minimum Circuit Amps: _____ Max. Overcurrent Protection: 40
A.H.U. Make Model #: UBHC21J11 Heat Strip K.W. 10 ☐ None
Minimum Circuit Amps: _____ Max. Overcurrent Protection: 60

New Equipment

Package Unit Make/Model #: _____ ☐ No Heat
☐ H/P ☐ Heat Strip K.W. _____
Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____ Wire Size _____
Condenser Make/Model #: GSX16048 ☐ Heat Pump
Minimum Circuit Amps: _____ Max. Overcurrent Protection: 40 Wire Size _____
A.H.U. Make Model #: ASPT48D14 Heat Strip K.W. 10 ☐ No Heat
Minimum Circuit Amps: _____ Max. Overcurrent Protection: 60 Wire Size _____

Please include the following:

- ☐ Copy of ARI and other support documents. S.E.E.R. _____
- ☐ For Condenser or A.H.U. replacement only (partial system): provide manufactures support documentation, or Florida-registered professional engineer verification, as per 2014 Florida Building Code 5th Edition Energy Conservation Code (403.6.2.1.1)
- ☐ Provide engineered attachments details FMC 301.12 or Product Approval
- ☐ Provide plan if replacing duct work – Additional Review Required

Signature of Qualifier M. P... C.C. # CAC057376