



Pinellas County
 Building and Development Review
 Services Department
 310 Court St., Clearwater, FL 33756
Mechanical Installation List

PERMIT NUMBER _____

PLEASE TYPE OR PRINT IN INK

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

CONSTRUCTION (JOB) ADDRESS _____

CONTRACTORS NAME _____ (INDIVIDUAL) FCILB _____
 PCCLB NO. _____

COMPANY NAME _____ PHONE NO. _____

RESIDENTIAL AIR CONDITIONING 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. _____

A/C and HTG Duct System _____ Toilet/Bath room ventilation _____ Kitchen Exhaust _____ Dryer Exhaust _____

(Commercial (Includes 4 plex and over))

A/C & Htg System _____ Chilled Water piping _____ Duct Work _____ Dryer Exhaust _____
 Refrigeration _____ Commercial Hood _____ Paint Spray Booth _____

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. _____ / _____ Applies only when the Cond.&A/H unit replaced @the same time

MISC: _____

Fax the installation list to (727)464-5021

SIGNATURE _____

PRINT NAME _____