



## BUILDING & ZONING DIVISION

### Application for AC Change Out Permits

Application Number: \_\_\_\_\_

**Provide this 2 page application form. AC change outs that are valued at \$7500.00 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 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: \*\* \_\_\_\_\_

**FBC 2017 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: \_\_\_\_\_

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**The rest of this page for City use only**

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**Fee Schedule**

☐ Triple Fee

**Department**

**Initials**

**Date**

**Zoning**

\_\_\_\_\_

\_\_\_\_\_

**Building**

\_\_\_\_\_

\_\_\_\_\_

**Purchasing**

\_\_\_\_\_

\_\_\_\_\_

Building: \_\_\_\_\_

**Approved / Denied** \_\_\_\_\_ **Date** \_\_\_\_\_

Electrical: \_\_\_\_\_

AC/Mechanical: \_\_\_\_\_

**Conditions:** \_\_\_\_\_

Roofing: \_\_\_\_\_

\_\_\_\_\_

Radon Fee: \_\_\_\_\_

\_\_\_\_\_

Miscellaneous: \_\_\_\_\_

\_\_\_\_\_

Training & Cert: \_\_\_\_\_

Total Permit Fees Due: \_\_\_\_\_

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**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.**

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