



City of Longwood

MECHANICAL PERMIT APPLICATION

Application #: _____ Permit#: _____ Date Received: _____

Master Permit#: _____ (If associated with main project)

ALL REQUESTED INFORMATION MUST BE COMPLETED TO PROCESS THE PERMIT

Project Address: _____ (Unit#)

Parcel/ Tax I.D. # _____ - _____ - _____ - _____ - _____ (Proof of ownership must be attached)

This can be obtained by a records search on the Seminole County Property Appraiser's website: www.scpafl.org

BUSINESS TAX RECEIPT (BTR) STATUS TENANT BUSINESS NAME: _____

Current (Attach Copy) Will Apply For/Receive BTR Prior to Final Inspection/CO N/A

All businesses must receive and keep a current Business Tax Receipt. An application must be submitted to the Business Tax Receipt Office in sufficient time to allow for the required review and inspections before business commences at the location.

| Property Owners Information | |
|-----------------------------|--|
| Property Owner | |
| Address of Owner | |
| Owners Telephone # | |
| Owners Email Address | |

| Contractors Information | |
|-------------------------|-----------|
| Contractors Company | |
| Address | |
| Telephone # | |
| Email Address | |
| License Number | |
| License Holders Name | |
| Contact Name: | Contact # |
| Contact Email: | |



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NOTE: Complete all the following that are applicable to this permit application.

TYPE OF WORK: RESIDENTIAL COMMERCIAL

WORK DESCRIPTION: _____

CHANGE OUT: YES NO **IS THE STRUCTURE OCCUPIED:** YES NO

IF THIS IS A CHANGE OUT, IS UNIT LOCATED IN ATTICE SPACE: YES NO ****NOTE: IF answer is yes, access must be provided.**

VALUATION OF WORK (ESTIMATED COST): _____

NOTE: Valuation of work must be confirmed by presenting a signed contract. If no contract is provided, the valuation of work will be established by the Building Official pursuant to 109.3 of the FBC.

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 the 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.

Pursuant to F.S. 713.13

Except for an improvement that is exempt pursuant to s. 713.02(5), an owner or the owner’s authorized agent before actually commencing to improve any real property, or recommencing completion of any improvement after default or abandonment, whether or not a project has a payment bond complying with s. 713.23, shall record a notice of commencement in the clerk’s office and forthwith post either a certified copy thereof or a notarized statement that the notice of commencement has been filed for recording along with a copy thereof.

A Notice of Commencement is not required with an electrical permit for temporary service/pole only or with a mechanical permit to repair/replace an existing heating or air conditioning system in an amount less than \$7,500. FS 713.135(d).

A Notice of Commencement must be filled with Seminole County and a certified copy provided to the City of Longwood building division at permit application submittal or prior to scheduling of first inspection. If no Notice of Commencement is on file at time of scheduling first inspection, the inspection will not be completed and all work must remain open until such inspection has been completed and passed.



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| | |
|---|---|
| <hr/> <p>Signature of Owner /Date</p> <hr/> <p>Printed Name of Owner STATE OF FLORIDA, COUNTY OF _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20__ by _____, who is Personally known to me or has Produced (type of identification) _____ as identification and who did take oath.</p> <hr/> <p>Signature of Notary Public State of Florida</p> <hr/> <p>Print Name of Notary Public</p> | <hr/> <p>Signature of Contractor /Date</p> <hr/> <p>Printed Name of Contractor STATE OF FLORIDA, COUNTY OF _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20__ by _____, who is Personally known to me or has Produced (type of identification) _____ as identification and who did take oath.</p> <hr/> <p>Signature of Notary Public State of Florida</p> <hr/> <p>Print Name of Notary Public</p> |
|---|---|

OWNER'S/CONTRACTOR'S AFFIDAVIT: I swear or affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I also swear or affirm that I have the legal authority to bind any entity to which this application relates. This statement is made under oath and subject to the penalties for perjury.

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

Cost Recovery Agreement

By signing this application, the applicant understands and agrees that, pursuant to Longwood City Code Chapter 59, all direct costs, expenses and fees incurred by the city relating directly to the review, processing, inspection, or regulation of an application, including but not limited to the time of city consultants, as well as those relating directly to advertising, surveying, legal and engineering for an application or project shall be assessed to the applicant and reimbursed to the City.

For projects in the Historic District, the department may seek the input of a licensed architect with specialization in historic structures to evaluate submittals, the cost of which would be the responsibility of the applicant.

To cover these costs, many applications require a review retainer. The review retainer will be held during the course of review, and returned to the applicant once project review has been completed or the application has been formally withdrawn and after all outstanding invoices are paid. The review retainer is not to be used to pay invoices during the course of review, those will be sent separately to the applicant.

Full payment of all fees is a requirement for City's final approval of the Application. Following the approval of a permit and the payment of all required fees, or following a written letter from the applicant requesting the application be withdrawn and voided, any remaining balance will be refunded to the applicant, typically within 60 days.



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APPLICANT INITIALS: _____

Impact Fees

Some Impact fees may be required prior to your permit being issued.

For more information contact the following:

1. The Seminole County Impact Fee office is at 1101 E First Street, Sanford, FL 32771. Debbie Troast 407-665-7356 or dtroast@seminolecountyfl.gov .
2. The City of Longwood Utility Impact Fee office is at 970 W SR 434, Longwood, FL 32750. Jammie Tackett, 407-263-2388 or jtackett@longwoodfl.org .

| DEPARTMENT APPROVALS | |
|--|--------------------------------|
| Community Development Planning/Zoning | Reviewed By: _____ Date: _____ |
| Engineering | Reviewed By: _____ Date: _____ |
| Utilities | Reviewed By: _____ Date: _____ |
| Fire | Reviewed By: _____ Date: _____ |
| Building | Reviewed By: _____ Date: _____ |