



# City of Mascotte

## **Mechanical Checklist for the following:**

Upgrading and/or relocating A/C Units, installing mini-splits, HVAC, Condensers, Air Handlers, Exhaust Hood Systems, Ductwork, Walk-in cooler/freezer, Kitchen Ventilation Elements, Pool Heat Pump, Package Units

1. COMPLETED APPLICATION – 2 PAGES
2. PROPERTY RECORDS CARD SHOWING THE OWNER MATCHES THE OWNER ON THE APPLICATION. LOCATED ON THE LAKE COUNTY PROPERTY APPRAISER WEBSITE.
3. SCOPE OF WORK
  - a. AHRI SHOWING THE UNIT MEETS THE MINIMUM EFFICIENCIES REQUIRED BY THE FLORIDA BUILDING CODE.
  - b. NEW INSTALLS: PROVIDE A DUCT LAYOUT, ENERGY CALCULATIONS, AND AC LOAD CALCULATION.
4. NOTICE OF COMMENCEMENT IF JOB COST IS OVER \$12,500.
5. OWNER/BUILDER AFFIDAVIT IF WORK IS BEING CONDUCTED BY THE PROPERTY OWNER.

**\*\*Please visit the portal to obtain the following documents if needed:**  
Product Approval Worksheet, Permit Application Notification for HOA, Notice of Commencement, & Owner/Builder Affidavit.

## **APPLY FOR YOUR PERMIT AT:**

<https://mascottefl.portal.iworq.net/portalhome/mascottefl>



# BUILDING PERMIT APPLICATION

## City of Mascotte

Submit application at:  
<https://mascottefl.portal.iworq.net/portalhome/mascottefl>

Related to Code Enforcement Case? : \_\_\_\_\_  
Estimated Construction Cost: \_\_\_\_\_

\*Job Site Address & Parcel ID #: \_\_\_\_\_

\*Digital Applicant/Primary Contact: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

PROPERTY

\*Job/Project Name: \_\_\_\_\_

\*Property Owner Name: \_\_\_\_\_

Property Owner Email: \_\_\_\_\_

\*Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

CONTRACTOR

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ Phone: \_\_\_\_\_

PROFESSIONALS

Architect/Engineer's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Bonding Company Name: \_\_\_\_\_

Fee Simple Titleholder's Name & Address (if other than owner): \_\_\_\_\_

Mortgage Lender's Name: \_\_\_\_\_

WORK DESCRIPTION

**\*Description of proposed work, including: size, dimensions, width, length, height, location, materials**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WARNING TO OWNER

YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN 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 OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. IF THE ESTIMATED COST OF THIS JOB IS GREATER THAN \$5,000 A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE FILED WITH PERMITTING SERVICES PRIOR TO SCHEDULING YOUR FIRST INSPECTION.

If you are not the owner of the property being permitted, you must, by law (FS 713.135 (c)) promise to inform the fee simple titleholder that the property in question is being subjected to possible liens and/or attachment.

Property Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Permit #: \_\_\_\_\_ (if applicable)

\*Property Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ (Owner)

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

SWORN to and subscribed freely and voluntarily for the purpose therein expressed before me by \_\_\_\_\_, known to me to be the person described in and who executed the foregoing. He/she is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

Print Name: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

\*Contractor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ (Contractor)

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

SWORN to and subscribed freely and voluntarily for the purpose therein expressed before me by \_\_\_\_\_, known to me to be the person described in and who executed the foregoing. He/she is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

Print Name: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

### CERTIFICATE OF COMPETENCY HOLDER

Contractor's State Certification or Registration No. \_\_\_\_\_

Contractor's Certificate of Competency No. \_\_\_\_\_

PROPERTY OWNER

CONTRACTOR