



12340 NE 8 AVE  
 NORTH MIAMI, FL 33161  
 PHONE: 305-895-9820 FAX: 305-895-9822  
 PERMITTING HOURS 7:30-3:00 MON-FRI  
 WEBSITE: [WWW.NORTHMIAMIFL.GOV](http://WWW.NORTHMIAMIFL.GOV)

**MECHANICAL CONTRACTOR APPLICATION FOR CITY OF NORTH MIAMI**

**\*MUST BE ACCOMPANIED BY A BUILDING APPLICATION, (IF RELATED)**

**CHECK LIST FOR PERMIT SUBMITALS:**

(YOU MUST HAVE ALL OF THE FOLLOWING INFORMATION EACH TIME YOU SUBMIT A NEW APPLICATION)

- COMPLETED APPLICATION
- FILL OUT OWNER/CONTRACTOR INFO, SIGNED AND NOTARIZED
- ALL OF THE CONTRACTORS LICENSES AND INSURANCE WITH AUTHORIZATION LETTER(S)
- FEE SHEET(S)** NO EXCEPTIONS WILL BE MADE
- PERMIT DESCRIPTION AND JOB COST

<b>Job Address</b>		<b>Apt.</b>	
<b>Company Name</b>		<b>License No</b>	
<b>Qualifier Name</b>		<b>Phone</b>	
<b>Address</b>		<b>Email</b>	
<b>Work Description</b>			
		<b>Est. Job Cost</b>	

Authorized person's contact: # \_\_\_\_\_ Related Permit #: \_\_\_\_\_  
 I, \_\_\_\_\_, qualifier, authorize \_\_\_\_\_ to pick up and drop off permits on my behalf. **(YOUR NOTARIZED SIGNATURE BELOW APPROVES AUTHORIZATION)**

STATE OF FLORIDA, COUNTY OF MIAMI-DADE		STATE OF FLORIDA, COUNTY OF MIAMI-DADE	
_____ Signature of Qualifier	_____ Print Name	_____ Signature of Owner	_____ Print Name
Sworn to and subscribed before me this ____ day of _____ 20____.		Sworn to and subscribed before me this ____ day of _____ 20____.	
_____ Signature of Notary Public – State of Florida		_____ Signature of Notary Public – State of Florida	
Personally known ____ OR Type of ID: _____		Personally known ____ OR Type of ID: _____	

<b>OFFICE USE ONLY</b>	<b>Discipline</b>	<b>Aprvd/Date</b>	<b>PERMIT FEE</b>
	MECHANICAL _____		_____
	<b>THIS APPLICATION IS VALID FOR 90 DAYS FROM DATE RECEIVED. APPLICATION AND ALL ATTACHMENTS WILL BE DESTROYED AFTER THAT DATE IF PERMIT IS NOT ISSUED.</b>		

\*ATTENTION APPLICANT; YOU ARE RESPONSIBLE FOR FILLING OUT THIS APPLICATION CORRECTLY. IF YOU HAVE ANY QUESTIONS CONCERNING WHAT CATEGORY YOUR WORK FALLS UNDER, PLEASE SEE AND INSPECTOR OR PROCESSOR FOR YOUR TRADE. REFUNDS WILL NOT BE GIVEN IN CASE OF ERROR ON YOUR PART AND YOU WILL BE CHARGED A DOUBLE FEE PLUS \$100 FOR DOING WORK WITHOUT A PERMIT.

### MECHANICAL FEE SHEET

UNDER PENALTIES OF PERJURY, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THE FACTS STATED IN THIS DOCUMENT ARE TRUE AND THAT PERJURY IS A FELONY OF THE THIRD DEGREE. **QUALIFIER SIGNATURE:** \_\_\_\_\_

**INSTRUCTIONS:** Please indicate the type of work being performed and quantities in the space provided below.

TYPE	QTY	TYPE	QTY
<b>MINIMUM FEE (for all other work not in a specific category)</b> <b>DESCRIPTION:</b> _____		<b>M018 #</b> of Boilers over 6695 MBTU	
<b>M001 #</b> of Sq.Ft. New Mechanical Construction		<b>M019 #</b> of Fire Sprinkler Head	
<b>M002 #</b> of Sq.Ft. Addition to Single Family Residence		<b>M020 #</b> of Stand Pipes for Fire Sprinkler Sys.	
<b>M003 #</b> of Tons Air Conditioner		<b>M021 #</b> of Pumps Fire	
<b>M004 #</b> of Tons Storage Tank Flam. Liquid		<b>M022 #</b> of Racks, Hose Racks/ Hose Bibs	
<b>M005 #</b> of KW Furnaces & Heating Equipment		<b>M23 #</b> of Feet Underground Piping	
<b>M006</b> Estimated Value of Insulation		<b>M024 #</b> of Commercial Hoods	
<b>M007 #</b> Estimated Value of Pneumatic Tube Conveyor System		<b>M025 #</b> Estimated Value Cooling Tower	
<b>M008 #</b> Estimated Value Pressure Process Piping (Does not include Medical Gas)		<b>M026 #</b> of Engines, Internal Combustion	
<b>M009 #</b> of Tons Refrigeration		<b>M027 #</b> Estimated Value of Mechanical Ventilation	
<b>M010 #</b> of Units Room A/C(under 3 tons does not req. processing)		<b>M028 #</b> of Vessels Unfired	
<b>M011 #</b> Estimated Value A/C Duct Work		<b>M029 #</b> of Systems, Fire Chemical / Halon	
<b>M012 #</b> Estimated Value of Boiler/ Repair		<b>M030</b> Estimated Value Ductless Ventilation	
<b>M013 #</b> of Mover Steam Driver/ Prime Mover		<b>M031 #</b> of Spray Booths	
<b>M014 #</b> of Machines Steam Activated Machinery		<b>M032 #</b> of Systems Smoke Control	
<b>M015 #</b> of Boilers Shop Inspection of Boiler		<b>M033 #</b> of Walk-in Cooler	
<b>M016 #</b> of Boilers less than 837 MBTU input		<b>M034</b> Estimated Value, Raise Existing Roof Mounted Equipment	
<b>M017 #</b> of Boilers 837 MBTU to 6695 MBTU input		<b>M035 #</b> of Drains, Condensate Drain	

**AFTER THE FACT**  **PERMIT #** \_\_\_\_\_ **PLAN REVIEWER INITIAL** \_\_\_\_\_

# City of North Miami Building Department

## Air-conditioning Replacement Sheet

JOB NAME:

ADDRESS: \_\_\_\_\_ Process No. \_\_\_\_\_

Will location be the same? \_\_\_\_\_ Different? \_\_\_\_\_

### EXISTING UNIT TO BE REPLACED

MAKE:

Package Model No. \_\_\_\_\_ AHU Model No. \_\_\_\_\_ Condensor Model No. \_\_\_\_\_

Heat Pump \_\_\_\_\_ KW Strip Heat \_\_\_\_\_

Package

Min. Circuit Amps \_\_\_\_\_ AHU Min. \_\_\_\_\_ Cond. Min. Circuit

Or Compressor H.P. \_\_\_\_\_ Circuit Amps \_\_\_\_\_ Amps or H.P. \_\_\_\_\_

Max. Overcurrent \_\_\_\_\_ Max. Overcurrent \_\_\_\_\_ Max. Overcurrent \_\_\_\_\_

Protection: \_\_\_\_\_ Protection: \_\_\_\_\_ Protection: \_\_\_\_\_

EER: \_\_\_\_\_

### NEW UNIT BEING INSTALLED

MAKE:

Package Model No. \_\_\_\_\_ AHU Model No. \_\_\_\_\_ Condensor Model No. \_\_\_\_\_

Heat Pump \_\_\_\_\_ KW Strip Heat \_\_\_\_\_

Package

Min. Circuit \_\_\_\_\_ AHU Min. \_\_\_\_\_ Cond. Min. \_\_\_\_\_

Amps \_\_\_\_\_ Circuit Amps \_\_\_\_\_ Circuit Amps \_\_\_\_\_

Max. Overcurrent \_\_\_\_\_ Max. Overcurrent \_\_\_\_\_ Max. Overcurrent \_\_\_\_\_

Protection: \_\_\_\_\_ Protection: \_\_\_\_\_ Protection: \_\_\_\_\_

EER: \_\_\_\_\_

1. House Service Size Amps \_\_\_\_\_
2. Show Wire Size \_\_\_\_\_ (Amp rating) Type: \_\_\_\_\_ (TW or THW)
3. Show size of disconnect switch, circuit breaker, fuse or knife switch: \_\_\_\_\_ Amps
4. Is local disconnect switch within sight or readily accessible? YES or NO

\_\_\_\_\_  
Signature of Qualifier

\_\_\_\_\_  
Certificate #