



Community Development Department
Building Safety Division
 840 West 11th Street
 Panama City, FL 32401
 850-248-8350

B19M – MECHANICAL PERMIT APPLICATION

Residential Commercial

Property Owner	Property Owner Name:		Phone:	
	Property Street Address:		Unit:	
	Property City:	State:	Zip:	
	Parcel ID:	Property Owner Email:		
Contractor Info	Contractor Company Name:		Phone:	
	Contractor Email:			
	Primary Point of Contact (for Inspection Purposes):			
	Point of Contact Email:		Phone:	
	Florida Contractor License or Bay County Competency Card Number:			

Job Value: \$				
Check All That Apply:				
<input type="checkbox"/>	Addition		<input type="checkbox"/> Alteration / Renovation	
<input type="checkbox"/>	Duct work:	<input type="checkbox"/> New Installation	<input type="checkbox"/> Replacement of Existing	R- Value
<input type="checkbox"/>	Number of HVAC System(s):	Number of Units(s):	Size (Tonnage):	SEER2:
<input type="checkbox"/>	Resistive Heat Element Size:			
<input type="checkbox"/>	Other:			

Use:
Scope of Work:
Note: FBC 501.7 (2) ENERGY: Required AHRI Data Sheet Must Be Provided in addition to this Permit Application
Note: FBC 107.3.5 EXEMPT FROM PLAN REVIEW: Residential only - Replacing existing residential equipment, with similar size and type, such as HVAC units (does not include ductwork). Any change of fuel type (i.e., electric to gas) will require plans review

 CONTRACTOR - PRINTED NAME

 OWNER – PRINTED NAME

 CONTRACTOR - SIGNATURE - DATE

 OWNER - SIGNATURE - DATE