



## City of Dunnellon - Community Development

20750 River Dr. | Dunnellon, Florida 34431

Phone: (352) 465-8500 x1010 | Email: [planning@dunnellon.org](mailto:planning@dunnellon.org)

Website: [www.dunnellon.org](http://www.dunnellon.org)

For Office Use Only

Permit Number:  
\_\_\_\_\_

## MECHANICAL (HVAC) PERMIT APPLICATION CHECKLIST 2023 Florida Building Code, 8<sup>th</sup> Edition

### REQUIRED ATTACHMENTS FOR **ALL** PROJECTS:

1.  **COMPLETED PERMIT APPLICATION**
2.  **NOTICE OF COMMENCEMENT (NOC)** for jobs over \$5,000 (\$15,000 for HVAC) - The city requires a copy of the recorded NOC before scheduling first inspection. To be recorded at Marion County Clerk of Court Annex Building at 19 N Pine Ave, Room 124. Ocala FL 34478.
3.  **PROOF OF PROPERTY OWNERSHIP**
4.  **COPY OF CONTRACTORS' CURRENT INSURANCE CERTIFICATES** with City of Dunnellon, 20750 River Dr, Dunnellon, FL 34431 as certificate holder.

### PLEASE ATTACH THE CORRESPONDING DOCUMENTS **BASED ON PROJECT:**

#### MECHANICAL (HVAC):

1.  **AHRI SHEET**
2.  **BUILDING PLANS** – Three (3) sets of engineered/sealed building plans for new installation where HVAC did not previously exist, or when new ductwork is being added.
3.  **FEMA 50% FORM** – for existing structures in Flood Zones A/AE
4.  **HVAC CHANGEOUT FORM**
5.  **OWNER-BUILDER DISCLOSURE STATEMENT** - ONLY if owner acts as contractor - An affidavit signed by the owner/ builder certifying that the responsibilities and requirements of the construction process are understood by the owner.



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2023 FLORIDA BUILDING CODE 8TH ED.

## PERMIT # \_\_\_\_\_

Date _____	<b>Residential</b>	<b>Commercial</b>	<b>Owner-Builder</b>
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Parcel ID \_\_\_\_\_ Project # / Related Permit / Code Case \_\_\_\_\_

Project Address \_\_\_\_\_ Flood Zone: \_\_\_\_\_

Lot	Blk	Unit	Sec	Twp	Rge	Subdivision / MH Park
-----	-----	------	-----	-----	-----	-----------------------

Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accessory Structure      | <input type="checkbox"/> Electric                | <input type="checkbox"/> Residential (Add. / Alt.) |
| <input type="checkbox"/> Aluminum                 | <input type="checkbox"/> Exterior Door / Window  | <input type="checkbox"/> Re- Roof                  |
| <input type="checkbox"/> Above Ground Pool        | <input type="checkbox"/> Fence / Wall            | <input type="checkbox"/> Solar                     |
| <input type="checkbox"/> Commercial (New)         | <input type="checkbox"/> Fire                    | <input type="checkbox"/> Swimming Pool / Spa       |
| <input type="checkbox"/> Commercial (Add. / Alt.) | <input type="checkbox"/> Mechanical / Gas / HVAC | <input type="checkbox"/> Tent / Temp Use           |
| <input type="checkbox"/> Concrete                 | <input type="checkbox"/> Mobile Home             | <input type="checkbox"/> Waterfront Structure      |
| <input type="checkbox"/> Demolition               | <input type="checkbox"/> Plumbing                | <input type="checkbox"/> Window /Exterior Door     |
| <input type="checkbox"/> DCA - Modular Building   | <input type="checkbox"/> Residential (New)       | <input type="checkbox"/> Other: _____              |

Description of Work \_\_\_\_\_

Job Cost \$ \_\_\_\_\_

Was This Building Damaged by Fire, Flood, or Other? Yes No Damage Assessment Report # \_\_\_\_\_

**BUILDING:** New sqft \_\_\_\_\_ Added sqft \_\_\_\_\_ Alteration/Renovation sqft \_\_\_\_\_ Temp Power Pole? Yes No

Stories \_\_\_\_\_ Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ Under A/C \_\_\_\_\_ sqft No A/C \_\_\_\_\_ sqft

Water: Existing Well New Well Replacement Well Central Water Irrigation: Yes No Existing

**CONTRACTOR'S Business Name** \_\_\_\_\_

Contractor's Name \_\_\_\_\_ State Lic \_\_\_\_\_ County Cert \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone \_\_\_\_\_ E-mail \_\_\_\_\_

SUBCONTRACTORS: Qualifier Name	County Cert #	State License #	E-mail
MECHANICAL	_____	_____	_____
ELECTRIC	_____	_____	_____
PLUMBING	_____	_____	_____
GAS	_____	_____	_____
ROOFING	_____	_____	_____
IRRIGATION	_____	_____	_____
OTHER	_____	_____	_____

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

Mortgage Lender Name: \_\_\_\_\_ Mortgage Lender Address: \_\_\_\_\_

# PLEASE SIGN BELOW

Application is hereby made to obtain a permit to do the work and installations as indicated. All work will be performed in accordance with the standards of all State and City laws and ordinances regulating construction, whether specified herein or not. I further certify that I have read and examined this application and know the same to be correct, that all work shall be in compliance with all applicable laws regulating construction and zoning, and the building permit may be revoked in the case of a false statement or misrepresentation in the application and/or plans on which the permit was approved.

It shall also be agreed that Impact Fees shall be determined with the application for a building permit and shall be due before Final Inspection. Permit Fees shall be payable at issuance of a building permit. The owner and/or contractor have the sole responsibility of determining compliance with setbacks and non-encroachment of easements. Permits expire 6 months after issuance. You are responsible for the completion of the permit, inspections, and all re-inspection fees

**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 OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

Owner's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

**STATE OF FLORIDA, COUNTY OF MARION**

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization,

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

By \_\_\_\_\_

Personally Known or  Produced Identification

ID: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Notary Stamp:

Contractor's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Authorized Agent's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

**STATE OF FLORIDA, COUNTY OF MARION**

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

By \_\_\_\_\_

Personally Known or  Produced Identification

ID: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Notary Stamp:

**Pursuant to Florida Statute 713.135(7) all signatures must be notarized**

PERMIT APPROVED BY BUILDING OFFICIAL:

DATE:



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File this form at Marion County Clerk of Courts at 19 NW Pine Ave, Room 124, Ocala FL. Submit a copy of the recorded NOC to City of Dunnellon prior to scheduling the first inspection. F.S. 713.135 requires this form for jobs with direct contract value greater than \$5,000 OR greater than \$14,999 for repair/replacement of existing heating/AC systems.

## Notice of Commencement

Permit no.: \_\_\_\_\_ Tax folio/Parcel ID: \_\_\_\_\_

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Florida Statutes (FS) chapter 713, the following information is provided in this notice of commencement.

1. Description of property should include the full legal description of property and street address, if available:  
\_\_\_\_\_
2. General description of improvement: \_\_\_\_\_
3. Owner or lessee information, if lessee is contracted for the improvement:
  - a. Name and address: \_\_\_\_\_
  - b. Interest in property: \_\_\_\_\_
  - c. Name and address of fee simple titleholder (if different from owner listed above): \_\_\_\_\_
4. Contractor / Qualifier: \_\_\_\_\_
  - a. Name and address: \_\_\_\_\_
  - b. Contractor phone number: \_\_\_\_\_
5. Surety name, address, and phone number (if applicable, attach copy payment bond): \_\_\_\_\_  
 \_\_\_\_\_ 5c. Amount of bond: \$ \_\_\_\_\_
6. Lender name, address and phone number: \_\_\_\_\_
7. Persons within the state of Florida as designated by owner upon whom notices or other documents may be served as provided by FS section 713.13(1)(a),7 (provide name, mailing address and phone number of designated person): \_\_\_\_\_  
 \_\_\_\_\_
8. In addition to himself or herself, owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section FS section 713.13(1)(b). Phone number of person/entity designated by owner:  
 \_\_\_\_\_
9. Notice of commencement expiration date (the expiration date will be 1 year from the date of recording unless a different date is specified): \_\_\_\_\_

**WARNING TO OWNER:** ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner (or authorized agent) \_\_\_\_\_ Date \_\_\_\_\_

Signatory's title/office \_\_\_\_\_

STATE OF FLORIDA, County of \_\_\_\_\_ The foregoing instrument was acknowledged before me by means of

physical presence or  online notarization, this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_\_,

By \_\_\_\_\_, as \_\_\_\_\_ for  
Authority / representative type; officer, trustee or attorney-in-fact

Name of party/corporation/company for whom instrument was executed \_\_\_\_\_

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

Personally, known or  Produced identification \_\_\_\_\_



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### **2020 Florida Statute – Chapter 489.103 (7c) and 489.503 OWNER- BUILDER DISCLOSURE STATEMENT**

The Owner builder must be present at the time of application. To qualify under this subsection, the Owner builder must personally appear to sign the building permit application, the owner builder disclosure statement and associated documents to satisfy local permitting agency requirements, if any, proving that the owner has a complete understanding of the owner's obligations under the law as specified in this disclosure statement.

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease, unless I am completing the requirements of a building permit where the contractor listed on the permit substantially completed the project. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.
7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.
9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at [850-487-1395](tel:850-487-1395) or <http://www.myfloridalicense.com/DBPR/> for more information about licensed contractors.

11. I am aware of and consent to an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following Address (parcel # if address not yet assigned): \_\_\_\_\_

12. I agree to notify the City of Dunnellon Community Development Office immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

*Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or the type of verification acceptable to the local permitting agency is required when the permit is issued.*

Owner's Signature: \_\_\_\_\_

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

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

The foregoing instrument was acknowledged before me by means of

**physical presence** or  **online notarization**, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

By \_\_\_\_\_

Personally known or  Produced Identification \_\_\_\_\_

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

\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary Public

**Air Conditioning Change Out Form**  
**Florida Building Code 8<sup>th</sup> Edition (2023)**  
**Air Conditioning System**

Residential  or Commercial   
Single Package Unit:  Split System  Ductless Mini   
Any Duct Replacement?  Yes or  No  
Refrigerant Line Replacement?  Yes or  No  
\*Rooftop A.C. Stand Installation?  Yes or  No  
\* Smoke Detector Installation? (over 2000 cfms)  Yes or  No

**\*Commercial Permits Only**

**One form required for each separate A/C system installed**

**NEW REPLACEMENT System Components**

Manufacturer _____	Manufacturer _____
AIR HANDLER Model No _____	CONDENSER UNIT Model No _____
SEER/EER _____	SEER/EER _____
Size _____ tons Heat Strip _____ KVA/KW	Size _____ tons
HACR Breaker/Fuse Size: _____ Min. _____ Max.	HACR Breaker/Fuse Size: _____ Min. _____ Max.
Wire size _____	Wire size _____
Refrigerant piping sizes (Liq) _____ (Suc) _____	Refrigerant piping sizes (Liq) _____ (Suc) _____
Refrigerant type: _____	Refrigerant type: _____
Location: <input type="checkbox"/> Existing or <input type="checkbox"/> New	Location: <input type="checkbox"/> Existing or <input type="checkbox"/> New
Configuration: <input type="checkbox"/> Horizontal or <input type="checkbox"/> Vertical	Location: <input type="checkbox"/> Ground or <input type="checkbox"/> Roof top

**OLD EXISTING System Components**

Manufacturer if known _____	Manufacturer if known _____
SEER/EER if known _____	SEER/EER if known _____
Size _____ tons Heat Strip _____ KVA/KW	Size _____ tons Heat Strip _____ KVA/KW
Existing HACR Breaker/Fuse size: _____	Existing HACR Breaker/Fuse size: _____
Existing Wire size _____ (A.W.G)	Existing Wire size _____ (A.W.G)
Refrigerant piping sizes (Liq) _____ (Suc) _____	Refrigerant piping sizes (Liq) _____ (Suc) _____
Refrigerant type: _____	Refrigerant type: _____

**Certification**

With the authorization of the installing Contractor, I certify that the information entered on this form accurately represents the system(s) installed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date