TOWN OF MEDLEY, FLA.

7777 N.W. 72ND AVENUE
MEDLEY, FLORIDA 33166
305-887-6913
FAX 305-884-4827

MECHANICAL PERMIT APPLICATION

FOR OFFICE USE ONLY
PAID
CHECK NO. _____
DATE _____
DEPT. _____

JOB DATA
I HEREBY MAKE APPLICATION FOR A PERMIT TO COVER INSTALLATION OF:

TYPE	Number	SPECIFICAT.	FEE
SPACE HEATERS			
CENTRAL HEATING			
AIR CONDITIONING (WIND)			
AIR CONDITIONING (CENTRAL)			
DUCK WORK ONLY			
REFRIGERATION			
PROCESS AND PRESS. PIPING			
UNDERGROUND TANKS			
ABOVE GROUNDS TANKS			
U.F. PRESSURE VESSELS			
STEAM BOILERS			
HOT WATER BOILERS			
MECHANICAL VENTILATION			
TRANSPORTING ASSEMBLIES			
ELEVATORS-ESCALATORS			
FIRE SPRINKLER SYSTEMS			
COOLING TOWERS			
TOTAL FEE			

BUILDING PERMIT NO. MECHANICAL PERMIT NO.

CONTRACTING FIRM

CONTRACTOR'S ADDRESS PHONE

OWNER'S NAME

JOB ADDRESS

CITY PHONE

LOT BLOCK

SUBDIVISION

Application is hereby made to obtain a permit to do the work and installations as hereon indicated. I certify that no work or installation has been effected prior to the issuance of said permit and that all work will be performed to meet the standards of all laws regulating construction in Dade County. I further certify that I have checked and am responsible for the adequacy of any existing systems to which the work described in this permit adds extension or makes changes.

SIGNATURE OF MASTER
OR
OWNER BUILDER:

Proposed use of Building (Describe in Detail)

Will There be Spray or Dip Painting Operations
In This Building? (Yes or No)

Will There be Woodworking or Other operations in This Building which
will produce Flammable Particles or Dust? (Yes or No)

Will Flammable or Hazardous Chemical be Used or Stored in This
Building? (Yes or No)

This permit does not become valid until signed by an authorized representative of the Director, Town of Medley Building and Zoning Department and all fees are paid and receipt acknowledged in the space provided.

When making remitance by mail, send check for exact amount payable to:

TOWN OF MEDLEY
7331 N.W. 74 ST.
MEDLEY, FLORIDA 33166

VIOLATIONS
CHECK: CHECKED BY _____ DATE _____
CONTRACT. CERT.
NUMBER _____ CLASS _____ CHECKED BY _____

ISSUED BY: _____ DATE: _____

WHERE APPLICABLE, APPLICATION APPROVED BY:

ZONING BY: _____ DATE _____

CONSTRUCTION BY: _____ DATE _____

MECHANICAL INSPECTION RECORD

REQUIRED INSPECTIONS		INSPECTOR'S NAME	Date Approved	Date Disapproved
Heating	ROUGH-UNIT & BLUE			
	FINAL-UNIT & FLUE			
	ROUGH-DUCTS			
	FINAL-DUCTS			
Air Condi-tioning	ROUGH-UNIT			
	FINAL-UNIT			
	ROUGH-DUCT			
	FINAL-DUCT			
Refriger-ation	ROUGH			
	FINAL			
Tank	ROUGH			
	FINAL			
Boilers & Presure Vessels	ROUGH			
	FINAL			
Vent-ilation	ROUGH			
	FINAL			
Misc. List	ROUGH			
	FINAL			

Other Inspections (LIST TYPE, EXTENT or UNITS CHECKED)	Inspector's Name	Date Approved	Date Disapproved

REMARKS

List here: Reason for all Disapprovals, Date & Tape of all Notices left, all Verbal Instructions to Contractor and Any Other Information Pertinent to the Inspection of This Job.