



**City of Port St. Lucie Building Department**  
 121 SW Port St. Lucie Blvd., Port St. Lucie, Fl. 34984  
 Ph: 772-871-5132 Website: [www.CityofPSL.com/Building](http://www.CityofPSL.com/Building)

**A/C**  
**PERMIT APPLICATION**  
 (Must attach rating verification form per Energy Code 101.4.7)

Permit #: \_\_\_\_\_ Pin: \_\_\_\_\_ Affordable housing:  Federal  State  Local  City of PSL SHIP – CDBG – NSP

**CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8<sup>TH</sup> EDITION**

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

Legal Description (Section/Block/Lot): \_\_\_\_\_

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

**Owner's Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Contractor's Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ PSL Comp no. \_\_\_\_\_ State License no. \_\_\_\_\_

**SYSTEM INFORMATION**

**Note:** The scope of work is replacing the existing HVAC equipment with new like-for-like with no alteration to the existing duct work. If the scope of work will include new duct work in addition to the equipment replacement. Please apply for a Commercial or Residential mechanical permit.

Commercial  Residential

System Capacity BTU/HR: \_\_\_\_\_ System SEER2 rating: \_\_\_\_\_

AHRI number(if any): \_\_\_\_\_ Heat strip K.W.: \_\_\_\_\_

**Split System**

**Package**

Replacement condenser unit make/model #: \_\_\_\_\_ Replacement package unit make/model #: \_\_\_\_\_

Replacement air handler make/model #: \_\_\_\_\_

**Total Valuation \$** \_\_\_\_\_

**APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER**

\_\_\_\_\_  
 Contractor Signature Date

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

\_\_\_\_\_  
 Notary Public, State of Florida

STATE OF FLORIDA, County of \_\_\_\_\_

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of  
 physical presence or  online notarization this \_\_\_\_ day of  
 \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who  
 is personally known to me or has produced \_\_\_\_\_  
 as identification.

\_\_\_\_\_  
 Owner or Owner's Authorized Representative Signature Date

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

\_\_\_\_\_  
 Notary Public, State of Florida

STATE OF FLORIDA, County of \_\_\_\_\_

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of  
 physical presence or  online notarization this \_\_\_\_ day of  
 \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who  
 is personally known to me or has produced \_\_\_\_\_ as  
 identification.

**FOR OFFICE USE ONLY**

**PERMIT FEE \$** \_\_\_\_\_ Payment method: \_\_\_\_\_ Last 4 Digits of Credit Card or Check no.: \_\_\_\_\_ Receipt no.: \_\_\_\_\_

Application date: \_\_\_\_\_ Rec'd by: \_\_\_\_\_



## Building Department CHECKLIST FOR AIR CONDITIONING PERMITS

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**PERMIT APPLICATION** – The following information must be completed on the permit application:

- For office use only - Permit number and pin number, C# if applicable
- Property address
- Legal description
- Owner's information
- Contractor's information
- Replacement or new equipment
- Condenser make, model and tonnage
- Air handler make and model number
- Package unit information
- Heat strip KW gas make and model number
- Duct System
- Inspection responsibility, must be initialed
- Valuation
- Notarized Contractor/Homeowner builder signature
- For office use only – application date and received by

**PLANS AND DOCUMENTS** – Provide 2 copies

- AHRI Certificate
- Recorded Notice of Commencement for work valued at \$15,000 or more. (NOC must be submitted to permitting prior to scheduling the first inspection.)
- **\*\*If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing homeowners name from the property appraiser's website must be submitted, along with HOB Affidavit.**

**NOTES:**

- If the permit request is for the installation of a new Mini-Split, the AHRI Certificate, Energy Compliance Forms, Heating and Cooling Calculation and Product Placement Sketch must be submitted with the permit application and will require plan review.
- If the permit request is for the replacement of a Mini-Split, Load Calculations must be submitted with the permit application and will require plan review.
- If 50% or more of the duct work is being replaced, a separate permit, AHRI Certificate and Layout must be submitted with the permit application and will require plan review.
- Installations of mismatched units require a letter from a Florida State licensed Architect/Engineer or from an Accredited Lab.

***This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.***