



City of Miramar | Building Division

Community Development Department
 2200 Civic Center Place | Miramar, Florida 33025
 Tel: 954.602.3200 | Fax: 954.602.3635
 www.miramarfl.gov

A/C CHANGE OUT

Who Can Apply (A)

A. Licensed Mechanical Contractors: Permit can be issued to Licensed Contractors properly registered in the Community Development - Building Division. Contractors shall provide all required applications properly signed and notarized.

ATTENTION APPLICANT

Disclaimer: The information shown below does not necessarily reflect all requirements needed for permit application and inspections. This information is intended only for minimum guidelines about how to proceed with the application for a permit and the required inspections. **As per Florida Building Code**, construction documents shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that it will conform to the provisions of this Code and relevant laws, ordinances, rules and regulations, as determined by the **Building Official**.

Required Documents

- Permit application describing scope of work. If ductworks are included in the scope of work, then additional information is required (i.e. plans, ductwork sizing, etc.) If Electrical works are included in the scope of work, then an Electrical application and plans are required.
- Affidavit of Awareness for HOA Association. This "Affidavit" is required even if your property is not located in a Homeowner's Association.
- One (1) sets of A/C Replacement sheet (See attached)
- One (1) set of AHRI Sheet
- Current Manufacturer's Tie-down Product Approval or an Original Engineered tie-down detail signed & sealed by Professional Engineer.

Note: If unit is a roof mounted or gable wall mounted, then provide two (2) sets tie-down original engineered details signed & sealed by Professional Engineer. For these types of mounted equipment a Building/Structural application is required.

Application Reviewed by →

- Mechanical
- Electrical (If Electrical work is included in the scope of work, then an Electrical application form is required).

Required Inspection for Mechanical Standalone Permit

Final Inspection. Other inspections may be required based on the scope and applications

Attention Applicant: As per Florida Statutes 713.135 d, a Recorded Notice of Commencement is required when construction, renovation, alterations values exceed \$15,000.

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Revised 11-17-2022

Select One Trade: Building Electrical Plumbing Mechanical Other

Application Number: _____ Application Date: _____

1

Job Address: _____ Unit: _____ City: _____

Tax Folio No.: _____ Flood Zn: _____ BFE: _____ Floor Area: _____ Job Value: _____

Building Use: _____ Construction Type: _____ Occupancy Group: _____

Present Use: _____ Proposed Use: _____

Description of Work: _____

New Addition Repair Alteration Demolition Revision Other: _____

Legal Description: _____ Attachment

2

Property Owner: _____ Phone: _____ Email: _____

Owner's Address: _____ City: _____ State: _____ Zip: _____

3

Contracting Co.: _____ Phone: _____ Email: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Qualifier's Name: _____ Owner-Builder License Number: _____

4

Architect/Engineer's Name: _____ Phone: _____ Email: _____

Architect/Engineer's Address: _____ City: _____ State: _____ Zip: _____

Bonding Company: _____

Bonding Company's Address: _____ City: _____ State: _____ Zip: _____

Fee Simple Titleholder's Name (If other than the owner) _____

Fee Simple Titleholder's Name (If other than the owner) _____ City: _____ State: _____ Zip: _____

Mortgage Lender's Name: _____

Mortgage Lender's Address: _____ City: _____ State: _____ Zip: _____

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Job Address: _____ Unit: _____ City: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

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.

Two columns of signature and notary sections. Left column: Signature of Property Owner or Agent (Including Contractor), STATE OF FLORIDA COUNTY OF, Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of, 20 by, (Type/Print Property Owner or Agent Name), NOTARY'S SIGNATURE as to Owner or Agent's Signature, Notary Name (Print, Type or Stamp Notary's Name), Personally Known, Produced Identification, Type of Identification Produced. Right column: Signature of Qualifier, STATE OF FLORIDA COUNTY OF, Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of, 20 by, (Type/Print Qualifier or Agent Name), NOTARY'S SIGNATURE as to Qualifier or Agent's Signature, Notary Name (Print, Type or Stamp Notary's Name), Personally Known, Produced Identification, Type of Identification Produced.

APPROVED BY: _____ Permit Officer Issue Date: _____ Code in Effect: _____
FOR OFFICE USE ONLY FOR OFFICE USE ONLY FOR OFFICE USE ONLY

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.

Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.



Miramar | Building Division

Building, Planning, & Zoning Department
2200 Civic Center Place | Miramar, Florida 33025
Tel: 954.602.3200 | Fax: 954.602.3635
www.miramarfl.gov

Affidavit of Awareness of Homeowner's Association Regulations

The following "Affidavit" is required as per City's ordinance. This is a mandatory affidavit which is required even if your property is not located in a Homeowner's Association.

ATTENTION APPLICANT. READ CAREFULLY

- For homeowner/Builder applicants, this affidavit can be notarized by Permit Clerk at the Building Division. Homeowner should appear in person with required picture I.D. (i.e. Driver License) and proof of ownership (i.e. Recorded Warranty, County Tax Statement). The physical address on I.D. shall match the address on the proof of ownership (i.e. Recorded Warranty Deed).
- For Licensed Contractor applicants, this affidavit can be notarized outside the Building Division by any Notary Public.

Homeowner or Condominium Association Affidavit Requirement. Miramar - City Code Sec. 22-29.(c)(1) As part of the application process for a building permit in accordance with this chapter and with Section 713.20 of the Land Development Code, each applicant shall sign an affidavit (the "affidavit of awareness") indicating that the applicant is aware that, if the subject property is located in a Homeowners' Association or Condominium Association, as defined in this section, the applicant's property may be subject to additional regulations despite the issuance of a building permit by the city.

This serves to notify such homeowner that the issuance of a Building, Landscaping, or other permits by the City of Miramar, Florida does not exempt he/she from any and all other regulations imposed by the Homeowner's Association (HOA) in which his/her property is located. Be aware that despite the issuance of a building permit by the city, the applicant's property may result in additional regulations or denial to perform the work in your property located at HOA community.

Read and Initial to the left of the applicable statement

_____ I acknowledge that **I am the owner of property** located in the following Homeowner's Association:

Print Name of Homeowner's Association

_____ I acknowledge that my property is not located in a Homeowners' Association.

Name: _____
Homeowner - Print Name

Job Address: _____

Miramar, Florida Zip Code : _____

Signature: _____
Homeowner - Signature

STATE OF FLORIDA. Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public

Subject: Broward County Uniform Data Form for Residential and Light Commercial Air Conditioning Replacements

POLICY

Each permit application for residential and light commercial air conditioning replacements shall be submitted to all jurisdictions in Broward County using the attached "*Broward County Uniform Data Form for Residential and Light Commercial Air Conditioning Replacements.*"

This form does not relieve the permit holder, building owner, or contractor from complying with all and any applicable local regulations or ordinances related to zoning, flood prevention, fire prevention, etc.; or prohibits a Broward County jurisdiction from requiring additional information to be provided in relation to applicable local regulations or ordinances related to zoning, flood prevention, fire prevention, etc.

Use of the *Broward County Uniform Data Form for Residential and Light Commercial Air Conditioning Replacements* is mandatory countywide starting October 1, 2019.

See the attached form.

Broward County Uniform Data Form for Residential and Light Commercial Air Conditioning Replacements

All others, including cooling towers, chillers, refrigeration units, etc., must provide plans.
 Each system requires a form.

Job Name:	
Address:	

Unit #:		City:		FL Zip Code:	
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Fill in the applicable information

Data	Existing Unit (*)		New Unit	
Manufacturer				
Size (Tons) SEER/SEER2/EER **				
Package/Heat Pump Model #				
Condensing Unit Model #				
AHU Model #				
Strip Heat (KW)				
Minimum Circuit Amps	c/u	ahu/pkg	c/u	ahu/pkg
Maximum Overcurrent Protection	c/u	ahu/pkg	c/u	ahu/pkg
Size of Disconnect	c/u	ahu/pkg	c/u	ahu/pkg

(*) Provide equipment sizing calculation if existing unit data is not available (ACCA Manual N, J, etc.)
 (**) Provide AHRI Certificate

Will a new stand, curb, or curb adapter be installed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will a duct smoke detector be installed or reconnected?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the duct s/d connected to a Fire Alarm Panel?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will the A/C location be the same?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the A/C equipment being replaced because of a flood?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Company Name	
FL State or Co. License #	
Qualifier's Signature	

FOR BUILDING DEPARTMENT USE ONLY

Process or Permit #		Jurisdiction	
Approved by		Date	

Disclaimer:
 This form does not relieve the applicant from compliance with all applicable sections of the Florida Building Codes.
 Additional local regulations might be applicable, i.e. zoning, flood and fire prevention, etc.



**Notice of Commencement Document Recording
can be conducted by contacting one of the below
eRecording Vendors:**

1. CSC (formerly INGEO) erecording@cscglobal.com / 866-652-0111 / erecording.com/contact-us
2. E-Docs Solutions / info@edocsrecording.com / 888-973-3627 / edocsrecording.com/ContactUs.htm
3. eRecording Partners Network (ePN) / sales@GOePN.com / 888-325-3365 / goepn.com/contact/
4. Indecomm (formerly US Recordings) / marketing_info@indecomm.net / 877-272-5250 / dmg.indecomm.net/Connect/Contact
5. Simplifile / sales@simplifile.com / 800-460-5657 / simplifile.com/contact-simplifile/

Or by Mail:

**Records, Taxes and Treasury Division, Recording
115 S. Andrews Avenue, Room 114
Fort Lauderdale, FL 33301**

For more information, please visit Broward.org/RecordsTaxesTreasury,
call 954-831-4000, or by email records@broward.org

PERMIT NUMBER:

NOTICE OF COMMENCEMENT

The undersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes the following information is provided in the Notice of Commencement.

1. **DESCRIPTION OF PROPERTY** (Legal description & street address, if available) **TAX FOLIO NO.:** _____

SUBDIVISION _____ **BLOCK** _____ **TRACT** _____ **LOT** _____ **BLDG** _____ **UNIT** _____

2. **GENERAL DESCRIPTION OF IMPROVEMENT:**

3. **OWNER INFORMATION:** a. Name _____

b. Address _____ c. Interest in property _____

d. Name and address of fee simple titleholder (if other than Owner) _____

4. **CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:**

5. **SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT:**

6. **LENDER'S NAME, ADDRESS AND PHONE NUMBER:**

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:

NAME, ADDRESS AND PHONE NUMBER:

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes:

NAME, ADDRESS AND PHONE NUMBER:

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): _____, 20____

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
Owner's Authorized Officer/Director/Partner/Manager**

Print Name and Provide Signatory's Title/Office

State of Florida
County of Broward

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

By _____, as _____
(name of person) (type of authority,...e.g. officer, trustee, attorney in fact)

For _____
(name of party on behalf of whom instrument was executed)

____ Personally known or ____ produced the following type of identification: _____

Notary

(Signature of Notary Public)

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

Signature(s) of Owner(s) or Owner(s)' Authorized Officer/ Director / Partner/Manager who signed above:

By _____ By _____