

COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

bldginfo@columbiacountyfla.com

Scan QR code to submit online.

(On next page)

Air Conditioner Application Checklist

PERMIT EXEMPTION: If the construction job cost is \$5000 or less, no permit is required. (County Ord. 2025-05) This does not change the requirement for the use of licensed contractors and the requirement of recording a Notice of Commencement when the cost is \$5000 or more. (F.S. ch:489, F.S. ch:713)

- ☐ 2nd pg of Permit Application with PROPERTY OWNER'S Signature & Notarized Contractor Signature - The deeded property owner must sign page 2 of Application
- ☐ Subcontractors Verification Form, signed by the license holder/contractor or authorized Qualifier for each trade - if required
- ☐ License Holders (Contractors) must complete a "Letter of Authorization" for who is authorized to pull the permit on their behalf
- ☐ If an Owner Builder, Notarized Owner Disclosure Statement is required
- ☐ Proof of ownership by way of Recorded Deed or Property Appraiser's parcel details printout-- visit <https://search.ccpafl.com/>
- ☐ Corporation or Trust Details listing authorized signor(s) and POA forms if necessary
- ☐ Roof top installations requires 2 sets of blueprints, Signed & Sealed Engineering, 1 if digitally sealed
- ☐ Required - Unit information such as: AHRI Data Sheet, Accredited laboratory, Manufacturer's letter, FL Reg. Engineer's letter, etc... ..
- ☐ Recorded Notice of Commencement if over \$15,000; before 1st inspection
- ☐ Any other necessary documents requested (Floodplain Notice to Owner, etc...)

Notice of Compliance with SEER2 Requirements per Florida Building Code (Effective 1/1/2023)

This application for the installation of an air conditioning system must meet the updated Florida Building Code, which took effect on January 1, 2023. In accordance with the new federal and state efficiency standards, all air conditioning units installed must meet the SEER2 (Seasonal Energy Efficiency Ratio 2) requirements.

For residential & commercial systems, the minimum rating must meet SEER2, as required by the Florida Building Code.

The system being installed in this application **must meet or exceed** the applicable SEER2 efficiency standards, ensuring compliance with the updated energy performance requirements.

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Columbia County, Florida Air Conditioner Replacement or Repair Application



**Scan QR Code to
complete application online.

For Office Use Only

Application # _____

Permit # _____

Comments/Notes _____

***This page not required for Online submissions.**

Applicant _____ Phone # _____
(person applying, not owner)

Applicant Address _____

Contact Email (updates sent here) _____

Owners Name _____ Phone # _____

Job Site Address _____

Contractors Name _____ Phone # _____

Contractors Address _____

Contractors Email _____

Parcel # ____ - ____ - ____ - ____ - ____

Estimated Cost of Job _____ ☐ Commercial ☐ Residential

Type of Building _____ Exterior Equipment Location _____
(House, Mobile Home, Garage, Etc...) (Roof, Ground, Seer Pedestal, Wall, Etc...)

☐ Package Unit ☐ Split System Model _____ Seer _____

Description of Work _____

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For residential & commercial systems, the minimum rating must meet SEER2, as required by the Florida Building Code.

The system being installed in this application must meet or exceed the applicable SEER2 efficiency standards, ensuring compliance with the updated energy performance requirements.

CODE: Florida Building Code 2023 & National Electric Code 2020

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CODES: 2023 Florida Building Code 8th Edition and the 2020 National Electrical Code

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Subcontractor Verification Form

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the General Contractor's permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

MECHANICAL / A/C

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

PLUMBING / GAS

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

ROOFING

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

**FIRE SYSTEM /
SPRINKLER**

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

SOLAR

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

STATE SPECIALTY

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

COLUMBIA COUNTY BUILDING DEPARTMENT

AGENT AUTHORIZATION TO SIGN FOR PERMITS

(BLANKET)

Use if authorized to pull all permits on your behalf

License holder still MUST sign Owner and Contractor Signature Page

I, _____ (License Holder Name), licensed qualifier for _____ (Company Name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Person Authorized
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes, and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supercede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized) _____

License Number _____

Date _____

NOTARY INFORMATION:

STATE OF: _____ COUNTY OF: _____

The above license holder, whose name is _____ personally appeared before me and is () known by me or () has produced identification (type of I.D.) _____ on this _____ day of _____, 20____.

(Seal/Stamp)

Notary's Signature _____

Notary's Printed Name _____

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COLUMBIA COUNTY BUILDING DEPARTMENT

AGENT AUTHORIZATION TO SIGN FOR PERMITS

(JOB SPECIFIC)

Use if authorized to pull all permits on your behalf

License holder still MUST sign Owner and Contractor Signature Page

I, _____ (License Holder Name), licensed qualifier for _____ (Company Name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf for the job address shown below ONLY.

Job Site Address: _____

Printed Name of Person Authorized	Signature of Person Authorized
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes, and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supercede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized) _____

License Number _____

Date _____

NOTARY INFORMATION:

STATE OF: _____ **COUNTY OF:** _____

The above license holder, whose name is _____ personally appeared before me and is () known by me or () has produced identification (type of I.D.) _____ on this _____ day of _____, 20____.

(Seal/Stamp)

Notary's Signature _____

Notary's Printed Name _____

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Recording Stamp



TAX ID/PARCEL #:

NOTICE OF COMMENCEMENT

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. **Description of property (legal description):** _____
 - a. Street (job) Address: _____
2. **General description of improvements:** _____
3. **Owner Information or Lessee information if the Lessee contracted for the improvements**
 - a. Name and Address: _____
 - b. Name and Address of fee simple titleholder (if other than owner): _____
 - c. Interest in property: _____
4. **Contractor Information**
 - a. Name and Address: _____
 - b. Telephone #: _____
5. **Surety Information (if applicable, a copy of the payment bond is attached)**
 - a. Name and Address: _____
 - b. Amount of Bond: _____
 - c. Telephone #: _____
6. **Lender**
 - a. Name and Address: _____
 - b. Telephone #: _____
7. **Person 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**
 - a. Name and Address: _____
 - b. Telephone #: _____
8. **In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes**
 - a. Name: _____
 - b. Telephone #: _____
9. **Expiration date of Notice of Commencement (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 SITE OF THE IMPROVEMENT 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.

**STATE OF FLORIDA
COLUMBIA COUNTY**

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me by means of ☐ physical presence or sworn to (or affirmed) by ☐ online notarization _____ day of _____, _____, by _____
as _____ for _____
DATE MONTH YEAR NAME OF PERSON
TYPE OF AUTHORITY - OFFICER, TRUSTEE, ATTORNEY IN FACT NAME OF PART ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

Personally Known _____ OR Produced Identification _____ Type of ID Produced _____
SEAL/STAMP: _____

SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA

PRINT, TYPE, OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC

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