



Town of Montverde
17404 Sixth Street
Montverde, FL 34756
(407) 469-2681

AC CHECKLIST

1. Completed permit application.
2. Property records card, warranty deed or other legal document showing ownership.
3. Copies of contractor's license submitted with each application.
4. Notice of Commencement for jobs valued at over \$7,500.
5. A copy of the AHRI card.



**TOWN OF MONTVERDE
PERMIT APPLICATION**

Permit Number

Alternate Key Number	Parcel Number	Project Address	
		Project Description	AC
Owner's Name	Mailing Address	City, State, Zip	Telephone

Email Address:

Fee Simple Titleholder's Name	Mailing Address	City, State, Zip	Telephone
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General Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address:

Construction Contractor	Mailing Address	City, State, Zip	Telephone
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Electrical Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address:

Plumbing Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address:

HVAC Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address:

Roofing Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address:

Legal Description	
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Bonding Company	
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Bonding Company Address	
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Architect's Name	
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Architect's Address	
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Project Information	Job Name:				
	Subdivision Name	Lot No.	Phase		
Zone	Lot Area				
	Setbacks (ft)	Front	Rear	Side	Corner

Project (check one)	Area	Electrical	Hvac	Water (check one)
New	Living	Service Size	Type	Municipal
Alteration	Garage			Well
Addition	Porch(s)		Efficiency	Plumbing (check one)
Repair	Other		Airhandler	Sewer
Other	Total		Condenser	Septic
Garage (check one)	Number of Bedrooms	Estimated Cost	Code In Effect	
Attached			6th Edition Florida Building Code	
Detached				

Signature of Applicant	
	Date

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 _____. **Personally Known OR**
_____ Produced Identification Type of Identification Produced _____

Signature

Print Name