



**City of Brooksville**  
**Building Division**  
 201 Howell Avenue, Brooksville, FL 34601  
 Phone: 352-544-8301 Fax: 352-544-8306

**MECHANICAL INSTALLATION SHEET**

This form must be submitted before mechanical work begins.

Permit Number: \_\_\_\_\_ Key Number: \_\_\_\_\_

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

Mechanical Contractor: \_\_\_\_\_ State License Number: \_\_\_\_\_  
 (Contractor's Name)

Company Name: \_\_\_\_\_

Contact Person for Project: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**COMMERCIAL AIR CONDITIONING AND HEATING SPECIFICATIONS**

Cooling EER/SEER \_\_\_\_\_ Heating COP/HSPF: \_\_\_\_\_

Gas \_\_\_\_\_ AFUE \_\_\_\_\_ HRU \_\_\_\_\_ Solar Heating \_\_\_\_\_

	<u>Unit 1</u>	<u>Unit 2</u>
Condenser Unit Manufacturer	_____	_____
Condenser Model Number	_____	_____
Air Handler Manufacturer	_____	_____
Air Handler Model Number	_____	_____
kW of Electric Heat	_____	_____
Package Unit Manufacturer	_____	_____
Package Unit Model Number	_____	_____
Gas Furnace Manufacturer	_____	_____
Gas Furnace Model Number	_____	_____

AC and Heating Duct System Type \_\_\_\_\_

Bath Ventilation	Ducted _____	Ductless _____
Range Hood	Ducted _____	Ductless _____
Commercial Hood & Duct System	Type _____	Refrigeration _____
Misc. _____		

Contractor: Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_