



CITY OF PANAMA CITY BEACH

Building and Planning Department

MECHANICAL CHANGE OUT AFFIDAVIT

Date: _____

Permit Number: _____

JOB ADDRESS: _____

ZIP CODE: _____

PARCEL ID: _____

PROPERTY OWNER: _____

CONTRACTOR NAME: _____

LICENSE NUMBER: _____

I _____, the Mechanical Contractor licensed by the
PRINT NAME

State of Florida, hereby affirm that all mechanical work (repair and/or replacement) will be performed at the above address in accordance with the regulations required by the Florida Building Mechanical Code.

(Contractor's Signature)

STATE OF FLORIDA, COUNTY OF _____

Notary Name _____

Seal

Sworn to (or affirmed) and subscribed before me

this _____ day of _____ 20 _____,

Personally known or I.D. _____