

## THE CITY OF DAYTONA BEACH

DEVELOPMENT SERVICES DEPARTMENT PERMIT & LICENSING DIVISION

## **MECHANICAL PERMIT**

PERMIT TYPE:	MECHANICAL Permit Number: C1706-068 CHANGE-OUT		PARCEL/TAX ID NO: <b>53380B000270</b>			
JOB ADDRESS: <b>54</b>	4 Health Blvd					c/o
SUBDIVISION:				APPLICATION	DATE:	6/12/2017
LOT: BLOCK:	0B-00			APPROVED	DATE:	6/13/2017
CONSTRUCTION 1				ISSUED	DATE:	6/13/2017
CONTACT INF	<u>ORMATION</u>					
Owner: Mailing Addr:	VINHAR 2 HOLDING 129 RIO PINAR TR	S OF FLORIDA ORMOND BEACH FL	32174		Phone: Fax:	
Applicant: Mailing Addr:		A/C Inc. (CAC) igloomond Beach FL 3217			Phone: Fax:	(386) 615-9393
Contractor: Mailing Addr:		A/C Inc. (CAC) igloomond Beach FL 3217			Phone: Fax:	(386) 615-9393
<u>FEES</u>	ESTI	MATED VALUATION	FEES	PAID		AMOUNT DUE
		\$4,600.00	\$141.43	\$141.43		\$0.00
CONDITIONS	This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Permit expires 180 days from date issued unless otherwise noted or governed by law.					
<u>INSPECTIONS</u>	Inspection requests made before 9pm can be scheduled for next business day.  By Phone: 386-671-8140, option 1. Permit number and 3-digit inspection code required.  By Website: www.codb.us, click ePermits link then Permit Search to locate permit and schedule.					
<u>AGREEMENT</u>	The Applicant agrees to comply with Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed or implied, of the Department, Municipality, Agency, or Inspector; and certifies that all of the above information is accurate.					
  Signature						