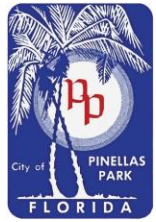


**CITY OF PINELLAS PARK  
BUILDING DEVELOPMENT DIVISION**

Phone: 727-369-5647

Fax: 727-369-5839



# Refrigeration

Fax in, sign on:

This form must be completed, signed and submitted **before** the permit becomes valid.

Permit # \_\_\_\_\_ Date: \_\_\_\_\_

Job Address \_\_\_\_\_

Qualifiers Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

State License #: \_\_\_\_\_ PCCLB #: \_\_\_\_\_

**By signing this fax permit sign on, it is agreed that you are the qualified contractor for this job and are accepting all pertinent City Ordinances and Building Codes.**

Qualifiers' Signature or Authorized Agent: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Mechanical/Refrigeration Inspections require a 24-hour notice  
Leave all information required on the inspection line or you may risk not getting an inspection.**

**Inspection Line (727) 369-5834**

**Note: If not registered in the City of Pinellas Park, please fax a current copy of your State license and Pinellas County Construction Licensing Board license.**