



# CITY OF PANAMA CITY BEACH

Building and Planning Department

## MECHANICAL CHANGE OUT AFFIDAVIT

Date: \_\_\_\_\_

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. \_\_\_\_\_