



Community Development Department  
1065 Ridgewood Avenue Holly Hill, Florida 32117  
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[www.hollyhillfl.org](http://www.hollyhillfl.org)

### EMERGENCY HVAC / EQUIPMENT REPAIR OR REPLACEMENT

Section 105.2.1 of the Florida Building Code allows equipment replacement and repairs to be performed when an emergency condition exists as long as the permit application is submitted **the next working business day**. To document the emergency and remove confusion regarding un-permitted activity, this form needs to be completed and emailed or faxed to the Chief Building Official's office prior to work commencing. This form must be received in the Building Department office **BEFORE WORK IS COMMENCED** so that **Code Enforcement can be notified and know we are aware of the emergency**. If we are notified by Code Enforcement of work before being notified by you the work will be work without a permit and subject to citation and fines.

#### Emergency Equipment Replacement or Repair Understanding and Agreement.

I attest that the HVAC work described below qualifies as an Emergency repair per section 105.2.1 of the current Florida Building Code.

**Description of Work:** \_\_\_\_\_

I agree to indemnify and hold harmless, the City of Holly Hill, its officers, agents, or employees from and against any and all claims, demands, loss or liability of every nature connected with performing work without first obtaining the proper required permit(s).

I agree, as per 105.2.1 FBC-C, to apply for the permit on the next working business day providing all applicable documents required by Code for review and permit record (including but not limited to: matched system documentation (C501.7 and R501.7 FBC-EC), and wind resistance documentation for commercial projects (301.15 FBC-M). We will not accept partial application.

**Date and time of notice to Building Division:** \_\_\_\_\_

|                            |  |                |  |
|----------------------------|--|----------------|--|
| Company Name:              |  |                |  |
| Contractor's Name:         |  | License #      |  |
| Contractor's Signature:    |  |                |  |
| Contact Phone Number:      |  |                |  |
| Street Address of Project: |  | Apt. or Unit # |  |
| City:                      |  |                |  |

*Note: An agent may sign this form on the contractor's behalf provided that an agent authorization form signed by the contractor is emailed or faxed to this office in addition to this document.*