

CITY OF SOUTH BAY



A/C CHANGE OUT FORM Building Department

Application No. _____

THIS FORM MUST ACCOMPANY ALL AIR CONDITIONING REPLACEMENT PERMIT APPLICATIONS. EACH UNIT CHANGE-OUT MUST BE ON ITS OWN DATA SHEET. MULTIPLE UNITS ON SINGLE SHEETS ARE NOT ACCECPTABLE.

AIR CONDITIONING REPLACEMENT DATA

CONTRACTOR: _____ DATE: _____
 SITE ADDRESS: _____ APT: _____
 LOT: _____ BLOCK: _____ SUBDIVISION: _____

UNIT BEING REPLACED	DATA	NEW UNIT
	MANUFACTURER	
	PKG UNIT MODEL	
	COND. UNIT MODEL	
	AHU/COIL MODEL	
	KW HEAT	
	NOM TONS	
AHU CU PKG	1)M.C.A.	AHU CU PKG
AHU CU PKG	2)M.O.P	AHU CU PKG
AHU CU PKG	3)VOLTS	AHU CU PKG
PKG UNIT / /		PKG UNIT / /
	EER/SEER	
YES NO	DUCTS	YES NO
YES NO	THERMOSTAT	YES NO
YES NO	SMOKE DETECTORS	YES NO
YES NO	NEW STAND / CURB	YES NO

LADDER REQUIRED FOR INSPECTION YES _____ NO _____

CHANGE DISCONNECTING MEANS YES _____ NO _____

SIGNATURE: _____

FLORIDA STATE CERTIFICATION / REGISTRATION NO. _____

SOUTH BAY/ CERTIFICATE OF COMPETENCY NO. _____

APPROVED BY: _____ DATE: _____

- 1) MINIMUM CIRCUIT AMPACITY (WIRE SIZE) _____
- 2) MAXIMUM OVERCURRENT PROTECTION (FUSE/BREAKER SIZE) _____
- 3) VOTAGE OF CIRCUIT (208/240/480) _____
- 4) SIZE DISCONNECTING MEANS _____



City of South Bay
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Florida HVAC Efficiency Card Form

The following information is required for replacement of mechanical equipment and must be attached to the permit at the time of inspection.

Permit # _____

Air Conditioning System

SEER _____ or EER _____

For DOE covered products

For other products

DOE covered products are central, air-source, one-phase systems having capacities under 65,000 BTUH

Replacement System Components

Manufacturer: _____

Brand: _____

Air Handler Model Number: _____

Evaporator Coil Model Number: _____

(Required if the air handler can be equipped with more than one evaporator coil)

Compressor Unit Model Number: _____

Existing Components

Manufacturer: _____

Brand: _____

Air Handler Model Number: _____

Evaporator Coil Model Number: _____

(Required if the air handler can be equipped with more than one evaporator coil)

Compressor Unit Model Number: _____

Certification

I certify that the information entered on this form accurately represents the system components installed:

Date: _____ Signature of Installing Contractor: _____

License # _____ Print Name of Installing Contractor: _____