



# CITY OF FLAGLER BEACH BUILDING DEPARTMENT

## AIR CONDITIONING REPLACEMENT

Job Name: \_\_\_\_\_

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

**Note:** On existing equipment make and model number are only required for components proposed to remain on site. If the entire system is replaced only the make and model number for the new equipment is required.

### Existing Equipment

Package Unit Make / Model # : \_\_\_\_\_

Minimum Circuit Amps: \_\_\_\_\_ Max. Overcurrent Protection: \_\_\_\_\_

Condenser Make / Model #: \_\_\_\_\_

Minimum Circuit Amps: \_\_\_\_\_ Max. Overcurrent Protection: \_\_\_\_\_

A.H.U. Make / Model #: \_\_\_\_\_

Minimum Circuit Amps: \_\_\_\_\_ Max. Overcurrent Protection: \_\_\_\_\_

### New Equipment

Package Unit Make / Model # : \_\_\_\_\_

Minimum Circuit Amps: \_\_\_\_\_ Max. Overcurrent Protection: \_\_\_\_\_

Condenser Make / Model #: \_\_\_\_\_

Minimum Circuit Amps: \_\_\_\_\_ Max. Overcurrent Protection: \_\_\_\_\_

A.H.U. Make / Model #: \_\_\_\_\_

Minimum Circuit Amps: \_\_\_\_\_ Max. Overcurrent Protection: \_\_\_\_\_

(S).E.E.R.: \_\_\_\_\_

(1) Show Wire Size: \_\_\_\_\_ Type: \_\_\_\_\_ (T.W. or T.H.W.)

(2) Size Disconnect Circuit Breaker or Fuse: \_\_\_\_\_

(3) Disconnect Readily Accessible: \_\_\_\_ Yes \_\_\_\_ No

(4) For **Condenser or A.H.U. replacement only** (partial system): provide verification of energy rating documentation from ARI or another independent testing agency, manufacturers support documentation, or Florida-registered professional engineer verification, as per Florida building codes 13-407.1ABC.3.1.1 and 13.607.1ABC.3.1.1.

Signature of Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Original and a copy of this form is required to be submitted with permit application.