



## AIR CONDITIONING CHANGE OUT EQUIPMENT DATA

Two (2) copies of this form must accompany all air conditioning change outs permit applications.

**APPLICANT MUST PROVIDE ONE OF THE FOLLOWING TO SHOW COMPLIANCE WITH FBC WIND DESIGN REQUIREMENTS:**

- 1. MDC NOA OR STATE PRODUCT APPROVAL FOR THE EQUIPMENT; 2. MANUFACTURER’S SPECIFICATIONS LISTING COMPLIANCE WITH FBC WIND DESIGN REQUIREMENTS OR 3. SIGNED AND SEALED ENGINEERING FOR THE UNIT.**

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Site Address: \_\_\_\_\_ Unit/Apt #: \_\_\_\_\_ Permit # \_\_\_\_\_

EQUIPMENT DATA	EXISTING UNIT (Must provide system size or provide load calculations)	NEW UNIT
MANUFACTURER		
PKG. UNIT MODEL #		
AUH/COIL MODEL #		
CONDENSER MODEL #		
HEATER KW		
SYSTEM SIZE (TONS)		
SEER2		

A.H. R.I Reference Number: \_\_\_\_\_

Is a new roof curb/curb adapter or stand needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Is new equipment being moved or relocated? Yes \_\_\_\_\_ No \_\_\_\_\_

Is new ductwork being installed/removed? Yes \_\_\_\_\_ No \_\_\_\_\_

Is an air duct smoke detector installed? Yes \_\_\_\_\_ No \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**FLORIDA STATE CERTIFICATION/REGISTRATION #:** \_\_\_\_\_

**\*\*\*This form must be posted at the jobsite for inspection\*\*\***

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