



TOWN OF SURFSIDE
Building and Zoning

AIR CONDITIONING REPLACEMENT
EQUIPMENT INFORMATION

Permit Number: _____

Contractor: _____ Date: _____

Job Address: _____

(Circle One)

Will a ladder be required for inspections?	Yes	No
Will new equipment be installed in the same location?	Yes	No
Will the new equipment fit properly on the existing slab?	Yes	No

<u>Equipment Information</u>	<u>Existing Equipment</u>	<u>New Equipment</u>
Manufacture:	_____	_____
AHU/Coil Model:	_____	_____
Condensing Unit Model:	_____	_____
Package Unit Model:	_____	_____
Kw Heat Rating:	_____	_____
System Tonnage:	_____	_____
Maximum Fuse Size:	C/U _____ AHU _____	C/U _____ AHU _____
Minimum Circuit Ampacity:	C/U _____ AHU _____	C/U _____ AHU _____
Volts:	C/U _____ AHU _____	C/U _____ AHU _____
EER/SEER:	_____	_____

(Circle One)

Replacing any ductwork?	Yes	No
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If yes, provide mechanical drawings or layouts of the new ductwork (Scale 1/4" = 1'-0")

Heat Recovery Unit?	Yes	No
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Smoke Duct Detectors?	Yes	No
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Fire Dampers?	Yes	No
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Contractor's Signature: _____

State/City Certification/Registration Number: _____

(Check One)

Mechanical Contractor Class "A" _____ Class "B" _____

Note: Any A/C Equipment to be replacement the A/C Contractor Shall be provide a Copy SEER "AHRI- (Air Conditioning Heating and Refrigeration Institute) Certificate of Products Ratings (All Change Out).