



**TOWN OF SURFSIDE
BUILDING DEPARTMENT**

9293 HARDING AVENUE

SURFSIDE, FL 33154

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AIR CONDITIONING REPLACEMENT

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

Equipment Information	Existing Equipment	New Equipment
Manufacturer:	_____	_____
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

If yes, provide mechanical drawings or layouts of the new ductwork (Scale 1/4" = 1'-0")

Heat Recovery Unit? Yes No

Smoke Duct Detectors? Yes No

Fire Dampers? Yes No

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).