

STAFF USE ONLY

**AIR CONDITIONING REPLACEMENT**

Job/Owner Name: \_\_\_\_\_

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

**EXISTING EQUIPMENT**

Package Unit Make: \_\_\_\_\_ Model Number: \_\_\_\_\_

Min. Circuit Amps: \_\_\_\_\_ Max. Over current Protection: \_\_\_\_\_

Condenser Make: \_\_\_\_\_ Model Number: \_\_\_\_\_

Min. Circuit Amps: \_\_\_\_\_ Max. Over current Protection: \_\_\_\_\_

A.H.U. Make: \_\_\_\_\_ Model Number: \_\_\_\_\_

Min. Circuit Amps: \_\_\_\_\_ Max. Over current Protection: \_\_\_\_\_

**NEW EQUIPMENT**

Package Unit Make: \_\_\_\_\_ Model Number: \_\_\_\_\_

Min. Circuit Amps: \_\_\_\_\_ Max. Over current Protection: \_\_\_\_\_

Condenser Make: \_\_\_\_\_ Model Number: \_\_\_\_\_

Min. Circuit Amps: \_\_\_\_\_ Max. Over current Protection: \_\_\_\_\_

A.H.U. Make: \_\_\_\_\_ Model Number: \_\_\_\_\_

Min. Circuit Amps: \_\_\_\_\_ Max. Over current Protection: \_\_\_\_\_

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

1. Size disconnect circuit breaker or fuse: \_\_\_\_\_
2. Disconnect readily accessible:     Yes  No
3. For **Condenser or A.H.U. replacement only** (partial system): provide verification of energy rating documentation from ARI or another independent testing agency, manufactures support documentation, or Florida-registered professional engineer verification, as per the laws, rules and codes applicable at the time of permit application.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date