



HOME OF PELICAN ISLAND
BUILDING DEPARTMENT
1225 MAIN STREET • SEBASTIAN, FLORIDA 32958
TELEPHONE: (772) 589-5537 • FAX (772) 589-2566

AIR CONDITIONING REPLACEMENT

Date: _____ Permit # _____ Tracking # _____

Job Name _____ Address: _____

Contractor: _____

Ductwork to be replaced: ____ YES ____ NO - Affidavit required for sealing NEW ductwork

Existing Equipment (To Remain)

Condenser Make / Model #: _____ SEER: _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

A.H.U. Make / Model #: _____ Heat Strip K.W. _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

New Equipment (To Be Installed)

Condenser Make / Model #: _____ SEER: _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

A.H.U. Make / Model #: _____ Heat Strip K.W. _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

Package Unit Make / Model #: _____ EER: _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

For **Condenser and A.H.U. replacements** (total system replacement only):

(1) Verify new system components “**Match**” by using one of the following methods per Florida Energy Code 101.4.7 for Residential and Commercial:

- 1) Data from AHRI for verification of energy rating
- 2) Obtain an energy rating from an accredited testing lab (example ARL labs)
- 3) Manufactures letter stating compatibility of two pieces of equipment for code purposes
- 4) Florida-registered Professional Engineer’s verification letter

Commercial Equipment Mounted on Roof: Provide engineered attachment details to curb or stands.

Signature of Qualifier _____ License No. _____