



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

AIR CONDITIONING REPLACEMENT

Permit # _____

Date: _____

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

(1) Verify system components **“Match”** by using one of the following methods per Florida Energy Code 501.7 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

❖ (Existing equipment must match unless otherwise specifically approved by the Building Department)

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

Signature of Qualifier _____ License No. _____