



**CITY OF CORAL SPRINGS BUILDING DEPARTMENT
TELEPHONE 344-1025**

APPLICATION NO. _____

THIS FORM MUST ACCOMPANY ALL AIR CONDITIONING REPLACEMENT PERMIT APPLICATIONS. EACH UNIT CHANGE-OUT MUST BE ON ITS OWN DATA SHEET. MULTIPLE UNITS ON SINGLE SHEETS ARE NOT ACCEPTABLE.

AIR CONDITIONING REPLACEMENT DATA

CONTRACTOR: _____ DATE: _____

SITE ADDRESS: _____ APT: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____

UNIT BEING REPLACED			DATA	NEW UNIT		
			MANUFACTURER			
			PKG. UNIT MODEL			
			COND. UNIT MODEL			
			AHU/COIL MODEL			
			KW HEAT			
			NOM TONS			
AHU	CU	PKG	1) M.C.A	AHU	CU	PKG
AHU	CU	PKG	2) M.O.P	AHU	CU	PKG
AHU	CU	PKG	3) VOLTS	AHU	CU	PKG
PKG UNIT	/	/		PKG UNIT	/	/
			EER/SEER			
YES	NO		DUCTS	YES	NO	
YES	NO		THERMOSTAT	YES	NO	
YES	NO		SMOKE DETECTOR	YES	NO	
YES	NO		HEAT RECOVERY UNIT	YES	NO	
YES	NO		STAND	YES	NO	

LADDER REQUIRED FOR INSPECTION YES _____ NO _____

CHANGE DISCONNECTING MEANS YES _____ NO _____

SIGNATURE: _____

FLORIDA STATE CERTIFICATION/REGISTRATION NO. _____

BROWARD CTY/CERTIFICATE OF COMPETENCY NO. _____

APPROVED BY: _____ DATE: _____

1) MINIMUM CIRCUIT AMPACITY (WIRE SIZE) _____

2) MAXIMUM OVERCURRENT PROTECTION (FUSE/BREAKER SIZE) _____

3) VOLTAGE OF CIRCUIT (208/240/480) _____

4) SIZE DISCONNECTING MEANS _____