



**TOWN OF SURFSIDE
Building Department**

**HVAC/AIR CONDITIONER REPLACEMENT
EQUIPMENT INFORMATION**

Permit Number (To Be Assigned by Staff): _____

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
If NO the provide Site Plan with new location(s).		
Will the new equipment fit properly on the existing slab?	Yes	No
Is this a STRAIGHT CHANGEOUT? (Same Size and Same Location)	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: For All A/C Equipment to be replaced the A/C Contractor shall provide a Copy of the SEER "AHRI- (Air Conditioning Heating and Refrigeration Institute) Certificate of Product Ratings (All Change Outs).