



**City of Sunrise Building Division**  
 1607 NW 136 AVENUE, BUILDING B  
 SUNRISE, FLORIDA 33323  
 (954) 572 - 2354 FAX (954) 572 - 2357  
 INSPECTIONS (954) 572 - 2380 8:00AM - 2:00PM

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: \_\_\_\_\_

JOB 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	DUCT	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

**IS DISCONNECT W/IN SIGHT OF EQUIP. ?** YES NO

SIGNATURE: \_\_\_\_\_

FLORIDA STATE CERTIFICATION/REGISTRATION NO. \_\_\_\_\_

BROWARD CTY CERTIFICATE OF COMPETENCY NO. \_\_\_\_\_

- 1) **MINIMUM CIRCUIT AMPACITY (WIRE SIZE):** \_\_\_\_\_
- 2) **MAXIMUM OVERCURRENT PROTECTION (FUSE/BREAKER SIZE)** \_\_\_\_\_
- 3) **HOUSE SERVICE SIZE** \_\_\_\_\_
- 4) **SIZE DISCONNECTING MEANS:** \_\_\_\_\_