



City of Sunrise Building Department

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: _____