



DEVELOPMENT SERVICES DEPARTMENT
 401 CLEMATIS ST
 WEST PALM BEACH, FL 33401
 PHONE: 561-805-6700
 EMAIL: DS@WPB.ORG

A/C CHANGE-OUT COMPLIANCE FORM

PERMIT # _____ **JOB ADDRESS** _____

The following information (**Florida Energy Code Table C403.2.3(1)**) is required for replacement of existing mechanical appliances and must be available for the field inspector at time of inspection. Only one copy needs to be provided. We will return this form to you stamped/approved for use on the jobsite at the time of inspection.

REPLACEMENT SYSTEM COMPONENTS

_____ **SEER or SEER2 (select one)** **BTU** _____

Manufacturer: _____

Equipment Type: _____

AHU Model #: _____

Condensor Model #: _____

Voltage: _____

Voltage: _____

Heat Type: _____

Split System _____ **Single Package** _____

Min. Circuit Ampacity: _____

Min. Circuit Ampacity: _____

HACR Breaker/Fuse Size: _____ **Max.**

HACR Breaker/Fuse Size: _____ **Max.**

Evaporator Coil Model #: _____

Heat Pump: _____

(Required if air handler can be equipped with more than one evaporator coil)

EXISTING SYSTEM COMPONENTS

Manufacturer: _____

Equipment Type: _____

AHU Model #: _____

Condensor Model #: _____

Voltage: _____

Voltage: _____

Heat Type: _____

Split System _____ **Single Package** _____

Min. Circuit Ampacity: _____

Min. Circuit Ampacity: _____

HACR Breaker/Fuse Size: _____ **Max.**

HACR Breaker/Fuse Size: _____ **Max.**

Wire Size _____ **(AWG)**

Wire Size _____ **(AWG)**

Evaporator Coil Model #: _____

Heat Pump: _____

(Required if air handler can be equipped with more than one evaporator coil)

APPLICANT SIGNATURE

DATE