



TOWN OF SOUTH PALM BEACH

3577 South Ocean Blvd., South Palm Beach, Florida 33480

Phone: (561) 588-8889 Fax: (561) 588-6632

www.southpalmbeach.com

Air Conditioning Replacement Data Form

Permit No: _____

Contractor Name: _____

Site Address: _____

Please fill in all information:

Make: _____ Package unit Model # _____ KW _____

Make: _____ A/C handler model # _____ KW _____

Make: _____ Condenser model # _____

Please answer Yes or No to ALL the following questions:

(Do not leave any questions blank)

Will this be an exact change out? _____
(Provide heat load calculations for a change in tonnage or KW of heat)

Will electric work be done on the line side of disconnect? _____
(Electrical permit is required if Yes)

Will a smoke duct detector be installed or replaced? _____
(Required to be installed if over 2000 CFM for commercial applications)

Will a new heat recovery unit be installed? _____

Will an existing heat recovery unit be reinstalled? _____

Will ductwork be installed or replaced? _____

Will a new support stand be installed on the roof? _____
(If yes, an engineer's sealed drawing for anchoring is required)
An approved ladder will be required for all attic and rooftop inspections.

I do swear that the information provided on this form is correct.

Qualifier's Signature: _____

Contractor's License No: _____

Building Official Approval: _____

THIS FORM MUST BE POSTED WITH PERMIT CARD