



**FLAGLER COUNTY
BUILDING DEPARTMENT**
Air Conditioning Replacement

Job Name: _____

Address: _____

Note: On existing equipment make and model number are only required for components proposed to remain on site. If the entire system is replaced only the make and model number for the new equipment is required.

Existing Equipment

Package Unit Make / Model # : _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

Condenser Make / Model #: _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

A.H.U. Make / Model #: _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

New Equipment

Package Unit Make / Model # : _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

Condenser Make / Model #: _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

A.H.U. Make / Model #: _____

Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

(S).E.E.R.: _____

(1) Show Wire Size: _____ Type: _____ (T.W. or T.H.W.)

(2) Size Disconnect Circuit Breaker or Fuse: _____

(3) Disconnect Readily Accessible: Yes No

(4) For **Condenser or A.H.U. replacement only** (partial system): provide verification of energy rating documentation from ARI or another independent testing agency, manufacturers support documentation, or Florida-registered professional engineer verification, as per Florida building codes 13-407.1ABC.3.1.1 and 13.607.1ABC.3.1.1.

Signature of Contractor: _____ Date: _____

Note: Original and a copy of this form is required to be submitted