



# City of North Miami Beach, Florida

BUILDING DEPARTMENT

## AIR CONDITIONING/REFRIGERATION REPLACEMENT SHEET

JOB NAME: \_\_\_\_\_ PROCESS #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### EXISTING EQUIPMENT

PACKAGE UNIT MODEL #: \_\_\_\_\_

MINIMUM CIRCUIT AMPS: \_\_\_\_\_ MAX.OVERCURRENT PROTECTION: \_\_\_\_\_

CONDENSER MODEL#: \_\_\_\_\_

MINIMUM CIRCUIT AMPS: \_\_\_\_\_ MAX.OVERCURRENT PROTECTION: \_\_\_\_\_

A.H.U.MODEL#: \_\_\_\_\_ HEATSTRIPK.W.: \_\_\_\_\_

MINIMUM CIRCUIT AMPS: \_\_\_\_\_ MAX.OVERCURRENT PROTECTION: \_\_\_\_\_

PREVIOUS PERMIT NUMBER, IF KNOWN: \_\_\_\_\_

### NEW EQUIPMENT

PACKAGE UNIT MODEL #: \_\_\_\_\_

MINIMUM CIRCUIT AMPS: \_\_\_\_\_ MAX.OVERCURRENT PROTECTION: \_\_\_\_\_

CONDENSER MODEL#: \_\_\_\_\_

MINIMUM CIRCUIT AMPS: \_\_\_\_\_ MAX.OVERCURRENT PROTECTION: \_\_\_\_\_

A.H.U.MODEL#: \_\_\_\_\_ HEATSTRIPK.W.: \_\_\_\_\_

MINIMUM CIRCUIT AMPS: \_\_\_\_\_ MAX.OVERCURRENT PROTECTION: \_\_\_\_\_

(S) E. E. R. \_\_\_\_\_

(1) SHOW WIRE SIZE: \_\_\_\_\_ TYPE: \_\_\_\_\_ (TW OR THW)

(2) SIZE OF DISCONNECT CIRCUIT BREAKER OR FUSE: \_\_\_\_\_

(3) DISCONNECT READILY ACCESSIBLE: YES \_\_\_\_\_ NO \_\_\_\_\_

(Continued)



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## AIR CONDITIONING/REFRIGERATION REPLACEMENT SHEET (Continued)

Please answer yes or no to "all" of the following questions  
(Do not leave any questions blank)

- \_\_\_\_\_ 1) **Will this be an exact change out?**  
(Provide Manual J Calculations FBC 312.1)
- \_\_\_\_\_ 2) **Will electric work be done on the line side of disconnect?**  
(Electrical permit is required if yes)
- \_\_\_\_\_ 3) **Will a smoke duct detector be installed or replaced?**  
(Required to be installed if over 2000 CFM for Commercial applications)
- \_\_\_\_\_ 4) **Will ductwork be installed or replaced?**
- \_\_\_\_\_ 5) **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.  
If roof is over 16 feet, provide permanent ladder.

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

**Qualifier's Signature:** \_\_\_\_\_

**Contractor's License number:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**This form must be posted with permit card**

Appointments can be made the day of the scheduled inspection between 8:00 am and 9:00 am.  
Call: (305) 948-2965