



North Bay Village

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NORTH BAY VILLAGE
EST. 1945

AIR-CONDITIONING REPLACEMENT SHEET

Address: _____ Permit Number: _____

Please specify location for the new A/C unit to be installed: ___ Same Location ___ Different Location

Note: Please attach AHRI for new unit, and, when applicable, the corresponding Tie-Down NOA for split units.

EXISTING UNIT TO BE REPLACED	
Make: _____ Package Model No.: _____ AHU Model No.: _____ Condenser Model No.: _____ Heat Pump: _____ KW Strip Heat: _____	
<u>PACKAGE</u>	<u>SPLIT SYSTEM</u>
Min. Circuit Amps or Compressor H.P.: _____ Max. Overcurrent Protection: _____	AHU Min. Circuit Amps: _____ Max. Overcurrent Protection: _____ Condenser Min. Circuit Amps or H.P.: _____ Max. Overcurrent Protection: _____
NEW UNIT TO BE INSTALLED	
Make: _____ Package Model No.: _____ AHU Model No.: _____ Condenser Model No.: _____ Heat Pump: _____ KW Strip Heat: _____	
<u>PACKAGE</u>	<u>SPLIT SYSTEM</u>
Min. Circuit Amps or Compressor H.P.: _____ Max. Overcurrent Protection: _____ SEER: _____	AHU Min. Circuit Amps: _____ Max. Overcurrent Protection: _____ Condenser Min. Circuit Amps or H.P.: _____ Max. Overcurrent Protection: _____ SEER: _____

1. House service size Amps: _____
2. Show wire size: _____ (Amp rating) Type: _____ (TW or THW)
3. Show size of disconnect switch, circuit breaker, fuse or knife switch: _____ Amps
4. Is local disconnect switch within sight or readily accessible? ___YES or ___NO

Signature of Qualifier: _____ Certificate # _____