



North Bay Village

1666 Kennedy Causeway, Suite 101 North Bay Village, FL 33141
 Tel: (305) 754-6740 Fax: (305) 756-7722 Website: www.northbayvillage-fl.gov

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> Min. Circuit Amps or Compressor H.P.: _____ Max. Overcurrent Protection: _____	<u>SPLIT SYSTEM</u> 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> Min. Circuit Amps or Compressor H.P.: _____ Max. Overcurrent Protection: _____ SEER: _____	<u>SPLIT SYSTEM</u> 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 # _____