



CITY OF LIGHTHOUSE POINT BUILDING AND ZONING DEPARTMENT

This Form must accompany all air conditioning replacement permit applications.
Each unit change-out must be on its own Data sheet.
Multiple units on single Data sheets are not acceptable.

AIR CONDITIONING REPLACEMENT DATA

JOB NAME: _____

ADDRESS: _____

LOCATION WILL BE SAME DIFFERENT AHU in garage / 2 FD's -OR- 1 Smoke Detector in Supply Duct

EXISTING UNIT TO BE REPLACED

MAKE: _____ PACKAGE: _____
MODL NO.: _____
CONDENSING UNIT MODEL NO.: _____ HEAT PUMP MODEL NO.: _____
AHU MODEL NO.: _____ GAS BTU'S -OR- KW STRIP HEAT _____ COIL NO.: _____
(check one)
MINIMUM CIRCUIT AMPS: PACKAGE: _____ AHU: _____ CONDENSER: _____
MAXIMUM OVERCURRENT PROTECTION: PACKAGE: _____ AHU: _____ CONDENSER: _____
SEER: _____ REF. LINES _____ SUCTION: _____ LIQUID: _____

NEW UNIT BEING INSTALLED

MAKE: _____ PACKAGE: _____
MODL NO.: _____
CONDENSING UNIT MODEL NO.: _____ HEAT PUMP MODEL NO.: _____
AHU MODEL NO.: _____ GAS BTU'S -OR- KW STRIP HEAT _____ COIL NO.: _____
(check one)
MINIMUM CIRCUIT AMPS: PACKAGE: _____ AHU: _____ CONDENSER: _____
MAXIMUM OVERCURRENT PROTECTION: PACKAGE: _____ AHU: _____ CONDENSER: _____
SEER: _____ REF. LINES _____ SUCTION: _____ LIQUID: _____

- House Service Size AMPS: _____ 2. Show Wire Size _____ (C/U) _____ (AHU) _____ TW _____ THW
- Show Size Of Disconnect Switch, Circuit Breaker, Fuse Or Knife Switch (AMPS): _____ (C/U) _____ (AHU)
- Is Local Disconnect Switch Within Sight Or Readily Accessible? _____ YES _____ NO
- You **MUST** submit a copy of the PAGE from the ARI Standard Ratings Book. BOOK DATE: _____ TO _____

SIGNATURE OF QUALIFIER

CERTIFICATE NUMBER