



Town of Hillsboro Beach Building Department
1210 Hillsboro Mile
Hillsboro Beach FL, 33062
Tel #954-427-4001 | Fax #954-427-4834

MECHANICAL / AIR CONDITIONING CHANGE OUT

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: _____

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

SIGNATURE OF QUALIFIER

CERTIFICATE NUMBER