



City of Greenacres
AIR CONDITIONING REPLACEMENT FORM

Job Address _____ Date _____

Instructions

1. Attach two (2) copies of the AHRI Certificate of Product Rating
2. Air handler unit must be marked with model type and kilowatt of heat kit.
3. Compressor must be labeled outside, indicating address and unit number.
4. Pull box amperage must be labeled.
5. When new air conditioning unit is completely installed, request for a final inspection.

Special Note: Owner-Builders may not obtain A/C Change-out Permits. Federal Law (Title VI of the Clean Air Act) prohibits the venting of refrigerant into the atmosphere. A/C contractors have the training and equipment to recover refrigerant, so only A/C contractors may obtain A/C Replacement (change-out) Permits.

Air Handler Unit (mark the ones that apply):

- | | |
|--|---|
| <input type="checkbox"/> Inside closet | <input type="checkbox"/> New _____AMP Disconnect at air handler |
| <input type="checkbox"/> Inside Garage | <input type="checkbox"/> Clear space to appliance in attic |
| <input type="checkbox"/> Inside Attic | |

Condenser (mark the ones that apply):

- | | |
|---|---|
| <input type="checkbox"/> On Ground | <input type="checkbox"/> New _____AMP Disconnect or Breaker |
| <input type="checkbox"/> On Roof | <input type="checkbox"/> Disconnect switch accessible |
| <input type="checkbox"/> On Wall | <input type="checkbox"/> Hurricane strap to code |
| <input type="checkbox"/> New concrete slab or stand | <input type="checkbox"/> Ultraviolet armaflex and paint |

Package Unit (mark the ones that apply):

- | | |
|--|--|
| <input type="checkbox"/> On ground | <input type="checkbox"/> Emergency float shut off switch |
| <input type="checkbox"/> On Roof | <input type="checkbox"/> Curb adaptor or Dog House |
| <input type="checkbox"/> New refrigerant lines | |

Mark all that apply below

- | | |
|---|---|
| <input type="checkbox"/> Reconnect to Existing Ductwork | <input type="checkbox"/> New Drain Line |
| <input type="checkbox"/> New Thermostat M# _____ | <input type="checkbox"/> New Condensate Pump 115V or 240V |
| <input type="checkbox"/> New Drain Pan | <input type="checkbox"/> Air Probe Sanitizer |

New System

Make and Model of New Air Handler _____

Make and Model of New Compressor _____

Seer of New Unit _____

Kilowatts of Heat Strip _____

Old System

Make and Model of Air Handler _____

Make and Model of Compressor _____