The following information is required for replacement of mechanical equipment and must be available for the inspector at time of inspections.

**PROPERTY ADDRESS:**

Air Conditioning System

SEER____________________ or EER____________________

DOE-covered products are central, air-source, single-phase systems having capacities under 65,000 E3TUH

**Replacement System Components**

Manufacturer__________________________

Air Handler Model No.__________________

Voltage:______________________________

Heat Strip____________________________

Min. Circuit Ampacity__________________

HACR. Breaker/Fuse size:______ Min. _____ Max

Wire size___________________________(A.W.G.)

Condenser Unit Model No.__________________

Voltage:______________________________

KVA/KW Size__________ tons

Min. Circuit Ampacity__________________

HACR. Breaker/Fuse size:______ Min. _____ Max

Wire Size___________(A.W.G.)

Required if the Air Handler can be equipped with more than one Evaporator Coil Evaporator

**Existing System Components**

Required if the Air Handler can be equipped with more than one Evaporator Coil Evaporator

Manufacturer__________________________

Air Handler Model No.__________________

Voltage:______________________________

Heat Strip____________________________

Min. Circuit Ampacity__________________

HACR. Breaker/Fuse size:______ Min. _____ Max

Wire size___________________________(A.W.G.)

Condenser Unit Model No.__________________

Voltage:______________________________

KVA/KW Size__________ tons

Min. Circuit Ampacity__________________

HACR. Breaker/Fuse size:______ Min. _____ Max

Wire Size___________(A.W.G.)

**Certification**

With the authorization of the installing Contractor, I certify that the information entered on this form accurately represents the system(s) installed.

**Signature of Qualifier**

2300 N Jog Road
West Palm Beach, Florida 33411
Phone 561.233.5120

**Date**

ADA alternative Document available by calling 561.233.5100
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