

### **HOMEOWNER TO RECEIVE A COPY ONCE ISSUED**

# **DECAL ONLINE -**FOR REPLACEMENT OF MECHANICAL UNITS

## LADDER REQUIRED FOR INSPECTION

### CONTRACTOR'S INSTALLATION CERTIFICATION CHECK LIST FOR WORK DONE UNDER RANDOM INSPECTIONS

### **AIR CONDITIONING**

Check	<b>call applicable boxes below</b> . By checki	ing the boxes you are stating that all work conforms to the current code.
	AIR HANDLING EQUIPMENT	
		ection is correct for the unit and shall meet the requirements of Sec. M
	1303.1 FBC-R, Article 110 (.52) NEC 2	2020.
		Circuit Breaker will require the contractor to obtain either a standard
	•	-paid permit with electrical sub-permit or an electric decal, as
	applicable, and meets applicable code	
		ies with Article 110.26 NEC and Sec. M 1305, FBC-R.
		tion complies with FBC-EC R 403.4 and FBC-R M 1411.6.
	•	omplies with FBC-R, M 1411.3 and FBC-M 307.2.5.
		r float switch complies with FBC-R M 1411.3.1 (1) (2) (3) (4). with FBC-R Chapter 16 and FBC-EC R 404.3 thru R 403.3.4.
	r certify that Duct connection complies	
	CONDENSER AND COMPRESSOR U	INIT
		have been fitted and comply with FBC-R M 1411.8.
		rection is correct for the unit – Article 110 (.52) NEC 2020
		try or Circuit Breaker will require contractor to obtain a Standard
	Mechanical permit with an Electrical	Sub-permit).
	,	ring complies with FBC-M 301.15 and FBC 1510.10.
		es with Article 110 – 2020, NEC and FBC-R M 1305.1.
	•	lent protection complies with FBC Sec.1203.2.1
	,	sulation shall be UV protected FBC-EC 403.4.1
	•	olve disconnect of a heat recovery unit.
	* Code Sections are subject to change	. Refer to current Codes & Amendments for a complete reference
l,		, Qualifier, do affirm and certify that the "Mechanical Unit" change-
	stalled at	under the Annual Permit and
		ted and verified for code compliance per the above code checklist, and
		lards of the current Florida Energy Conservation Code. Further, I
		is at or above the finish floor elevation of the habitable area of the
aweiii	ng unit.	
l also i	understand that I could be suspended fro	m the program for a period up to 1 year if I have failed inspections three
. ,		permit will then be required for all change outs until, and if, reinstated
into th	e program.	
By my	signature the owner was provided v	vith a copy of the County information flyer regarding this program
		spection if perceived code violation is identified and is advised that
		ect this installation at random. Furthermore, I do hereby affirm and
		was completed on-site by trained, qualified personnel.
Qualif	ier Name:	Qualifier Signature:
Licon	na Na i	DATE: