

THIS FORM TO BE SUBMITTED IN DUPLICATE



City of Margate, Florida

BUILDING DEPARTMENT

Air Conditioning Replacement Equipment Information

THIS FORM MUST BE COMPLETELY FILLED OUT WITH ALL EQUIPMENT INFORMATION FOR THE NEW AND EXISTING EQUIPMENT AND MUST BE PRESENT ON THE JOB AT THE TIME OF INSPECTION.

Contractor: _____

Date: _____

Job Address: _____

Apt#: _____

Bldg# _____

Will new equipment be installed on the roof?

Yes: ___

No: ___

Will a ladder be required for inspection?

Yes: ___

No: ___

Will new equipment be installed in the same location?

Yes: ___

No: ___

Will new equipment fit properly on the existing slab?

Yes: ___

No: ___

	Existing Equipment		New Equipment	
Manufacture				
AHU / Coil Model				
Condensing Unit Model				
Package Unit Model				
KW Heat				
System Tonnage				
Maximum Fuse Size	C/U:	A/H:	C/U:	A/H:
Minimum Circuit Ampacity	C/U:	A/H:	C/U:	A/H:
Volts	C/U:	A/H:	C/U:	A/H:
EER / SEER				
Ducts	Yes:	No:	Yes:	No:
Heat Recover Unit	Yes:	No:	Yes:	No:
Smoke Duct Detectors	Yes:	No:	Yes:	No:
Fire Damp	Yes:	No:	Yes:	No:

Contractor Signature: _____

State / City Certification / Registration Number: _____

Check One: Mechanical: ___ Class "A": ___ Class "B": ___

TWO COPIES OF THE AHRI CERTIFICATE MUST BE SUBMITTED WITH THIS FORM
SEALED ENGINEERING ANCHORING DETAILS ARE REQUIRED FOR ALL ROOF TOP UNITS