

**2014 Town of Davie
Air Conditioning Replacement Data Form
(One form per system required)**

Permit Number: _____

Contractor Name: _____

Site Address: _____

Please fill in all information:

Make: _____

Package unit model #: _____ KW _____

Make: _____

Air Handler model # _____ KW _____

Make: _____

Condensor unit model # _____

Equipment SEER _____ (Provide ARI or equivalent per 101.4.7 Fl. Energy code)

Please circle "yes or no" to all of the following questions

- | | |
|---|----------------|
| 1) Will electric work be done on the line side of disconnect?
<i>(Electrical permit is required if yes)</i> | Yes--No |
| 2) Will a smoke duct detector be installed or replaced?
<i>(Required to be installed and tested if over 2000 CFM for Commercial applications)</i> | Yes--No |
| 3) Does this Building have an approved Fire alarm system? | Yes No |
| 4) Will a new stand or curb adapter be installed on the roof?
<i>(If yes, an engineers sealed drawing for the anchoring is required)</i> | Yes--No |

I do swear that the information provided on this form is correct.

Contractor/Representative Signature: _____

Contractors License number: _____

Approved by: _____

"This form must be posted with permit card"

**Appointments can be made the day of the scheduled inspection
An approved ladder will be required for all attic and rooftop inspections.
Call: 954-797-1139 or 954-797-2064 between 7:30 and 8:00 am.**