

**2009 Town of Davie  
Air Conditioning Replacement Data Form**

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 # \_\_\_\_\_

Efficiency \_\_\_\_\_ (Provide ARI or equivalent per 13-607.1.ABC.3.1 of the energy code)

**Please answer yes or no to “all” of the following questions**  
(Do not leave any questions blank)

**1) Will this be an exact change out?** \_\_\_\_\_

(Provide heat load calculations for a change in tonnage or K.W. of heat)

**2) Will electric work be done on the line side of disconnect?** \_\_\_\_\_

(Electrical permit is required if yes)

**3) Will a smoke duct detector be installed or replaced?** \_\_\_\_\_

(Required to be installed if over 2000 CFM for Commercial applications)

**4) Will ductwork be installed or replaced?** \_\_\_\_\_

**5) Will a new support stand be installed on the roof?** \_\_\_\_\_

(If yes, an engineers sealed drawing for anchoring is required)

An approved ladder will be required for all attic and rooftop inspections.

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

**Qualifier's Signature:** \_\_\_\_\_

**Contractors License number:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

***“This form must be posted with permit card”***

Appointments can be made the day of the scheduled inspection between 7:30 and 8:00 am.

**Call: 954-797-1139 or 954-797-2064**