



Town of Jupiter

BUILDING DEPARTMENT

561-741-2286

The following information is required for replacement of mechanical equipment and **must be available for** the inspector at time of inspections. Two (2) copies shall be provided. One (1) to be on the job site plans for inspections and one (1) to be filed.

PR# _____

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 _____	Condenser Unit Model No. _____
Air Handler Model No. _____	Voltage: _____
Voltage: _____	KVA/KW Size _____ tons
Heat Strip _____	Min. Circuit Ampacity _____
Min. Circuit Ampacity _____	HACR. Breaker/Fuse size
HACR. Breaker/Fuse size:	_____ Min. _____ Max
_____ Min. _____ Max	Wire size _____ (A.W.G.)
Wire size _____ (A.W.G.)	Wire size _____ (A.W.G.)

Required if the Air Handler can be equipped with more than one Evaporator Coil Evaporator Coil Unit Model Number _____

Existing System Components

Required if the Air Handler can be equipped with more than one Evaporator Coil Evaporator Coil Unit Model Number _____

Manufacturer _____	Condenser Unit Model No. _____
Air Handler Model No. _____	Voltage: _____
Voltage _____	KVA/KW Size _____ tons
Heat Strip _____	Min. Circuit Ampacity _____
Min. Circuit Ampacity _____	HACR. Breaker/Fuse size
HACR. Breaker/Fuse size:	_____ Min. _____ Max
_____ Min. _____ Max	Wire size _____ (A.W.G.)
Wire size _____ (A.W.G.)	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 Applicant _____

Date _____