

AIR CONDITIONING RESIDENTIAL

Please submit/upload plans in PDF format

Please indicate items submitted with a checkmark (√)

Please upload [this Checklist and any Required Forms](#) in .pdf format to the appropriate category [<Survey>](#) [<Building Plans>](#) [<Supporting Docs>](#) [<NOA>](#) following the TOJ Naming Convention found in Help Documents

AIR CONDITIONING CHANGE OUT (EQUIPMENT ONLY, NO DUCTWORK)

Create online as: Permit Type: **Air Conditioning** Work Class: **Change Out**

1. Residential-manual J **ONLY if system is being resized** _____
2. AC Change Out Form, AHRI Certificate & Equipment Location (**Floor or Roof Plan**) _____

SUB-PERMIT AIR CONDITIONING (NO FEE IF PLANS INCLUDED IN MASTER PERMIT)

Create online as Permit Type: **Mechanical** Work Class: **Sub Permit**

1. Equipment location (**Floor or Roof Plan**) & specs; Size, SEER. KW. Model, etc _____
2. Master permit number written on application _____
3. Complete plans, if not included in Master Permit _____

PRIMARY PERMIT AIR CONDITIONING

Create online as Permit Type: **Air Conditioning** Work Class: **New**

1. **Plans <Building Plans>**
 - a. Floor plan to scale, dimensioned _____
 - b. Duct layout with R-value, sizes, grill size, CFM's, etc _____
 - c. Equipment location (**Floor or Roof Plan**) & specs; Size, SEER, KW, model, etc _____

NOTE: These must be the same as energy code forms

2. **Supporting Documents <Supporting Docs>**
 - a. Energy Code Forms needed when:
 - i. Conditioning of previously unconditioned space _____
 - ii. Renovations exceeding 30% of market value _____
 - iii. Additional conditioned space _____
 - b. Forms Required:
 - i. FBC-Energy Conservation Code Chapter 5 (Commercial) _____
 - ii. FBC-Energy Conservation Code Chapter 4 (Residential) _____
 - c. Garage AC Requirements:
 - i. Energy Calculations _____
 - ii. Insulate Garage _____
 - iii. If De-humidifying garage, then provide product info on De-humidifier (AC is **NOT** a De-humidifier) _____
 - iv. Blower Door Test Required for New Homes _____

NOTE: Any as-built plans submitted at a later date, require approval by design professional of record



A/C Replacement Form

Town of Jupiter Building Department

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.

Project Address: _____

Property Owner: _____

Air Conditioning System

SEER2 _____ or EER2 _____
DOE-covered products are central, air-source, single-phase systems having capacities under 65,000 E3TUH

Replacement System Components

Manufacturer _____	
Air Handler Model No. _____	Condenser Unit Model No. _____
Voltage _____	Voltage _____
CFM _____	
Heat Strip _____	KVA/KW Size _____ Tons
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.)

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 _____	
Air Handler Model No. _____	Condenser Unit Model No. _____
Voltage _____	Voltage _____
CFM _____	
Heat Strip _____	KVA/KW Size _____ Tons
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.)

Are AC stands being removed/replaced? Yes _____ No _____

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



Duct Leakage Test Report

Prescriptive or Performance Method



Permit #:

Job Information

Builder: _____ Community: _____ Lot: _____

Address: _____ Unit: _____

City: _____ State: FL Zip: _____

Duct Leakage Test Results Prescriptive Method Performance Method

System 1	_____ cfm25
System 2	_____ cfm25
System 3	_____ cfm25
Sum of any additional systems	_____ cfm25
Total of all systems	0 cfm25

Prescriptive Method cfm25 (Total)
 To qualify as "substantially leak free" Qn must be less than or equal to 0.04 if air handler unit is installed. If air handler unit is not installed, Qn Total must be less than or equal to 0.03. This testing method meets the requirements in accordance with Section R403.2.2

Performance Method cfm25 (Out or Total)
 To qualify as "substantially leak free" Qn must not be greater than the proposed duct leakage Qn specified on Form R405-2014

$$\frac{0}{\text{Total of all systems}} \div \frac{1,000}{\text{Total Conditioned Square Footage}} = 0.00 \text{ Qn}$$

Leakage Type selected on Form R405-2014 (Energy Calc)

Qn specified on Form R405-2014 (Energy Calc)

PASS

FAIL

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above duct leakage testing results are in accordance with the Florida Building Code requirements with the selected compliance path as stated above, either the Prescriptive Method or Performance Method.

Date of Test: _____

Signature of Tester: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____



Envelope Leakage Test Report

(Blower Door Test)
R402.4.1.2 Compliance



Permit #:

Job Information

Builder: _____ Community: _____ Lot: _____

Address: _____ Unit: _____

City: _____ State: FL Zip: _____

Air Leakage Test Results *Passing results must be 7 ACH(50) or less*

$$\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div \text{ACH}(50) = \text{ACH}(50)$$

PASS **FAIL**

- Method for calculating building volume:
- Retrieved from architectural plans
 - Code software calculated
 - Field measured and calculated

When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by building department.

Certification of Test Results

R402.4.1.2 Testing. The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour in Climate Zones 1 and 2, 3 air changes per hour in Climate Zones 3 through 8. Testing shall be conducted with a blower door at a pressure or 0.2 inches w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), F.S. or individuals licensed as set forth in Section 489.105(3)(f), (g), or (i) or an *approved* third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the *code official*. Testing shall be performed at any time after creation of all penetrations of the *building thermal envelope*.

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above Air Leakage results are in accordance with the 5th Edition Florida Building Code Energy Conservation requirements Section R402.4.1.2, Climate Zone 1 and 2.

Date of Test: _____

Signature of Tester: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____