

# AIR CONDITIONING COMMERCIAL

## 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. 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) \_\_\_\_\_
    - iii. PBC Fire Rescue application & fee Commercial or Multi-Family building \_\_\_\_\_

**NOTE:** If Over 5 Tons or 2000 CFM then PBC Fire Review Required

**NOTE:** 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
<b>Total of all systems</b>	<b>0 cfm25</b>

**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: \_\_\_\_\_