



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