# **AIR-CONDITIONING PACKET**

## **REPLACEMENT OF MECHANICAL EQUIPMENT**

Includes:

- 1. HVAC Efficiency Form
- 2. Building Permit
- **3. List of Common Correction Notice Violations**

Revised May, 2018

#### Town of Manalapan Building Department Florida HVAC Efficiency Form

Permit #:	Work site:	Date:
Name of Contractor: _		Phone:
Address of Contractor		

The following information is required for replacement of air-conditioning equipment and must be available for the inspector at the time of inspection. One copy is to be on the job site during inspection and one copy is to be filed with the Town of Manalapan Building Department.

	AIR CONDITIONING SYSTEM		
SEER:	OR	EER:	

DOE-covered products are central, air-source, one-phase systems having capacities under 65,000 BTUH

#### **REPLACEMENT SYSTEM COMPONENTS**

Manufacturer:			
Air Handler Model #:		Condenser Model #:	
Voltage:		Voltage:	
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 \_\_\_\_\_

	Condenser Model #:	
	Voltage:	
KVA/KW	Size:	tons
	Min. Circuit Ampacity:	
	HACR Breaker/Fuse size:	
Max.	Min.	Max.
(A.W.G.)	Wire Size:	(A.W.G.)
	Max.	Voltage:

#### CERTIFICATION

I certify that the information entered on this form accurately represents the system(s) to be installed.

Signature of Contractor\_\_\_\_\_

Date: \_\_\_\_\_



TOWN OF MANALAPAN Building Permit

DATE RECEIVED:

PERMIT NO	DATE		EXPIRATION	
JOB ADDRESS:	DISTRICT	PROPERT	Y NO	
OWNER/TITLE HOLDER'S NAME		Phone/Cell		
Address	City/State/Z	p		
CONTRACTOR		Phone/Cell		
Address	City/State/Z	ip		
SUB-CONTRACTOR		Phone/Cell		
Address	City/State/Z	1D di		
GENERAL DESCRIPTION OF WORK:				
ARCOM APPROVAL ZONING Square feet of Enclosed Portion of Bldg	APPROVAL FLO	DD ZONE	FLOOD ELEVATION	
Square feet of Enclosed Portion of Bldg	sof G	arages, Porches/	Patios	
Estimated Cost of Project: \$		_	Fee: \$	
2.5 % BIF/DCA Building Permit Sur	charge on Permit Fee (Min	mum \$4.00)	\$	
Check No. Date Paid	0	Total H	Permit Fee: \$	
Check No Date Paid STATE CERT. OR REG. NO	NOC	Y/N WORKME	EN'S COMP EXP.	
This permit is hereby granted to do the	work and installation as indic	ated on plans an	d specifications herewith	submitted. In
consideration of the granting of this permit,	the undersigned (owner and/or	builder) agree no	work or installation has cor	nmenced prior
to issuance of this permit and to construct				
regulations of Manalapan and all provision	s of the laws of the State of F	orida, whether he	erein specified or not. I und	lerstand that a
separate permit must be secured for electric				
with one copy of approved plans and speci				
Police Officers are hereby granted access	to the construction site at an	time for inspec	tion and security purpose	s. I certify that
all the foregoing information is accurate.	• •		-	-
Section: 50.23, Septic Tanks required. W	arning to Owner: "Y(	OUR FAILUI	RE TO RECORD A	NOTICE
OF COMMENCEMENT MAY	RESULT IN PAYN	NG TWICE	FOR IMPROVEM	ENTS TO
YOUR PROPERTY. A NOTIO	CE OF COMMENCE	MENT MUS	T BE RECORDED	AND ON
THE JOB SITE BEFORE T	HE FIRST INSPECT	ION. IF Y	OU INTEND TO	OBTAIN
FINANCING, CONSULT W	VITH YOUR LENI	DER OR A	AN ATTORNEY	BEFORE
RECORDING YOUR NOTICE				
State of Florida, County of Palm Beach				
Sworn or Affirmed and Signed in my presence				
This day of 20				· · · · · · · · · · · · · · · · · · ·
		orized Agent/Contra		
Notary Signature	Print Name/Ide	ntification		
itotary Signature				

State of Florida, County of Palm Beach Sworn or Affirmed and Signed in my presence This \_\_\_\_\_day of \_\_\_\_\_\_20\_\_\_\_\_

Contractor Signature Print Name/Identification

Notary Signature

Permission is hereby granted for construction in accordance with above application and in compliance with the state building codes and all applicable ordinances of the Town of Manalapan and subject to policies of the Building Department in accordance therewith. Permits may be required by other licensing agencies.

**BUILDING OFFICIAL** 

Date Approved

Rev. 05/18

24 HOUR NOTICE FOR INSPECTIONS - CALL (561) 585-9477 WORK HOURS 8:00A.M. TO 6:30 P.M. MON.-SAT.

## Town of Manalapan

### **Building Department**

#### Air-Conditioning Common Correction Notice Violations

- 1. No permit posted / no access to site.
- 2. No access to air handler.
- 3. Name plate ratings do not match (breaker fuse sizes).
- 4. Equipment does not match equipment on permit.
- 5. Disconnect in disrepair or damaged.
- 6. Condenser not properly anchored.
- 7. Line set chase not properly sealed at bottom.
- 8. Insulation not UV protected.
- 9. Air handler unit not marked for heat.
- 10. No ladder or not set up properly.