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

<table>
<thead>
<tr>
<th>Permit #:</th>
<th>Work site:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Contractor:</td>
<td></td>
<td>Phone:</td>
</tr>
<tr>
<td>Address of Contractor:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>SEER:</th>
<th>OR</th>
<th>EER:</th>
</tr>
</thead>
</table>

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

**REPLACEMENT SYSTEM COMPONENTS**

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<thead>
<tr>
<th>Manufacturer:</th>
<th>Air Handler Model #:</th>
<th>Condenser Model #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voltage:</td>
<td></td>
<td>Voltage:</td>
</tr>
<tr>
<td>Heat Strip:</td>
<td>KVA/KW</td>
<td>Size:</td>
</tr>
<tr>
<td>Min. Circuit Ampacity:</td>
<td></td>
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</tr>
<tr>
<td>HACR Breaker/Fuse size:</td>
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</tr>
<tr>
<td>Wire Size:</td>
<td>Min. Max. (A.W.G.)</td>
<td>Wire Size:</td>
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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

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

Signature of Contractor ____________________ Date: __________

REV. 05/18
TOWN OF MANALAPAN

Building Permit

DATE RECEIVED: __________

PERMIT NO. DATE RECEIVED: __________ EXPIRATION

JOB ADDRESS: __________ DISTRICT __________ PROPERTY NO __________

OWNER/TITLE HOLDER’S NAME __________ Phone/Cell __________
Address __________ City/State/Zip __________

CONTRACTOR __________ Phone/Cell __________
Address __________ City/State/Zip __________

SUB-CONTRACTOR __________ Phone/Cell __________
Address __________ City/State/Zip __________

GENERAL DESCRIPTION OF WORK:

ARCOM APPROVAL ZONING APPROVAL FLOOD ZONE FLOOD ELEVATION

Square feet of Enclosed Portion of Bldgs. __________ of Garages, Porches/Patios __________

Estimated Cost of Project: $ __________ Fee: $ __________

Attach copy of contract/proposal with permit

2.5 % BIF/DCA Building Permit Surcharge on Permit Fee (Minimum $4.00) $ __________

Check No. Date Paid Total Permit Fee: $ __________

STATE CERT. OR REG. NO. NOC: Y/N WORKMEN’S COMP EXP.

This permit is hereby granted to do the work and installation as indicated on plans and specifications herewith submitted. In consideration of the granting of this permit, the undersigned (owner and/or builder) agree no work or installation has commenced prior to issuance of this permit and to construct this building/project in full compliance with the state building codes, ordinances and regulations of Manalapan and all provisions of the laws of the State of Florida, whether herein specified or not. I understand that a separate permit must be secured for electrical, plumbing, signs, pools, gas, heating and air conditioning. A copy of this permit together with one copy of approved plans and specifications must be kept at building/project site during progress of work. Town Officials & Police Officers are hereby granted access to the construction site at any time for inspection and security purposes. I certify that all the foregoing information is accurate. It is the responsibility of the permit holder to be in compliance with Manalapan Code Section: 50.23, Septic Tanks required. Warning to Owner: “YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.”

State of Florida, County of Palm Beach
Sworn or Affirmed and Signed in my presence
This __________ day of __________ 20__

Notary Signature

Owner or Authorized Agent/Contractor signature
Print Name/Identification __________

State of Florida, County of Palm Beach
Sworn or Affirmed and Signed in my presence
This __________ day of __________ 20__

Notary Signature

Contractor Signature
Print Name/Identification __________

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 8:00 A.M. TO 6:30 P.M. MON.-SAT.
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.