

BP#: _____

The following information is required for replacement of mechanical equipment and must be available for the inspector at the time of inspection. One copy is to be on the job site plans for inspection and one copy is to be filed with the Town of Ocean Ridge.

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 #: _____

Voltage: _____

Heat Strip: _____ KVA/KW

Min. Circuit Ampacity: _____

HACR Breaker/Fuse size:

_____ Min. _____ Max.

Wire size: _____ (A.W.G.)

Condenser Model #: _____

Voltage: _____

Size: _____ tons

Min. Circuit Ampacity: _____

HACR Breaker/Fuse size:

_____ Min. _____ Max.

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 #: _____

Voltage: _____

Heat Strip: _____ KVA/KW

Min. Circuit Ampacity: _____

HACR Breaker/Fuse size:

_____ Min. _____ Max.

Wire size: _____ (A.W.G.)

Condenser Model #: _____

Voltage: _____

Size: _____ tons

Min. Circuit Ampacity: _____

HACR Breaker/Fuse size:

_____ Min. _____ Max.

Wire size: _____ (A.W.G.)

CERTIFICATION

With the authorization of the installing Contractor, I certify that the information entered on the form accurately represents the system(s) installed.

Signature of Applicant

Date