



City of Doral
Building Department

AIR CONDITIONING EMERGENCY REPLACEMENT PROCEDURES

The state of Florida's Building code Sec. 105.2.1 allows contractors to replace equipment in an emergency. The electronic permit application must be complete and paid for before the completion of the replacement is made.

PROCEDURE:

You may send an email to the Chief Mechanical Inspector David Deso at david.deso@cityofdoral.com.

Once the attached form has been completed, submitted, and paid for to the Building Department, the process will begin the reviews.

A contractor who fails to contact the Building Department, Chief Mechanical Inspector prior to replacing an air conditioning system and performs the work without a permit will be subject to a permit fee of two (2) times the current fee plus \$100.

Contact details:

David S. Deso Jr.
Chief Mechanical Inspector
Building Department
8401 NW 53 Terrace, 2nd floor
Doral, FL 33166
305-593-6700, extension 3132
David.Deso@cityofdoral.com



AIR CONDITIONING REPLACEMENT DATA

This form must accompany all air conditioning replacement permit applications.

Contractor: _____ Permit #: _____
 Site address: _____ Unit/Apt. #: _____

DATA	EXISTING UNIT	NEW UNIT	ELECTRICAL	
Manufacturer			MIN/AMP	MAX/AMP
Pkg. Unit Model#				
Ahu/Coil Model#				
Condenser Model#				
Heater KW				
System Size (Tons)				
SEER /EER				

A.H. R.I Reference Number: _____

NOTE: All units must have the design highlighted and a certification that the panel(s) withstands hurricane force winds.

Please provide location of equipment (include at/above grade) _____.

(Ground level example = 0 foot)

(Roof level example =10 to 12 foot per floor)

- **Provide Manufacturer's literature showing equipment model and measurements**

Have you complied with one of the following methods? Yes

1. Provide copy of the unit's current Notice of Acceptance or State Product Approval.
2. Signed and sealed engineering for the model unit covered in the permit (signed and sealed).
3. Manufacturer's published literature for the unit explicitly listing the wind resistance for the installation.

Is a new roof curb/curb adapter or stand needed? Yes No

(Submit design requirements per F.B.C on Roof mounted equipment with application)

Is new equipment being moved or relocated? Yes No

Is new ductwork being installed? Yes No

Is an air duct smoke detector installed? Yes No

Signature: _____ Date: _____

Florida State Certification/Registration#: _____



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**AIR CONDITIONING
EMERGENCY REPLACEMENT FORM**

CONTRACTOR INFORMATION

Company Name _____
Contact Person _____
Phone Number _____

ADDRESS WHERE AIR CONDITIONER IS BEING REPLACED

Address _____
Suite/Apt # _____ Zip Code _____

Homeowners Association Information (HOA):

HOA Name: _____
Contact Person: _____
Contact Phone #: _____
Contact email address: _____

TO BE COMPLETED BY THE CHIEF MECHANICAL INSPECTOR

Approved Denied

Comments:

Authorization:

Print Name

Signature

Date