



City of Doral Building Department

**AIR CONDITIONING (A/C Change Out) REPLACEMENT DATA**

This form must accompany all air conditioning replacement permit applications.

Contractor: \_\_\_\_\_ Permit #: \_\_\_\_\_  
Site address: \_\_\_\_\_ Unit/Apt. #: \_\_\_\_\_  
State \_\_\_\_\_  
License/Cert # \_\_\_\_\_

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				
AH RI 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 this replacement a result of Flood Damage? Yes ☐ No ☐

Is new ductwork being installed? Yes ☐ No ☐

Is an air duct smoke detector installed? Yes ☐ No ☐

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_