North Bay Village
Building Department
1666 Kennedy Causeway, Suite 101, North Bay Village, FL 33141
Office: 305-754-6740 Fax: 305-756-7722 Website: www.nbvillage.com

AIR CONDITIONING REPLACEMENT SHEET

Address:_____ Permit No.:_____

Please specify location for new unit to be installed:

_____ Same Location _____ Different Location

EXISTING UNIT

Make:_____

Model No.: _____ AHU Model No.: _____

KW Strip Heat: _____ Condenser Model No.: _____

PACKAGE OR HEAT PUMP	SPLIT SYSTEM	
Min. Circuit Amps Or Compressor H.P._____	AHU Min. Circuit Amps _____	C/U Min. Circuit Amps or H.P. _____
Max. Overcurrent Protection:_____	Max. Overcurrent Protection:_____	Max. Overcurrent Protection:_____
	Circuit Breaker Size: _____ Amps	Circuit Breaker Size: _____ Amps

NEW UNIT

Make:_____

Model No.: _____ AHU Model No.: _____

KW Strip Heat: _____ Condenser Model No.: _____

PACKAGE OR HEAT PUMP	SPLIT SYSTEM	
Min. Circuit Amps Or Compressor H.P._____	AHU Min. Circuit Amps _____	C/U Min. Circuit Amps or H.P. _____
Max. Overcurrent Protection:_____	Max. Overcurrent Protection:_____	Max. Overcurrent Protection:_____
SEER: _____	SEER: _____	

1 House service size Amps: _____
2 Show wire size: _____ (Amp rating Type: _____(TW or THW)
3 Show size of disconnect switch, circuit breaker, fuse or knife switch: _____Amps
4 Is local disconnect switch within sight or readily accessible? ___YES or ___NO

_____ _____

Signature of Qualifier License #