



## City of Greenacres

Building Division  
5800 Melaleuca Lane  
Greenacres, Florida 33463-3515  
Ph: 561-642-2052 Fax: 561-642-2049  
[www.greenacresfl.gov](http://www.greenacresfl.gov)

## A/C Changeout Checklist

Site Information
Address: _____
Required Plans and Documents
<p><input type="checkbox"/> Palm Beach County Universal Permit Application</p> <p><input type="checkbox"/> Air Conditioning Changeout Worksheet</p> <p><input type="checkbox"/> AHRI Certificate</p> <p>Condenser Tie Downs NOA</p> <p>Notice of Commencement for work valued at \$15,000 or more. (Recorded and certified copy of the NOC must be submitted to <a href="mailto:groupblg@greenacresfl.gov">groupblg@greenacresfl.gov</a> prior to scheduling the first inspection)</p> <p><b>** Plans and Documents submitted digitally that require a signature and seal from a Registered Design Professional must be signed in accordance with Florida Statute, and Florida Administrative Code. **</b></p> <p><b>NOTES:</b></p> <ul style="list-style-type: none"><li>• If the permit request is for the installation of a new Air Conditioning or Mini-Split system Energy Calculations, Heating and Cooling Load Calculations, and Floor plan must be submitted with your application for a Mechanical Permit and will require plan review.</li><li>• Installations of mismatched units require a letter from a Florida State licensed Architect/Engineer or from an Accredited Lab.</li><li>• Elevation of equipment may be required in a flood zone.</li></ul> <p>Qualifier Signature: _____ Date: _____</p>



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## A/C Changeout Worksheet

### Site Information

Address: \_\_\_\_\_

### Project Information

☐ Residential

**Commercial**

**Note:** The scope of work is to replace existing HVAC equipment like-for-like with no alterations to the existing system. If the scope of work includes any additional work in addition to the equipment replacement Please apply for a Commercial or Residential Mechanical Permit, as applicable.

System Capacity BTU/HR: \_\_\_\_\_ System SEER2 Rating: \_\_\_\_\_

AHRI Number (if any): \_\_\_\_\_ Heat Strip KW: \_\_\_\_\_

**Split System**

**Package**

Replacement Condenser Unit make/model #: \_\_\_\_\_ Replacement Package Unit make/model #: \_\_\_\_\_

Replacement Air handler make/model #: \_\_\_\_\_

**\*Refer to checklist for any additional requirements.**

**Qualifier Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.**

**Rev. 8/12/25 IC**