Building Division
5800 Melaleuca Lane
Greenacres, Florida 33463-3515
permitcenter@greenacresfl.gov
561-642-2052

A/C CHANGEOUT CHECKLIST

Site Information

Address: _____ Greenacres, FL _____

Required Plans and Documents

☐ Permit Application

☐ Air Conditioning Changeout Checklist

☐ Air Conditioning Changeout Worksheet

☐ AHRI Certificate

☐ Condenser Tie Downs NOA

☐ Notice of Commencement for work valued at $15,000 or more. (Recorded and certified copy of the NOC must be submitted to inspections@greenacresfl.gov prior to scheduling the first inspection)

**** 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. ****

NOTES:

- If exact A/C changeout system, permits will be issued the same day. It is the contractor's responsibility to ensure all information provided matches the existing conditions. It is at the inspector's discretion to approve or require additional verification based on field conditions.
- 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 and require plan review.
- Installations of mismatched units require a letter from a Florida State licensed Architect/Engineer or from an Accredited Lab.
- Elevation of equipment may be required in a flood zone.
- Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by the Building Official.

Qualifier Signature: _____ Date: _____

This form is intended for Building Division use only.

Rev. 9/30/25. IC

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A/C CHANGEOUT WORKSHEET

Site Information

Address: _____ Greenacres, FL _____

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: _____

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