



Building Division  
5800 Melaleuca Lane  
Greenacres, Florida 33463-3515  
[permitcenter@greenacresfl.gov](mailto:permitcenter@greenacresfl.gov)  
561-642-2052

## **A/C CHANGEOUT CHECKLIST**

Site Information		
Job Address: _____ Greenacres, FL _____		
Company Name: _____		
Required Plans and Documents		
Check One		Bldg Staff Only
<input type="checkbox"/>	Permit Application	<input type="checkbox"/>
<input type="checkbox"/>	Air Conditioning Changeout Checklist	<input type="checkbox"/>
<input type="checkbox"/>	Air Conditioning Changeout Worksheet	<input type="checkbox"/>
<input type="checkbox"/>	AHRI Certificate	<input type="checkbox"/>
<input type="checkbox"/>	Condenser Tie Downs NOA	<input type="checkbox"/>
<input type="checkbox"/>	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:inspections@greenacresfl.gov">inspections@greenacresfl.gov</a> prior to scheduling the first inspection)	<input type="checkbox"/>
<p><b>NOTES:</b></p> <ul style="list-style-type: none"> <li>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.</li> <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, Floor plan, and Electric Sub permit, must be submitted with your application and 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> <li>At Final Inspection, exterior units shall be permanently marked with minimums ½" letters to indicate Unit # and Permit #</li> <li>Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by the Building Official.</li> </ul>		
<p><b>Qualifier Signature:</b> _____ <b>Date:</b> _____</p>		

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**Rev. 9/30/25. IC**



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## **A/C CHANGEOUT WORKSHEET**

Site Information	
Job Address: _____ Greenacres, FL _____	
Company Name: _____	
Project Information	
<div><input type="checkbox"/> Residential <input type="checkbox"/> Commercial</div> <p><b>Note:</b> 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.</p> <div>System Capacity BTU/HR: _____ System SEER2 Rating: _____</div> <div>AHRI Number (if any): _____ Heat Strip KW: _____</div> <div><input type="checkbox"/> Split System <input type="checkbox"/> Package</div> <div>Replacement Condenser Unit make/model #: _____</div> <div>Replacement Package Unit make/model #: _____</div> <div>Replacement Air handler make/model #: _____</div> <p><b>*Refer to checklist for any additional requirements. *</b></p> <div>Qualifier Signature: _____ Date: _____</div>	

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