



Building Department

CHECKLIST FOR AIR CONDITIONING

PERMIT APPLICATION – The following information must be completed on the permit application:

- For office use only – FBC Version and Application number.
- Type of permit – Primary/Sub (if sub provide primary permit number)
- Proper Owner Name, Address, and Email
- Trade for which the permit is being applied.
- Project Name, Parcel Control Number, Legal Description, Project Address
- Work Description and Type of Work
- Valuation
- Contractor Name, License, Address, Contact Person, and Contact Information
- Notarized Contractor/Homeowner Builder Signature, as required.
- **** If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing homeowners name from the property appraiser's website must be submitted, along with HOB Affidavit. Homeowners must personally appear at the Building Department to have their signature notarized. ****

PLANS AND DOCUMENTS –

- Air Conditioning Changeout Form
- AHRI Certificate
- Condenser Tie Downs
- Recorded Notice of Commencement for work valued at \$15,000 or more. (NOC must be submitted to permitting prior to scheduling 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 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.
- Installations of mismatched units require a letter from a Florida State licensed Architect/Engineer or from an Accredited Lab.

This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.



City of Greenacres

Building Department
5800 Melaleuca Lane
Greenacres, Florida 33463-3515
Ph: 561-642-2052 Fax: 561-642-2049
www.greenacresfl.gov

A/C Changeout Form

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: _____

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