



Town of Hypoluxo

Building Department

A/C CHANGE-OUT

The applicant is required to complete this form in order to receive a turn-around permit for an Exact A/C Change-Out. By accurately completing this form the applicant is attesting to the fact that by installing the new unit there will not be an increase in wire size.

By signature below I verify that either a representative of my company or I have inspected the existing conditions and there is no upgrade of the electrical system or service wiring changes required for the new unit(s) being installed. The condenser/compressor unit, air handler/heat strips, and KW size will not increase. I also affirm that there is an electrical disconnect within sight, meeting the requirements of 2008 NEC, Article 440-14.

Print legibly or type and fill out form completely.

Owner's Phone # _____

Owner's Cell Phone # _____

Permit Number: _____

New unit will be installed in what type of facility (check type of facility or fill in Other):

- | | |
|--|---|
| <input type="checkbox"/> Single-family, detached | <input type="checkbox"/> Single-family attached |
| <input type="checkbox"/> Multi-family, apartment | <input type="checkbox"/> Multi-family, condo |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Public facility |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Other |

Job Address: (including unit number and gate code, if applicable)

SPLIT SYSTEMS	PACKAGED SYSTEMS
Existing Unit Information:	Existing Unit Information:
BTU/HR Capacity:	BTU/HR Capacity:
Heat kw:	Heat Kw:
SEER:	SEER/EER:
Proposed Unit Information:	Proposed Unit Information:
Condenser Make & Model:	Make & Model:
BTU/HR Capacity	BTU/HR Capacity:
SEER:	Heat Kw:
Air Handler Make & Model:	SEER/EER:
Heat Kw.	

Location of:

Condenser _____

Air Handler _____

Disconnect _____

(Note an electric sub permit complying with code is required for the installation of a new disconnect)

Any alterations to existing curbs, stands or supports will require a building sub permit.

I certify that the information entered on this form accurately represents the system installed.

Qualifier or Authorized Agent: (print) _____

License
No. _____

Signature: _____

Phone
No. _____
Cell.
Phone _____