



A/C Change-Out Permit Instructions

- The Permit application must be completely filled out signed and notarized
- Two (2) original sets of the attached required forms with AhRi's
- Notice of Commencement if over \$7,500 in value
- Licensing and insurance for the contractor (State License, Business Tax Receipt, Liability and Workers Compensation and/or Exemption) (Insurance Certificate must show the Town of Southwest Ranches as the certificate holder).

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade: Building Electrical Plumbing Mechanical Other _____

Application Number: _____ Application Date: _____

| | | | |
|---|--|--------------------------|------------------------|
| 1 | Job Address: _____ | Unit: _____ | City: _____ |
| | Tax Folio No.: _____ | Flood Zn: _____ | BFE: _____ |
| | Building Use: _____ | Construction Type: _____ | Job Value: _____ |
| | Present Use: _____ | Proposed Used: _____ | Occupancy Group: _____ |
| | Description of Work: | | |
| | <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other: _____ | | |
| | Legal Description: _____ | | |

| | | | |
|---|------------------------|--------------|-------------------------|
| 2 | Property Owner: _____ | Phone: _____ | Email: _____ |
| | Owner's Address: _____ | City: _____ | State: _____ Zip: _____ |

| | | | |
|---|-------------------------|---|-------------------------|
| 3 | Contracting Co.: _____ | Phone: _____ | Email: _____ |
| | Company Address: _____ | City: _____ | State: _____ Zip: _____ |
| | Qualifier's Name: _____ | Owner-Builder: <input type="checkbox"/> | License Number: _____ |

| | | | |
|---|---|--------------|-------------------------|
| 4 | Architect/Engineer's Name: _____ | Phone: _____ | Email: _____ |
| | Architect/Engineer's Address: _____ | City: _____ | State: _____ Zip: _____ |
| | Bonding Company: _____ | | |
| | Bonding Company Address: _____ | City: _____ | State: _____ Zip: _____ |
| | Fee Simple Titleholder's name (if other than owner): _____ | | |
| | Fee Simple Titleholder's Address (if other than owner): _____ | City: _____ | State: _____ Zip: _____ |
| | Mortgage Lender's Name: _____ | | |

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X _____
Signature of Property Owner or Agent

X _____
Signature of Qualifier

STATE OF _____
COUNTY OF _____

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Property Owner or Agent Name)

(Type / Print Qualifier's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

APPROVED BY: _____ Permit Officer Issue Date: _____ Code in Effect: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.
Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.

Broward County Uniform Data Form for Residential and Light Commercial Air Conditioning Replacements

(All others, including cooling towers, chillers, refrigeration units, etc. must provide plans.)

EACH SYSTEM REQUIRES A FORM

| | | | | | |
|----------|--|------|--|----|----------|
| Job Name | | | | | |
| Address | | | | | |
| Unit # | | City | | FL | Zip Code |

FILL IN APPLICABLE INFORMATION

| Data | Existing Unit (1) | New Unit |
|---------------------------|-------------------|----------|
| Manufacturer | | |
| SEER (2)/EER (3) | | |
| Package/Heat Pump Model # | | |
| Condensing Unit Model # | | |
| AHU Model # | | |
| Model # | | |
| KW Strip Heat | | |

| | | | | |
|--------------------------------|-----|---------|-----|---------|
| Minimum Circuit Amp | c/u | ahu/pkg | c/u | ahu/pkg |
| Maximum Overcurrent Protection | c/u | ahu/pkg | c/u | ahu/pkg |
| Size of Disconnect | c/u | ahu/pkg | c/u | ahu/pkg |

- (1) Provide equipment sizing calculations if existing unit data is not available (ACCA Manual N, J, etc.)
- (2) Provide AHRI Certificate

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Will a new stand, curb or curb adapter be installed? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Will a duct smoke detector be installed or reconnected? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Is the duct s/d connected to an Fire Alarm Panel? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Will the A/C location will be the same? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

| | |
|---------------------------|--|
| Company Name | |
| FL State or Co. License # | |
| Qualifier's Signature | |

FOR BUILDING DEPARTMENT USE ONLY

| | | | |
|---------------------|--|--------------|--|
| Process or Permit # | | Jurisdiction | |
| Approved by | | Date | |

Disclaimer:

- 1. This form does not relieve the applicant from compliance with all applicable sections of the Florida Building Codes.
- 2. Additional local regulations might be applicable, i.e. zoning, flood and fire prevention, etc.