



CITY OF HOMESTEAD
 DEVELOPMENT SERVICES
 790 N HOMESTEAD BLVD
 HOMESTEAD, FL 33033
 TEL. 305-224-4500
 FAX. 305-224-4539

Air-Conditioning Replacement Sheet

Address: _____ Process No. _____

Please specify location for the new A/C unit to be install

- Same location _____
- Different location _____

<u>EXISTING UNIT TO BE REPLACED</u>		
Make: _____	AHU Model No. _____	Condensor Model No. _____
Package Model No. _____	KW Strip Heat _____	
Heat Pump _____		
PACKAGE		
Min. Circuit Amps or Compressor H.P. _____	AHU Min. Circuit Amps _____	Cond. Min. Circuit Amps or H.P. _____
Max Overcurrent Protection: _____	Max. Overcurrent Protection: _____	Max. Overcurrent Protection: _____
ERR: _____		

<u>NEW UNIT TO BE INSTALL</u>		
Make: _____	AHU Model No. _____	Condensor Model No. _____
Package Model No. _____	KW Strip Heat _____	
Heat Pump _____		
PACKAGE		
Min. Circuit Amps or Compressor H.P. _____	AHU Min. Circuit Amps _____	Cond. Min. Circuit Amps or H.P. _____
Max Overcurrent Protection: _____	Max. Overcurrent Protection: _____	Max. Overcurrent Protection: _____
ERR: _____		

1. House service size Amps _____
2. Show wire size _____ (Amp rating) Type _____ (TW or THW)
3. Show size of disconnect switch, circuit breaker, fuse or knife switch _____ Amps
4. Is local disconnect switch within sight or readily accessible? **YES** or **NO**

 Signature of Qualifier

 Certificate #