

**Town of Sewall's Point Building Department**

One South Sewall's Point Road  
Sewall's Point, Florida 34996  
Ph: 772-287-2455

**A/C CHANGE OUT  
PERMIT APPLICATION**

(Must attach rating verification form per Energy Code 101.4.7)

**CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8<sup>TH</sup> EDITION**

Site Address:

Legal Description:

Parcel ID:

**Owner's Information**

Name:

Email:

Phone:

Address:

**Contractor's Information**

Name:

Email:

Phone:

Address:

State License no.

**PROJECT INFORMATION**

☐ Commercial ☐ Residential ☐ Replacement A/C ☐ New A/C (requires plan review)

Replacement condenser make/model #: \_\_\_\_\_ Tonnage: \_\_\_\_\_

Replacement air handler make/model #: \_\_\_\_\_

Replacement package unit make/model #: \_\_\_\_\_ Tonnage: \_\_\_\_\_

Heat strip K.W.: \_\_\_\_\_ Duct system: ☐ Existing ☐ Modified ☐ New (requires plan review) ☐ Replacement

\_\_\_\_\_ I acknowledge that I am responsible to notify the Building Official when work is ready for inspection per F.S.S. 109.5 and failure to comply will result in notifications to the Department of Business and Professional Regulations.

\*\*Equipment breaker size and circuit ampacity shall comply with the manufacturer's specifications and NEC 2020.

**\*See checklist for additional requirements.**

Total Valuation \$ \_\_\_\_\_

**APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER**

Contractor Signature

Date

Print Name

Notary Public, State of Florida

STATE OF FLORIDA, County of \_\_\_\_\_

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is \_\_\_\_\_ personally known to me or \_\_\_\_\_ has produced \_\_\_\_\_ as identification.

Owner or Owner's Authorized Representative Signature

Date

Print Name

Notary Public, State of Florida

STATE OF FLORIDA, County of \_\_\_\_\_

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is \_\_\_\_\_ personally known to me or \_\_\_\_\_ has produced \_\_\_\_\_ as identification.

**NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED BY INSPECTION.  
A HOMEOWNER'S LADDER CANNOT BE USED DUE TO INSURANCE LIABILITY**

**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies



## Building Department CHECKLIST FOR AIR CONDITIONING PERMITS

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

- For office use only - Permit number
- Site address
- Legal description
- Parcel ID
- Owner's information
- Contractor's information
- Commercial/Residential
- Replacement or new equipment
- Condenser make/model and tonnage
- Air handler make/model number
- Package unit make/model and tonnage
- Heat strip KW gas make and model number
- Duct System
- Inspection responsibility, must be initialed
- Valuation
- Notarized Contractor/Homeowner builder signature

**PLANS AND DOCUMENTS** – Provide 1 copy

- **AHRI Certificate**
- Recorded Notice of Commencement for work valued at \$15,000 or more. (NOC must be submitted to permitting prior to scheduling the first inspection.)
- **\*\*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. Homeowner must personally appear at the Building Department to have their signature notarized.**

**NOTES:**

- If the permit request is for a new Mini-Split, the AHRI Certificate, Energy Compliance Forms, Heating and Cooling Calculation and Product Placement Sketch must be submitted with the permit application and will require plan review.
- If the permit request is for the replacement of a Mini-Split, Load Calculations must be submitted with the permit application and will require plan review.
- If 50% or more of the duct work is being replaced, a separate permit, AHRI Certificate and Layout must be submitted with the permit application. (Commercial duct work 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.***



**TOWN OF SEWALL'S POINT BUILDING DEPARTMENT**

One South Sewall's Point Road  
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**FLORIDA ENERGY CONSERVATION CODE**

**Mandatory Duct Inspection Certification for HVAC change-out**

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: \_\_\_\_\_ Contractor name: \_\_\_\_\_

Street address: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

City: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Zip: \_\_\_\_\_ Final inspection date: \_\_\_\_\_

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

\_\_\_\_\_ Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.

\_\_\_\_\_ Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)

\_\_\_\_\_ The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)

\_\_\_\_\_ System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contractor License #: \_\_\_\_\_

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I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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## **Air Conditioning Change out Affidavit**

Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Package Unit \_\_\_\_ Yes \_\_\_\_ No (Use Condenser side of form below for equipment listing)

Duct Replacement \_\_\_\_ Yes \_\_\_\_ No - Refrigerant line replacement \_\_\_\_ Yes \_\_\_\_ No

Flushing Existing Refrigerant lines \_\_\_\_ Yes \_\_\_\_ No - Adding Refrigerant Drier \_\_\_\_ Yes \_\_\_\_ No

Rooftop A/C Stand Installation \_\_\_\_ Yes \_\_\_\_ No - Curb Installation \_\_\_\_ Yes \_\_\_\_ No

Smoke Detector in Supply (over 2000 CFM) \_\_\_\_ Yes \_\_\_\_ No

### **One form required for each A/C system installed**

#### **REPLACEMENT SYSTEM COMPONENTS**

**Air handler:** Mfg: \_\_\_\_\_ Model# \_\_\_\_\_

Volts \_\_\_\_ CFM's \_\_\_\_\_ Heat Strip \_\_\_\_\_ Kw

Min. Circuit Amps \_\_\_\_\_ Wire gauge \_\_\_\_\_

Max. Breaker size \_\_\_\_\_ Min. Breaker size \_\_\_\_\_

Ref. line size: Liquid \_\_\_\_\_ Suction \_\_\_\_\_

Refrigerant type \_\_\_\_\_

Location: Existing \_\_\_\_ New \_\_\_\_

Attic/Garage/Closet (specify) \_\_\_\_\_

**SPECIFY** Access: \_\_\_\_\_

**Condenser:** Mfg \_\_\_\_\_ Model# \_\_\_\_\_

Volts \_\_\_\_ SEER/EER \_\_\_\_ BTU's \_\_\_\_\_

Min. Circuit Amps \_\_\_\_\_ Wire gauge \_\_\_\_\_

Max. Breaker size \_\_\_\_\_ Min. Breaker size \_\_\_\_\_

Ref. line size: Liquid \_\_\_\_\_ Suction \_\_\_\_\_

Refrigerant type \_\_\_\_\_

Location: Existing \_\_\_\_ New \_\_\_\_

Left/Right/Rear/Front/Roof \_\_\_\_\_

Condensate Location \_\_\_\_\_

**NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION  
A HOMEOWNER'S LADDER CANNOT BE USED DUE TO INSURANCE LIABILITY.**

#### **EXISTING SYSTEM COMPONENTS**

**Air handler:** Mfg: \_\_\_\_\_ Model# \_\_\_\_\_

Volts \_\_\_\_ CFM's \_\_\_\_\_ Heat Strip \_\_\_\_\_ Kw

Min. Circuit Amps \_\_\_\_\_ Wire gauge \_\_\_\_\_

Max. Breaker size \_\_\_\_\_ Min. Breaker size \_\_\_\_\_

Ref. line size: Liquid \_\_\_\_\_ Suction \_\_\_\_\_

Refrigerant type \_\_\_\_\_

Location: Ext. \_\_\_\_ New \_\_\_\_

Attic/Garage/Closet (specify) \_\_\_\_\_

**SPECIFY** Access: \_\_\_\_\_

**Condenser:** Mfg \_\_\_\_\_ Model# \_\_\_\_\_

Volts \_\_\_\_ SEER/EER \_\_\_\_ BTU's \_\_\_\_\_

Min. Circuit Amps \_\_\_\_\_ Wire gauge \_\_\_\_\_

Max. Breaker size \_\_\_\_\_ Min. Breaker size \_\_\_\_\_

Ref. line size: Liquid \_\_\_\_\_ Suction \_\_\_\_\_

Refrigerant type \_\_\_\_\_

Location: Ext. \_\_\_\_ New \_\_\_\_

Left/Right/Rear/Front/Roof \_\_\_\_\_

Condensate Location \_\_\_\_\_

#### **Certification:**

I herby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC – R (N)1107 & 1108

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date