



AIR-CONDITIONING EMERGENCY REPLACEMENT DATA

The State of Florida's Building code Sec. 105.2.1 allows contractors to replace equipment in an emergency situation and submit the permit application the following business day without penalty.

PROCEDURE:

A contractor replacing an air-conditioning system prior to applying for a permit must first call the Mechanical Department or complete the attached form and submit to a Permit Technician or email HR18516@hialeahfl.gov Mechanical department.

Once the attached form has been completed and submitted to the Building Department, the contractor can then proceed with the replacement process.

The permit application must be submitted the next business day after the completion of the replacement has been made with the following supporting documentation:

- Air-conditioning replacement data sheet [two (2) copies]
- Engineered anchoring detail.
- NOA FBCM-301.15 or wind load calculation with anchoring detail unit to curb, slab, or stand and unit paneling.

A contractor who fails to contact the Building or Mechanical Department prior to replacing an air conditioning system and performs the work without a permit will be subject to a permit fee of two (2) times the current fee.

Air Conditioning Emergency Replacement Form

CONTRACTOR INFORMATION

Company Name _____

Contact Person _____

Phone Number _____

ADDRESS WHERE AIR CONDITIONING IS BEING REPLACED

Address _____

Suite/apt# _____ Zip Code _____

HOMEOWNERS ASSOCIATION INFORMATION (HOA):

HOA Name: _____

Contact Person: _____

Contact Phone# _____

Contact email address: _____

TO BE COMPLETED BY THE MECHANICAL DEPARTMENT

Approved

Denied

Comments: _____

Authorization:

Print Name

Signature

Date: _____



AIR CONDITIONING REPLACEMENT DATA

Two (2) copies of this form must accompany all air-conditioning replacement permit applications. **ONLY** One (1) form if submitted electronically to building department.

Contractor: _____ Permit #: _____

Site Address: _____ Unit/Apt. # _____

| DATA | EXISTING UNIT | NEW UNIT | ELECTRICAL | |
|--------------------|---------------|----------|------------|---------|
| Manufacturer | | | MIN/AMP | MAX/AMP |
| Pkg. Unit Model # | | | | |
| Ahu / Coil Model # | | | | |
| Condenser Model # | | | | |
| Heater KW | | | | |
| System Size | | | | |
| SEER / EER | | | | |

- Information must be submitted completely.
- Duct smoke test, if applicable, shall be SMOKE CANDLE no exceptions.
- Buildings equipped with DPST disconnect switch for C/U must be replaced and fused to match the system label. (Electrical permit required)

A.H.R.I Reference Number _____

Have you complied with one of the following methods? Yes/No

1. Provide a copy of the unit's current Notice of Acceptance or State Product Approval.
2. Provide wind load calculations with anchoring details unit to curb and unit paneling.

Is a new roof curb/ curb adapter or stand needed? Yes/No

(Submit design requirements per F.B.C on Roof-mounted equipment with application)

Is new equipment being moved or relocated? Yes /No

Is new ductwork being installed? Yes /No

Is an air duct smoke detector installed? Yes /No

Signature: _____ Date: _____

Florida State Certification/ Registration # _____