



City of Hialeah
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AIR CONDITIONING REPLACEMENT DATA

Two (2) copies of this form must accompany all air conditioning replacement permit applications.

Contractor: _____ Permit #: _____

Site address: _____ Unit/Apt#: _____

DATA	EXISTING UNIT	NEW UNIT	ELECTRICAL	
			MIN/AMP	MAX/AMP
MANUFACTURER				
PKG. UNIT MODEL #				
AUH/COIL MODEL #				
CONDENSER MODEL #				
HEATER KW				
SYSTEM SIZE (TONS)				
SEER / EER				

A.H. R.I Reference Number: _____

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 a ladder required for inspection? Yes ____ No ____

Is new ductwork being installed? Yes ____ No ____

In an air duct smoke detector installed? Yes ____ No ____

SIGNATURE: _____ **DATE:** _____

FLORIDA STATE CERTIFICATION / REGISTRATION #: _____