

Village of Tequesta Building Department

AC Change-out Information Form

Project address: _____; Date: _____

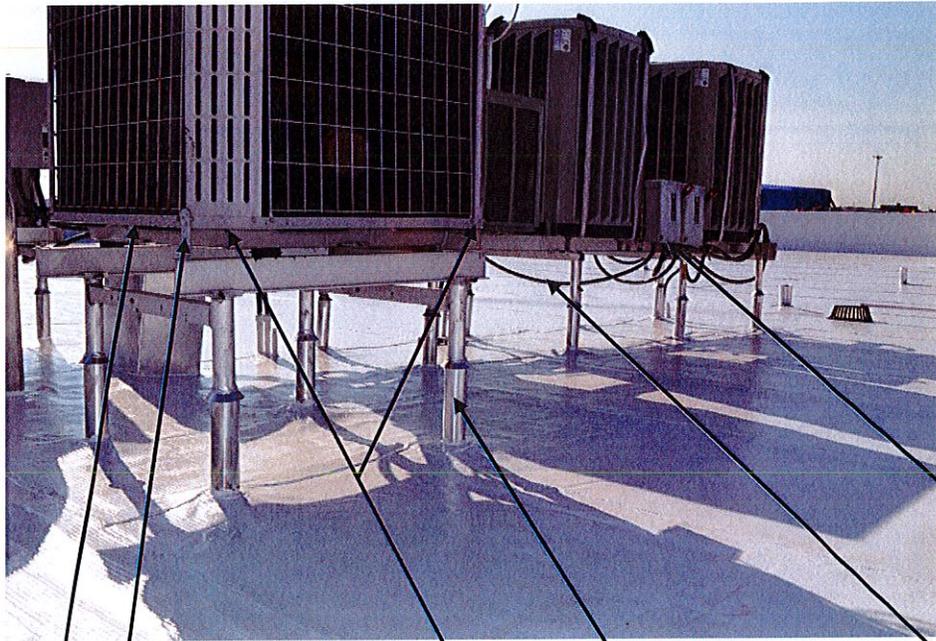
Contractor: _____

Unit type: _____; Package unit: _____; Split system: _____; Mini-Split: _____

Unit tonnage: _____; Btuh: _____; Heat kwh: _____; SEER: _____

Unit Location: Roof-top: _____; Attic: _____; Ceiling: _____; Garage/HVAC Closet: _____

Unit Mounting: Min. 8" Roof Curb: ___; Roof Stand: ___; Suspended: ___; Grade level Pad: ___



Connector Type: _____ Roof Pitch-pocket: _____ Disconnect: _____ Amps
 Height above roof: _____ inches Unit Width: _____ inches Electrical Conductor Size: _____

TABLE 1509.6.5 CLEARANCE BELOW RAISED ROOF MOUNTED MECHANICAL UNITS

WIDTH OF MECHANICAL UNIT (inches)	MINIMUM CLEARANCE ABOVE SURFACES (inches)
< 24	14
24 < 36	18
36 < 48	24
48 < 60	30
> 60	48

I hereby certify all work as indicated above shall be performed and installed at the above listed address pursuant provisions of the currently adopted edition of the Florida Building Codes *Existing, Mechanical, and Energy*, and the Manufacturer's Installation Instructions.

Signature

Date