

TOWN OF JUPITER INLET COLONY A MUNICIPAL CORPORATION

50 Colony Road, Jupiter Inlet Colony, Florida 33469-3507 Telephone: 561-746-3787 Facsimile: 561-746-1068 Email: jicolony@bellsouth.net

The following information is required for replacement of mechanical equipment and MUST be submitted with the permit application. <u>Two (2) copies shall be provided, one for the job site and the other for the property file.</u>

AID CONDITIONING SYSTEM

	AIR CONL	ATTOMING OTSTEIN		
Owner's Name:			SEER:	
PROJECT ADDRESS:				
		Comment Comments		
	REPLACEMENT	SYSTEM COMPONENTS ROOF TOP: O	On Ground: O	
MANUFACTURER:		CONDENSER UNIT MO		
AIR HANDLER MODEL NO. VOLTAGE:			VOLTAGE:	
			KVA/KW Size: Tons	
HEAT STRIP:			MINIMUM CIRCUIT AMPACITY:	
MINIMUM CIRCUIT AMPACITY:			HACR Breaker/Fuse Size:	
HACR Breaker/Fuse Size:				
Min.	MAX.	Min.	MAX.	
WIRE SIZE: (AWG) REQUIRED IF THE AIR HANDLER CAN BE EQUIPPED WITH MORE TO		Wire Size:	(AWG)	
REQUIRED IF THE AIR HANDLE EVAPORATOR COIL UNIT MO		DRE THAN ONE EVAPORATOR	COIL	
			<u> </u>	
	Existing Sys	TEM COMPONENTS		
Manufacturer:		ROOF TOP: O	On Ground: O	
AIR HANDLER MODEL NO.		CONDENSER UNIT MOD	CONDENSER UNIT MODEL NO.	
Voltage:		Voltage:	Voltage:	
HEAT STRIP:		KVA/KW Size:	KVA/KW Size: Tons	
MINIMUM CIRCUIT AMPACITY:		MINIMUM CIRCUIT AM	MINIMUM CIRCUIT AMPACITY:	
HACR Breaker/Fuse Size:		HACR BREAKER/FUSE	HACR Breaker/Fuse Size:	
Min.	MAX.	Min.	MAX.	
Wire Size:	(AWG)	Wire Size:	(AWG)	
REQUIRED IF THE AIR HANDLES	R CAN BE EQUIPPED WITH MO	RE THAN ONE EVAPORATOR (COIL	
EVAPORATOR COIL UNIT MOI	DEL NO.:			
	•			
	CERT	TFICATION		
		OR, I CERTIFY THAT THE INFO	DRMATION ENTERED ON THIS FORM	
ACCURATELY REPRESENTS THE	system(s) installed.			
Signature			DATE	
		(*)		