Town of Loxahatchee Groves
155 F Road
Loxahatchee Groves, FL 33470
Phone: 561.807.6675 Fax: 561.793.2420
www.loxahatcheegrovesfl.gov

AC CHANGE OUT CHECKLIST FORM - (FBC 8th Edition 2023)

THE FOLLOWING INFORMATION & DOCUMENTS ARE REQUIRED FOR PERMIT PROCESSING

- ❑ Completed Permit Application
- ❑ Completed HVAC Replacement Worksheet
- ❑ Provide engineered attachment details or A/C tie down product approval per current FBC
- ❑ AHRI data
- ❑ Notice of Commencement, if applicable

GENERAL INFORMATION

Applicant responsible to be on site and provide access for inspection(s) per current Florida Building Code. All approved construction documents to be on site for the inspection.

SPECIFIC REQUIREMENTS

- ❑ The condensing unit disconnect means shall in no case located further than six (6) feet from the service side of the unit in line of site.
- ❑ Condensing unit electrical disconnect means shall be one of the following types:
  - Non-fusible – overcurrent protection supplied at the main breaker panel.
  - Fused – overcurrent protection supplied by proper size fuses per the unit identification plate.
  - Circuit Breaker – overcurrent protection supplied by the proper size breaker per the unit identification plate.
- ❑ If the installation of a new electrical disconnect is required, a no-fee sub-permit shall be secured by and the work performed by a licensed electrical contractor.
- ❑ Adequate working clearances shall be provided per the current Florida Building Code.
- ❑ Condensate drain lines and traps shall be installed as per current Florida Building Code and as per manufacturer's recommendations.
- ❑ Air handling units shall be equipped with auxiliary drain pans, float and/or secondary drain lines as per the Florida Building Code – Mechanical.
- ❑ A final inspection is required for all equipment replacement.
- ❑ Heating element size to be labeled/selected/listed on the mechanical equipment.
- ❑ **ALL CIRCUIT BREAKERS PROVIDING OVERCURRENT PROTECTION FOR MECHANICAL EQUIPMENT SHALL BE H.A.C.R. TYPE PER THE UNIT IDENTIFICATION PLATE.**

UNIVERSAL COUNTY-WIDE/MUNICIPAL BUILDING PERMIT APPLICATION FORM

January 2024 Edition

Approved for use throughout Palm Beach County and Municipalities

FOR OFFICE USE ONLY

FBC Version:_____ Permit Type: _____

Accepted By:_____ Application Date: _____

Application #:_____

1

KIND of PERMIT (CHECK ONE):

☐ **PRIMARY PERMIT**

☐ **SUB-PERMIT -** If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6 & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.

PRIVATE PROVIDER☐ PLAN REVIEW☐ INSPECTIONS

2

PROPERTY OWNER:_____

TENANT:_____

ADDRESS: _____UNIT:_____

CITY: _____STATE: _____ZIP:_____

PHONE: _____FAX:_____

EMAIL:_____

3

TRADE (CHECK ONE):

☐ STRUCTURAL ☐ ROOFING ☐ ELECTRICAL

☐ MECHANICAL ☐ PLUMBING ☐ FIRE ☐ GAS

☐ OTHER: _____

PRIMARY PERMIT #: _____

4

PROJECT NAME: _____

PCN: __ __- __ __- __ __- __ __- __ __- __ __ __- __ __ __ __

LEGAL DESCRIPTION:_____

PROJECT ADDRESS: _____

CITY: _____

5

FURTHER WORK DESCRIPTION: _____

Type of Work:☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Demo ☐ Temporary ☐ Other

VALUE: _____ (SEE FEE SCHEDULE) PERMIT FEE: _____ (AS APPLIES) NET S.F (for SFD's): _____ (AS APPLIES)

6

☐ **OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)**

☐ **CONTRACTOR (CERT. HOLDER): _____ License #: _____**

DBA (COMPANY NAME): _____ Contact Person: _____

ADDRESS: _____STE:_____ CITY: _____STATE: _____ ZIP:_____

PHONE: _____ FAX: _____ EMAIL: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

7

_____

(Signature of Owner or Agent) (including contractor)

Print Name: _____

NOTARY REQUIRED IF $ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF $ VALUE STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____, by

_____

(Name of person making statement)

_____

(Signature of Notary Public - State of Florida)

_____

(Print, Type, or Stamp Commissioned Name of Notary Public)

Physical Presence ☐ OR Online Notarization ☐

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced_____

8

_____

(Signature of Contractor)

Print Name: _____

NOTARY REQUIRED IF $ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF $ VALUE STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____ ,

_____

(Name of person making statement)

_____

(Signature of Notary Public - State of Florida)

_____

(Print, Type, or Stamp Commissioned Name of Notary Public)

Physical Presence ☐ OR Online Notarization ☐

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced_____

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS $5,000 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < $15,000). PLEASE ADDRESS ALL ITEMS.

9	10
Fee Simple Titleholder's Name (If other than owner): _____ _____ **Fee Simple Titleholder's Address** (If other than owner): _____ _____ **City: _____ State:____ Zip: _____** ☐ **Same as Owner**	**Bonding Company**: _____ _____ **Bonding Company Address:** _____ _____ **City: _____ State:____ Zip: _____** ☐ **Not Applicable**
11	**12**
Architect/Engineer's Name: _____ _____ **Architect/Engineer's Name Address:** _____ _____ **City: _____ State:____ Zip: _____** ☐ **Not Applicable**	**Mortgage Lender's Name**: _____ _____ **Mortgage Lender's Address:** _____ _____ **City: _____ State:____ Zip: _____** ☐ **Not Applicable**

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN $5,000 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN $15,000), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH.

OFFICE USE ONLY BELOW THIS LINE

13	14
CODE EDITION/NOTES: _____ _____ _____ _____ _____ _____	**USE (CHECK ONE):** □ **1 & 2 FAMILY** □ **TOWNHOUSE** □ **CONDOMINIUM** □ **MULTI-FAMILY** □ **COMMERCIAL** □ **INDUSTRIAL** □ **AGRICULTURAL - BLDG CODE EXEMPT** □ **OTHER: _____** _____ □ **USE CHANGE:** _____ _____

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AIR CONDITIONING REPLACEMENT WORKSHEET

FLORIDA BUILDING CODE 2023 - 8TH EDITION

Job Name: _____ Permit #: _____

Address: _____

Existing Equipment:

Package Unit Make/Model #: _____ ☐ H/P ☐ No Heat
☐Heat Strip K.W._____ Minimum Circuit Amps: _____ Max. Overcurrent Protection_____

Condenser Make/Model #: _____Minimum Circuit Amps: _____
Max Overcurrent Protection: _____

A.H.U. Make/Model #: _____ Heat Strip K.W. _____ ☐ No Heat
Minimum Circuit Amps: _____ Max Overcurrent Protection: _____

New Equipment:

Package Unit Make/Model #: _____ ☐ H/P ☐ No Heat
☐Heat Strip K.W._____ Minimum Circuit Amps: _____ Max. Overcurrent Protection_____

Condenser Make/Model #: _____Minimum Circuit Amps: _____
Max Overcurrent Protection: _____

A.H.U. Make/Model #: _____ Heat Strip K.W. _____ ☐ No Heat
Minimum Circuit Amps: _____ Max Overcurrent Protection: _____

Current Wiring Type: ☐ THHN ☐ ROMEX Electrical Wiring Upgrade: ☐ Yes ☐ No

Please include the following:

1. Copy of AHRI and other support documents. S.E.E.R.2
2. For Condenser or A.H.U. replacement only (partial system): provide manufactures support documentation, or Florida-registered professional engineer verification, as per 2023 Florida Building Code 8th Edition Energy Conservation Code (C501.6 & R501.7)
3. Provide engineered attachments details FMC 301.15 or Product Approval
4. Provide plan if replacing duct work – Additional Review Required

Signature of Qualifier _____ C.C. # _____

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AIR CONDITIONING EQUIPMENT REPLACEMENT

POLICIES & PROCEDURES

Building Department will enforce the following electrical/mechanical code requirements for the replacement of existing air conditioning and heating equipment:

1. The condensing unit disconnect means shall in no case located further than six (6) feet from the service side of the unit in line of site.

2. Condensing unit electrical disconnect means shall be one of the following types:
    a. Non- fusible-- overcurrent protection supplied at the main breaker panel.*
    b. Fused-- overcurrent protection supplied by proper size fuses per the unit identification plate.
    c. Circuit Breaker-- overcurrent protection supplied by the proper size breaker per the unit identification plate.*

3. The disconnect means for a closet installed air handler shall be an internal component of the unit.

4. For attic-installed air handlers, the electrical disconnect means shall be a non-fusible type. In no case shall a fused or circuit breaker type disconnect be installed in an attic.

5. If the installation of a new electrical disconnect is required, a no-fee sub-permit shall be secured by and the work performed by a licensed electrical contractor.

6. Adequate working clearances shall be provided per the 2023 Florida Building Code 8th Edition.

7. Condensate drain lines and traps shall be installed as per the 2023 Florida Building Code 8th Edition, and as per manufacturer's recommendations.

8. Air handling units shall be equipped with auxiliary drain pans, float and/or secondary drain lines as per the Florida Building Code – Mechanical.

9. A final inspection is required for all equipment replacement.

10. Heating element size to be labeled/selected/listed on the mechanical equipment.

***ALL CIRCUIT BREAKERS PROVIDING OVERCURRENT PROTECTION FOR MECHANICAL EQUIPMENT SHALL BE H.A.C.R. TYPE PER THE UNIT IDENTIFICATION PLATE.**

Instrument Prepared By:

Name: _____

Address: _____

_____

PERMIT NUMBER: _____

STATE OF: _____

COUNTY OF: _____

NOTICE OF COMMENCEMENT TAX FOLIO NO.:_____

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **DESCRIPTION OF PROPERTY** (Legal description of the property & street address, if available) **Legal Description:** _____

_____

2. **GENERAL DESCRIPTION OF IMPROVEMENT:** _____

3. **OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**

a. Name and address: _____

b. Interest in property: _____

c. Name and address of fee simple titleholder (if different from Owner listed above): _____

4. a. **CONTRACTOR:** Name & Address_____

b. Phone number: _____

5. **SURETY** (if applicable, a copy of the payment bond is attached): a. Name and address: _____

b. Phone number: _____ c. Amount of bond: $_____

6. a. **LENDER:** Name and address: _____

b. Phone number: _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:

a. Name and address: _____

b. Phone numbers of designated persons: _____

8. a. In addition to himself or herself, Owner designates _____of _____to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by Owner: _____

9. Expiration date of notice of commencement (the expiration date will be 1 year after the date of recording unless a different date is specified):_____, 20____.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE SITE OF THE IMPROVEMENT BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

_____ _____

(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager) **(Print Name and Provide Signatory's Title/Office)**

The foregoing instrument was acknowledged before me by means of ○ physical presence or sworn to (or affirmed) by ○ online notarization, this _____ day of _____, 20_____ by _____,
(name of person)

as _____ for _____.
(type of authority, e.g. officer, trustee, attorney in fact) (name of party on behalf of whom instrument was executed)

Notary

_____
(Signature of Notary Public)
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ○ OR Produced Identification ○ Type of Identification Produced _____