



City of Pahokee

207 Begonia Drive
Pahokee, Florida 33476
Phone: (561) 924-5534 ext. 2003 or 2004
Fax: (561) 924-8140

Air Conditioning Change out Affidavit

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: _____ Model# _____ **Condenser:** Mfg _____ Model# _____
Volts _____ CFM's _____ Heat Strip _____ Kw Volts _____ SEER/EER _____ BTU's _____
Min. Circuit Amps _____ Wire gauge _____ Min. Circuit Amps _____ Wire gauge _____
Max. Breaker size _____ Min. Breaker size _____ Max. Breaker size _____ Min. Breaker size _____
Ref. line size: Liquid _____ Suction _____ Ref. line size: Liquid _____ Suction _____
Refrigerant type _____ Refrigerant type _____
Location: Existing _____ New _____ Location: Existing _____ New _____
Attic/Garage/Closet (specify) _____ Left/Right/Rear/Front/Roof _____
Access: _____ Condensate Location _____

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: _____ Model# _____ **Condenser:** Mfg _____ Model# _____
Volts _____ CFM's _____ Heat Strip _____ Kw Volts _____ SEER/EER _____ BTU's _____
Min. Circuit Amps _____ Wire gauge _____ Min. Circuit Amps _____ Wire gauge _____
Max. Breaker size _____ Min. Breaker size _____ Max. Breaker size _____ Min. Breaker size _____
Ref. line size: Liquid _____ Suction _____ Ref. line size: Liquid _____ Suction _____
Refrigerant type _____ Refrigerant type _____
Location: Ext. _____ New _____ Location: Ext. _____ New _____
Attic/Garage/Closet (specify) _____ Left/Right/Rear/Front/Roof _____
Access: _____ Condensate Location _____

Certification: I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC – R (N) 1107& 1108

Signature

Date