

AIR CONDITIONING CHANGE-OUT DATA SHEET

Job Address: _____ Permit Number: _____

Company Name: _____ License Number: _____

1. BUILDING TYPE

- Single-Family Homes** (-> Go to Sections 3A and 4, then submit)
- Multi-Family Homes & Manufactured/Mobile Home** (Need FEMA Elevation)
(->Go to Sections 3b, 4 and 5, then submit)
- Commercial** - requires drawing indicating location of equipment with respect to building (Go to 3b, 4, and 5, then submit)

Initials

2. ROOFTOP MOUNTED UNIT

- Rooftop Mounted Unit (may require zoning review)

Initials

3. CHANGE - Select 3a or 3b below:

3a. No Review Required, if

- Equipment only (like for like, and not commercial) (>Complete section 4, then submit)

Initials

3b. Check all that apply, if any (may require review)

- Piping/Line-Set** (with Drawing if Multi-Family or Commercial)
- Duct Work** (with Drawing if Multi-Family or Commercial)
- Partial Equipment** (requires AHRI)
- 5 Tons or Greater** (provide Fan Performance Data with CFM Capacity)
- Equipment** (requires drawing indicating location of equipment with respect to the building)

(Complete Sections 4 and 5, then submit)

Initials

4. SYSTEM INFO TABLE

EQUIP TYPE	TONS or BTU	ELEC HEAT	GAS HEAT	HEAT KW/BTU CAPACITY
<input type="checkbox"/> RTU		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Split System		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Packaged		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Mini-Split		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>	

Initials

5. FIRE - Check all that apply

- Penetration of Fire-Rate Assemblies**
- Provide Drawing with UL Detail & Locations
- CFM Capacity > 2000 or Space Served > 25,000 cu. ft.**
- Indicate on plans duct smoke detectors will be provided
- 5 Tons or Greater**
- Provide Fan Performance Data with CFM capacity

Initials