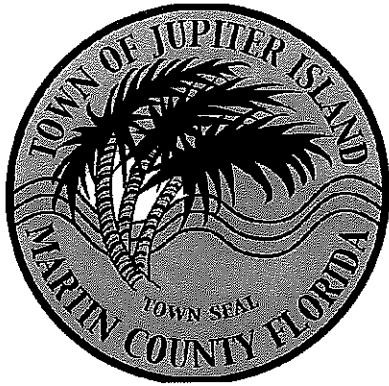


1- Each System



**TOWN OF JUPITER ISLAND
BUILDING DEPARTMENT**

2 Bridge Road, Hobe Sound, FL 33455
Phone (772) 545-0150
Fax (772) 545-0188

FLORIDA ENERGY CONSERVATION CODE

Air Conditioning Change out Affidavit (One form required for each A/C system installed)

Residential _____ Commercial _____
Package Unit ___ Yes ___ No (Use Condenser side of form below for equipment listing)
Duct Replacement ___ Yes ___ No - Refrigerant line replacement ___ Yes ___ No
Flushing Existing Refrigerant lines ___ Yes ___ No - Adding Refrigerant Drier ___ Yes ___ No
Rooftop A/C Stand Installation ___ Yes ___ No - Curb Installation ___ Yes ___ No
Smoke Detector in Supply (over 2000 CFM) ___ Yes ___ No

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 _____

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 Section 403.6.

Signature

Date