



Town of Jupiter Island Building Department

2 Bridge Road, Hobe Sound, FL 33455

(772) 545-0150 Fax (772) 545-0188

A/C CHANGEOUT INSTALLATION CERTIFICATION

FOR LICENSED CONTRACTORS ONLY

I. PURPOSE

The purpose of this Policy is to provide a method for certifying the installation of replacement Air Handlers and Condensing Units upon issuance of a Town Building Permit. ***This policy applies only to licensed Air Conditioning Contractors or Mechanical Contractors.***

II. AUTHORIZATION

Chapter 1, Section 101 of the Florida Building Code, Building, provides that the purpose of the construction codes is to establish the minimum requirements necessary to safeguard the public health, safety and general welfare through adequately designed and properly constructed buildings.

III. APPLICATION

Qualified applicants may certify the installation of replacement HVAC equipment by preparing an affidavit certifying that the installation of the replacement units complies with all codes, ordinances, rules and regulations; that the qualifier or designee personally inspected the specific job; and that the replacement equipment was installed according to the Florida Building Code, 2010, as amended, and the manufacturer's installation instructions. This affidavit must be presented to the Town of Jupiter Island Building Department.

Final inspections may still be requested by the contractor or property owner.

LICENSED AIR CONDITIONING OR
MECHANICAL CONTRACTOR
AFFIDAVIT
FOR A/C CHANGEOUT INSTALLATIONS

The Town of Jupiter Island offers inspections – call (772) 545-0150

To: Town of Jupiter Island, Martin County, Florida
Building Department
2 Bridge Road
Hobe Sound, FL 33455

Re: Permit No. _____

From: _____ (Contractor)
_____ (Contractor's Address)
_____ (Owner/s Name)
_____ (Property Address)

CERTIFICATION: *(Please check all that apply)*

___ Certification of Air Handler Change Out.

___ Certification of Condenser Unit Change Out.

___ Other _____

I, _____, am certified as an air conditioning or mechanical contractor (License No. _____) and do hereby certify that all installation work (as indicated above) has been performed at the above address in accordance with the Florida Building Code, 2010, as amended, and the Manufacturer's Specifications. I understand that the Town of Jupiter Island offers Mechanical inspections. I have notified the owner of the property of this affidavit.

Signature of Qualifier

Date

STATE OF FLORIDA, COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this _____ (date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

(SEAL)

Signature of person taking acknowledgement: _____

Name - typed, printed or stamped _____

Title or rank _____ Serial number, if any _____