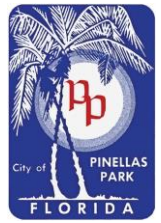


CITY OF PINELLAS PARK BUILDING DEVELOPMENT DIVISION

Phone: 727-369-5647

Fax: 727-369-5839



A/C CHANGEOUT APPLICATION

PROJECT ADDRESS _____ PERMIT # _____

PROPERTY OWNER _____ PHONE # () _____ - _____

ADDRESS _____ CITY _____ ZIP _____

COMPANY _____

STATE LICENSE # _____ PCCLB # _____

ADDRESS _____ CITY _____ ZIP _____

QUALIFIER _____ PHONE () _____ - _____ FAX () _____ - _____

CHECK APPLICABLE

____CHANGEOUT CONDENSER

____CHANGEOUT AIR HANDLER

Manufacturer _____

Manufacturer _____

Model Number _____

Model Number _____

AHRI Reference Number _____

AHRI Reference Number _____

***Units will be checked for compatibility requirement or an Engineer's letter is required at Inspection per Florida Building Code R101.4.7**

____EXISTING CONDENSER (To Remain)

____EXISTING AIR HANDLER (To Remain)

Manufacturer _____

Manufacturer _____

Model Number _____

Model Number _____

AHRI Reference Number _____

AHRI Reference Number _____

UNIT TONNAGE _____

VALUATION OF PROJECT \$ _____

IT IS UNDERSTOOD THAT AS PRESCRIBED BY ARTICLE 9 OF THE CITY OF PINELLAS PARK LAND DEVELOPMENT CODE THAT NO LAND, BUILDING ERECTED, OR STRUCTURES ALTERED MAY BE OCCUPIED OR USED UNTIL SUCH TIME AS A CERTIFICATE OF OCCUPANCY / COMPLETION HAS BEEN ISSUED BY THE BUILDING DEVELOPMENT DIVISION.

SIGNATURE _____ PRINT _____

DATE _____ REVIEW FEE \$ _____

Is this a Medical Related Business: Yes/No
If Yes, What? _____