



# CITY OF PINELLAS PARK BUILDING DEVELOPMENT DIVISION

Phone: 727-369-5647 Email: [buildingdevelopment@pinellas-park.com](mailto:buildingdevelopment@pinellas-park.com)

## A/C CHANGEOUT APPLICATION

PROJECT ADDRESS \_\_\_\_\_ PERMIT # \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

COMPANY \_\_\_\_\_

STATE LICENSE # \_\_\_\_\_ PCCLB # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

QUALIFIER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL \_\_\_\_\_

### 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 R101.4.2**

\_\_\_ 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 \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PRINT \_\_\_\_\_

DATE \_\_\_\_\_

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