SEMINOLE TRIBE OF FLORIDA
TRIBAL INSPECTOR'S DEPARTMENT
6363 TAFT ST. SUITE 308 | HOLLYWOOD, FL. 33024
OFFICE: (954) 894-1080 FAX: (954) 989-1571
EMAIL: BUILDINGDEPT@SEMTRIBE.COM

AIR CONDITIONING REPLACEMENT DATA FORM

Project Name: _____

Job Address: _____

Please complete the data tables below

Data	Existing Unit (1)	New Unit
Manufacturer		
Size (Tons) SEER (2) / EER (2)		
Package / Heat Pump Model #		
Condensing Unit Model #		
AHU Model #		
Model #		
KW Heat Strip		

Minimum Circuit Amps	c/u		ahu/pkg		c/u		ahu/pkg	
Maximum Overcurrent Protection	c/u		ahu/pkg		c/u		ahu/pkg	
Size of Disconnect	c/u		ahu/pkg		c/u		ahu/pkg	

(1) Provide equipment sizing calculations if existing unit data is not available (ACCA Manual N, J, etc.)

(2) Provide AHRI Certificate

Will a new stand, curb, or curb adapter be installed?	Yes		No	
Will a duct smoke detector be installed or reconnected?	Yes		No	
Is the duct smoke detector connected to a Fire Alarm Panel?	Yes		No	
Will the A/C location be the same?	Yes		No	

Company Name	
FL State or County License #	
Qualifier's Signature	

***** BE ADVISED THIS FORM DOES NOT RELIEVE THE APPLICANT FROM APPLICABLE SECTIONS OF THE CODE *****