



**TOWN OF LAKE PARK  
BUILDING DIVISION  
PHONE: 561 881-3318 FAX: 561 881-3323**

**Air Conditioning Replacement Data**

Permit Number: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

**Please fill in all information:**

Make: \_\_\_\_\_ Package unit model #: \_\_\_\_\_ KW \_\_\_\_\_

Make: \_\_\_\_\_ Air Handler model # \_\_\_\_\_ KW \_\_\_\_\_

Make: \_\_\_\_\_ Condensor unit model # \_\_\_\_\_

**Please answer yes or no to "all" of the following questions  
(Do not leave any questions blank)**

1) Will this be an exact change out?  
(Provide heat load calculations for a change in tonnage or K.W. of heat) \_\_\_\_\_

2) Will electric work be done on the line side of disconnect?  
(Electrical permit is required if yes) \_\_\_\_\_

3) Will a smoke duct detector be installed or replaced?  
(Required to be installed if over 2000 CFM for Commercial applications) \_\_\_\_\_

4) Will a new heat recovery unit be installed? \_\_\_\_\_

5) Will an existing heat recovery unit be reinstalled? \_\_\_\_\_

6) Will ductwork be installed or replaced? \_\_\_\_\_

7) Will a new support stand be installed on the roof?  
(If yes, an engineers sealed drawing for anchoring is required)  
An approved ladder will be required for all attic and rooftop inspections. \_\_\_\_\_

**I do swear that the information provided on this form is correct.**

Qualifier's Signature: \_\_\_\_\_

Contractors License number: \_\_\_\_\_

Approved by: \_\_\_\_\_

*"This form must be posted with permit card"*