



SEMINOLE TRIBE OF FLORIDA
TRIBAL INSPECTOR'S DEPARTMENT
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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 | |
| Will a new A/C pad be installed? | 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 ***