

INDIAN RIVER SHORES BUILDING DEPARTMENT

A/C CERTIFICATION FORM

Email this completed form along with 3 or more detailed pictures** of the installation each unit To: inspections@irshores.com. Please include the permit number in the subject line.

Note: Installations will be inspected for compliance with the Florida Building Code.

OWNER: _____ A/C PERMIT # _____

JOB ADDRESS: _____ BLDG # _____ SUITE # _____

DATA	EXISTING UNIT		NEW UNIT		
Condenser Model					
Max overcurrent protection / Breaker Size	/		/		
Air Handler Model					
Max overcurrent protection / Breaker Size	/		/		
Package Unit Model					
Max overcurrent protection / Breaker Size	/		/		
Manufacturer					
EER/SEER					
KW Heat					
Nominal Tons					
Refrigerant Line Sizes	/	&	/	/	&
Sealed Duct Work		YES	NO		YES
Condensing unit Roof Mounted		YES	NO		YES
Condensing unit Ground Mounted		YES	NO		YES
Submit: Form-A1 Duct Inspection Cert.			YES*		

*Required

**Picture examples: Unit label, heat strip ID, float switches, supports/anchoring, lines, plenum, outdoor unit #ID, etc.

Company Name _____ Email _____

Contractor License Number _____

I, _____, certify that all the foregoing information is
accurate

Qualifier (print)

and that all work has been done in compliance with all the applicable laws regulating
construction and zoning.

_____ DATE: _____

QUALIFIER (signature) NOTARY REQUIRED

STATE OF FLORIDA COUNTY OF INDIAN RIVER

The forgoing document was acknowledged before me this _____ day of _____, 20 _____,
by _____ who is personally known to me or who has produced
_____ as identification.

(Affix seal)

Notary Public