



TOWN OF PALM BEACH

Planning, Zoning & Building Department

A/C CHANGEOUT INSTALLATION CERTIFICATION FOR LICENSED CONTRACTORS ONLY

I. PURPOSE. The purpose of this Policy is to provide a method for certifying the installation of replacement Air Handlers and Condensing Units upon issuance of a Town permit. **This policy applies only to licensed Air Conditioning Contractors or Mechanical Contractors.**

II. AUTHORIZATION. Chapter 1, Section 101 of the Florida Building Code, Building, provides that the purpose and intent of the construction codes is to establish the minimum requirements necessary to safeguard the public health, safety and general welfare through adequately designed and properly constructed buildings.

III. APPLICATION. Qualified applicants may certify the installation of replacement HVAC equipment by preparing an affidavit certifying that the installation of the replacement units complies with all codes, ordinances, rules and regulations; **that the qualifier or designee personally inspected the specific job**; and that the replacement equipment was installed according to the Florida Building Code, as amended, and the manufacturer's installation instructions. This affidavit must be presented to the Town of Palm Beach Building Division. **Final Inspections may still be requested by the contractor or property owner.**

**LICENSED AIR CONDITIONING OR MECHANICAL
CONTRACTOR AFFIDAVIT**

FOR A/C CHANGEOUT INSTALLATIONS

The Town of Palm Beach offers inspections – call (561) 838-5431

To: Town of Palm Beach Building Department, 360 S. County Rd., Palm Beach, FL 33480

Re: Permit No. _____

From: _____ (Contractor)
_____ (Contractor's Address)
_____ (Owner/s Name)
_____ (Property Address)

CERTIFICATION: (Please check all that apply)

___ Certification of Air Handler Changeout.

___ Certification of Condenser Unit Changeout.

___ Other _____

I, _____, am certified as an air conditioning or mechanical contractor (License No. _____) and do hereby certify that all installation work (as indicated above) has been performed at the above address in accordance with the Florida Building Code, as amended, and Manufacturer's Specifications. I understand that the Town of Palm Beach offers mechanical inspections. I have notified the owner of the property of this affidavit.

Signature of Qualifier

Date

STATE OF FLORIDA, COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ (date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath. (SEAL)

Signature of person taking acknowledgement _____

Name of officer taking acknowledgement - typed, printed or stamped _____

Title or rank _____ Serial number _____