



Community Development Department Building Construction Division

18400 Murdock Circle | Port Charlotte FL 33948
Building Phone: 941.743.1201 | Building Fax: 941.764.4907
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598
BuildingConstruction@CharlotteCountyFL.gov
CharlotteCountyFL.gov

For Office Use Only

Permit Number _____
20 _____
Application Date _____
CSR Initials _____

HVAC REPLACEMENT APPLICATION FOR COMMERCIAL BUILDINGS Florida Building Code 8th Edition (2023)

Job Site Details

Description of work to be done _____

Address: _____
Number & Street Type:(St., Dr., Pkwy., Blvd., etc.) City State Zip

Parcel ID: _____ Building #: _____ Unit #: _____

This building will be used as _____

A/C (Tons): _____ Heat(kw): _____ Construction Cost (excluding lot but including labor): _____

Owner Information

Name: _____

Address: _____
Number & Street Type:(St., Dr., Pkwy., Blvd., etc.) City State Zip

Email: _____ Phone No. : _____

Contractor Information

Name: _____

Address: _____
Number & Street Type:(St., Dr., Pkwy., Blvd., etc.) City State Zip Code

Email: _____ Phone No. : _____

Contractor's License No.: _____ Fax No.: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

Owners Affidavit: I hereby certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE FIRST INSPECTION.

IF YOU INTENT TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

NOTICE: In addition to the requirement of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this County, and there may be additional permits required from other governmental entities such as water management districts, state, or federal agencies.

Under penalties of perjury I declare that I have read the foregoing document and that facts stated are true, correct and in compliance with the applicable regulations. F.S.92.525

Contractor/Owner Builder Signature: Date:

Print Name: _____

(Owner's signature only if owner is acting as contractor. **An Owner-Builder Disclosure Statement will be required)

NOTICE: Permit is void if construction is not started within 180 days or does not receive an approved inspection within 180 days from date of issue. An approved inspection will extend the permit for an additional 180 days. Starting work prior to issuance of a permit may result in a penalty fee of up to four times the permit fee.



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Plans must be supplied and additional criteria may apply if property is located in the Charlotte Harbor CRA. If so, the project must meet the CRA Design and Community Standards. For more information call Zoning on (941) 743-1964.

Please note, correct licensure is required to perform each task.

Two copies of the completed permit application form. All commercial alterations, remodels or additions with duct work require plans review. FBC, Energy Conservation.

Residential buildings not more than three stories above grade shall meet the Residential Provisions of Chapters 1 thru 5.

Residential Multifamily and Commercial buildings shall meet the Commercial Provisions of Chapters 1 thru 5.

Existing mechanical systems undergoing alterations shall comply with Section 301.11 of the Florida Building Code, Mechanical.

Existing buildings shall meet the criteria in Table 101.4.1 FBC, Energy Conservation, as appropriate to the condition described.

WHEN REPLACING BOTH THE AIR HANDLER & CONDENSER AND CHANGING BTUH CAPACITIES

Provide with permit application heating/cooling load calculations per ACCA, manual "J" for residential and small commercial, manual "N" for large commercial.

Provide certification of Mandatory Duct Inspection before or at final inspection

WHEN REPLACING ONLY ONE COMPONENT EITHER THE AIR HANDLER OR CONDENSER (provide documentation)

New unit, either outdoors or indoors, shall be designed/sized to be operated with existing remaining unit to produce the same SEER/EER/COP rating as the existing original system. This match shall be verified by any one of the means listed below. Original of verification shall be included in the permit application.

The replacement unit shall be certified for capacity and efficiency by one of the following: (check one and submit with permit application)

- ARI Rating
- ARL or other recognized testing laboratory
- Letter from Mechanical Engineer, Florida Registration number: _____
- Manufacturer's letter

SPECIFY MOUNTING METHOD FOR EACH UNIT (ROOFTOP, FLOOR, SUSPENDED, OTHER) EXIST: _____ NEW: _____

If new unit is rooftop mounted or suspended from existing structure and the weight (lbs) of the new unit exceeds weight of the existing unit by more than 5%, the supporting structural components shall be evaluated by a Florida Registered Professional Engineer for compliance with the requirements of the Florida Building Code-Building. PROVIDE WEIGHT in lbs: (EXIST) _____ NEW: _____

- If a new roof curb or curb adapter is required, provide manufacturer's detail showing new curb or curb adapter installed to meet new dead, live and wind loads. In lieu of manufacturer's details, Florida registered engineer's original signed sealed details can be provided.
- Provide engineer's original signed sealed evaluation report and/or required structural upgrade details with the application (if not size for size).
- New RTU will fit existing roof curb. Provide manufacturer detail/s showing attachment of new RTU to existing curb to meet applicable dead, live and wind loads. In lieu of manufacturer's details, Florida registered engineer's original signed sealed details can be provided.

PROVIDE NOMINAL TONNAGE OF EXISTING & NEW UNITS EXIST: _____ NEW: _____

PROVIDE ACTUAL TOTAL BTU/H CAPACITY OF EXISTING UNIT & NEW UNIT EXIST: _____ NEW: _____

PROVIDE ELECTRICAL FOR EACH NEW COMPONENT: VOLTAGE, AMPERAGE BREAKER SIZE? EXIST: _____ NEW: _____

PROVIDE ENERGY EFFICIENCY RATING PER ENERGY CODE TABLE C403.2.3(1)(2) OR (3) (SEER, EER, HSPF, COP) EXIST: _____ NEW: _____



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CHARACTERISTICS OF UNIT/S

WHERE QUESTION/S IS/ARE NOT APPLICABLE, FILL IN BLANK (S) WITH "N/A"

COMMENTS

EXISTING SYSTEM-ELECTRICALLY OPERATED SPLIT SYSTEM?	<input type="checkbox"/>	_____
NEW SYSTEM ELECTRICALLY OPERATED SPLIT SYSTEM?	<input type="checkbox"/>	_____
EXISTING SYSTEM ELECTRICALLY OPERATED PACKAGED UNIT?	<input type="checkbox"/>	_____
NEW SYSTEM ELECTRICALLY OPERATED PACKAGED UNIT?	<input type="checkbox"/>	_____
EXISTING S. HEAT PUMP? (AIR SOURCE, WATER SOURCE,GEOTHERMAL, OTHER)	<input type="checkbox"/>	_____
EXISTING SYSTEM OTHER THAN PACKAGE OR SPLIT? EXPLAIN	<input type="checkbox"/>	_____
NEW SYS. HEAT PUMP? (AIR SOURCE, WATER SOURCE,GEOTHERMAL, OTHER)	<input type="checkbox"/>	_____
REPLACING BOTH AIR HANDLER AND CONDENSING UNITS?	<input type="checkbox"/>	_____
REPLACING AIR HANDLER ONLY?	<input type="checkbox"/>	_____
REPLACING CONDENSING UNIT ONLY?	<input type="checkbox"/>	_____

MANUF. NAME & MODEL/SERIAL NUMBER OF ALL NEW & EXISTING EQUIPMENT.

EXIST: _____

NEW: _____

DUCTWORK MODIFICATION REQUIRED?

*IF MODIFICATIONS TO DUCTWORK ARE REQUIRED, PROVIDE COMPLETE DUCT LAYOUT

BTU/H CAPACITY: If tonnage of new unit is less than or greater than tonnage of the existing system, provide detailed explanation as to why the difference.

Authorized Representative Name and Title: _____

Signature

Title

Date