

TOWN OF GLEN RIDGE
1501 GLEN RD
GLEN RIDGE, FL 33406
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Florida HVAC Efficiency Card Form

Required for REPLACEMENT of mechanical equipment. This information must be posted on job site. Two (2) copies are required.

Property Address: _____

AIR CONDITIONING SYSTEM

SEER: _____ EER: _____

DOE covered products are central, air-source, one-phase systems having capacities under 65,000 BTUH

REPLACEMENT SYSTEM TECHNICAL INFORMATION

Manufacturer _____

Air Handler Model No. _____

Condenser Unit Model No. _____

Voltage _____

Voltage _____

Heat Strip _____

Size tons _____

Min. Circuit Ampacity _____

Min. Circuit Ampacity _____

HACR Breaker / Fuse Size

HACR Breaker / Fuse Size

Min. _____ Max _____

Min. _____ Max _____

Wire Size _____ A.W.G.

Wire Size _____ A.W.G.

Additional information is required if the Air Handler is equipped with one or more evaporator coil.

Evaporator Coil Unit Model Number _____

EXISTING SYSTEM TECHNICAL INFORMATION

Manufacturer _____

Air Handler Model No. _____

Condenser Unit Model No. _____

Voltage _____

Voltage _____

Heat Strip _____

Size tons _____

Min. Circuit Ampacity _____

Min. Circuit Ampacity _____

HACR Breaker / Fuse Size

HACR Breaker / Fuse Size

Min. _____ Max _____

Min. _____ Max _____

Wire Size _____ A.W.G.

Wire Size _____ A.W.G.

Additional information is required if the Air Handler is equipped with one or more evaporator coil.

Evaporator Coil Unit Model Number _____

I, hereby certify that information entered on this form is the accurate representation of the systems installed.

Signature of Applicant _____ Date _____