



INDIAN RIVER COUNTY/ CITY OF VERO BEACH
BUILDING DIVISION

1801 27th Street, Vero Beach, FL 32960 772-226-1260

A/C Replacement Permit Checklist

- **A completed Indian River County City of Vero Beach A/C Permit Application.**
- **Owner/Builder Disclosure Statement when applicable.**
- **Documentation that verifies job value. Examples include a copy of the signed contract between the owner and contractor or a signed estimate, etc.**
- **Auto Issuance A/C Permits are available on the customer portal. Any Residential or Commercial A/C Replacement that meets any of the below criteria must be submitted either in person or via the Customer Portal or Electronic submittal using the Standard A/C Replacement Permit Application.**
 - **Unit Exceeds 2,000 CFM Capacity (mo e Test Inspection Required)**
 - **If installation of A/C System is in a Commercial Building that has a Fire Alarm System a Fire Department Review is required.**
 - **New A/C System for previously un-conditioned space. Energy Code Calculation required to be submitted for review and duct layout detail. 2 copies are required for review.**
- **Applicants are advised that Roof Top Unit Installations require submittal of signed and sealed Tie Down Details from a Florida Licensed Design Professional for review. Detail must specific to Wind Zone and Exposure Category of the structure. 2 copies are required for review.**
- **Please complete all sections of the application for review.**
- **A Recorded Notice of Commencement (NOC) preferred to be submitted with application but must be submitted prior to first inspection if job value exceeds \$7500.**
- **If scope of work includes multiple A/C unit replacements on a single building, applicant will need to provide a location sketch numbering and/or identifying the units to be replaced.**
- **Applicants are advised that Building Permit Applications are considered incomplete until all other IRC COVB Departments and other overnmental agency reviews are completed and approved. The Building Permit Application will be routed to other departments, even if considered incomplete, in order to expedite the review process. The Building Permit Application review and approval time cloc does not start until the application is deemed a Complete Application.**

*Additional documents may be requested at any time during the permitting process.
For Permitting and Submittal Questions please contact the Building Division at 772-226-1260.*



AIR-CONDITIONING/HEATING PERMIT APPLICATION
INDIAN RIVER COUNTY/CITY OF VERO BEACH BUILDING DIVISION
 All work must comply with Current Florida Building Code

SCOPE OF WORK: NEW REPLACEMENT

Parcel #: _____ JOB ADDRESS: _____

JOB DESCRIPTION: _____

Owner: _____ Phone: _____

Contractor: _____ Phone: _____

Email: _____ Contractor FAX: _____

Contractor License Number: _____ IRC Certificate #: _____

Engineer: _____ Phone: _____ Email: _____

JOB VALUE: _____ RESIDENTIAL COMMERCIAL

Notice of Commencement required if job value to repair or replace air conditioning system is over \$7,500, unless this work is part of a project with a building permit exceeding \$2,500.

AIR-CONDITIONING/HEATING EQUIPMENT (check all applicable boxes below)

PACKAGE UNIT SPLIT SYSTEM AIR HANDLER ONLY* CONDENSING UNIT ONLY*

*Note: Matched systems are required; select one of the following means:

AHRI Data Accredited Laboratory Manufacturer's Letter Letter from registered P.E., State of Florida

Roof top installations requires signed and sealed tie down details from a Florida Licensed Engineer that are specific to wind zone and exposure category of the building

PACKAGE UNIT OR CONDENSER MODEL: Multiple Units

BTU RATING: _____

AIR HANDLER MODEL: _____

SIZE (TON): _____

SIZE (TON): _____

EER OR SEER RATING: _____

ELECTRIC HEAT KW: _____

HEATING EQUIPMENT: Be sure to mark the kW rating on air handler to verify the over-current protection.

Please Select Any of the Below that Apply to A/C System

Unit Exceeds 2,000 CFM Capacity (Smoke Test Inspection Required)

Installation of A/C System is in a Commercial Building that has a Fire Alarm System.

New A/C System for previously un-conditioned space. Energy Code Calculation required for review along with duct layout.



INDIAN RIVER COUNTY/ CITY OF VERO BEACH BUILDING DIVISION

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 the issuance of a permit, and that all work will be performed to meet the standards of all laws regulating construction, insurance, and worker's compensation. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONER, ETC. Properties on which earth spills or other debris falls shall be cleaned immediately. All streets, sidewalks, and curbs damaged due to this construction shall be repaired to the satisfaction of the Engineering Department prior to the issuance of Certificate of Completion. IN APPLYING FOR THIS PERMIT, I HEREBY ATTEST THAT I HAVE THE KNOWLEDGE AND UNDERSTANDING OF ALL THAT IS REQUIRED BY THE FLORIDA BUILDING CODE AND ALL LAWS AND REGULATIONS PERTAINING TO PERFORMING AND COMPLETING THIS TYPE OF WORK.

OWNER'S AFFIDAVIT: I 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 THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner Signature

Contractor Signature

Acknowledgement for Person in an Individual Capacity

State of Florida, County of _____ The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20 _____ by _____

who is personally known or produced identification Type of ID Produced _____ Printed Name of Notary _____ Signature of Notary _____ Notary Seal

State of Florida, County of _____ The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20 _____ by _____

who is personally known or produced identification Type of ID Produced _____ Printed Name of Notary _____ Signature of Notary _____ Notary Seal

Acknowledgement for Person in a Representative Capacity

State of Florida, County of _____ The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20 _____, by _____ (Name of Person) as _____ (Explain

Representative Capacity) for _____ (Name of Party on Behalf of Whom Instrument was Executed).

who is personally known or produced identification Type of ID Produced _____ Printed Name of Notary _____ Signature of Notary _____ Notary Seal

State of Florida, County of _____ The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20 _____, by _____ (Name of Person) as _____ (Explain Representative

Capacity) for _____ (Name of Party on Behalf of Whom Instrument was Executed).

who is personally known or produced identification Type of ID Produced _____ Printed Name of Notary _____ Signature of Notary _____ Notary Seal