

SEMINOLE TRIBE OF FLORIDA



TRIBAL INSPECTOR'S DEPARTMENT **AIR CONDITIONING REPLACEMENT SHEET**

JOB NAME: _____ PROCESS #: _____

ADDRESS: _____

EXISTING EQUIPMENT

PACKAGE UNIT MODEL #: _____

MINIMUM CIRCUIT AMPS: _____ MAX. OVER CURRENT PREVENTION: _____

CONDENSER MODEL #: _____

MINIMUM CIRCUIT AMPS: _____ MAX. OVER CURRENT PREVENTION: _____

A.H.U. MODEL #: _____ HEAT STRIP K.W. _____

MINIMUM CIRCUIT AMPS: _____ MAX. OVER CURRENT PREVENTION: _____

1. SHOW WIRE SIZE: _____ TYPE : _____ (TW OR THW)

2. SIZE OF DISCONNECT CIRCUIT BREAKER OR FUSE: _____

3. DISCONNECT READILY ACCESSIBLE: YES ___ NO ___

NEW EQUIPMENT

PACKAGE UNIT MODEL #: _____

MINIMUM CIRCUIT AMPS: _____ MAX. OVER CURRENT PREVENTION: _____

CONDENSER MODEL #: _____

MINIMUM CIRCUIT AMPS: _____ MAX. OVER CURRENT PREVENTION: _____

A.H.U. MODEL #: _____ HEAT STRIP K.W. _____

MINIMUM CIRCUIT AMPS: _____ MAX. OVER CURRENT PREVENTION: _____

(S). E.E.R. _____

1. SHOW WIRE SIZE: _____ TYPE : _____ (TW OR THW)

2. SIZE OF DISCONNECT CIRCUIT BREAKER OR FUSE: _____

3. DISCONNECT READILY ACCESSIBLE: YES ___ NO ___