

City of Pembroke Pines

Building Department - 601 City Center Way
Pembroke Pines, Florida 33025
Tel 954-435-6502



AIR CONDITIONING **EMERGENCY** REPLACEMENT PROCEDURES – 2024

BCAP 105.2.1 EMERGENCY REPAIRS.

Where equipment replacements and repairs must be performed in an emergency, the permit application shall be submitted within the next working business day to the *Building Official*.

PROCEDURE:

The contractor must send an email to the Chief Mechanical Inspector, David Deso, at ddeso@cgasolutions.com before any of the emergency replacement work begins.

Once the Air Conditioning Emergency Replacement Form has been completed and submitted into the Building Department, another email must be sent to the Chief Mechanical Inspector with the permit number.

Any contractor who fails to contact the Chief Mechanical Inspector prior to replacing air conditioning equipment and performs the work without a permit number will be subject to an After the Fact fee (two times the current fee plus \$100.00). In addition, a code compliance violation may be created against the homeowner and daily fines may apply.

Subject: "Broward County Uniform Data Form for Residential and Light Commercial Air Conditioning Replacements"

POLICY

Each permit application for a residential and light commercial air conditioning replacements, shall be submitted to all jurisdictions in Broward County using the attached "*Broward County Uniform Data Form for Residential and Light Commercial Air Conditioning Replacements*".

This form does not relieve the permit holder, building owner or contractor from complying with all and any applicable local regulations or ordinances related to zoning, flood prevention, fire prevention, etc.; or prohibits a Broward County jurisdiction from requiring additional information to be provided in relation to applicable local regulations or ordinances related to zoning, flood prevention, fire prevention, etc.

Use of the "*Broward County Uniform Data Form for Residential and Light Commercial Air Conditioning Replacements*" is mandatory countywide starting October 1, 2019.

See attached form.

Editor's note: This form was updated by vote of the Board of Rules and Appeals on November 14, 2019 and remains mandatory county-wide.

Broward County Uniform Data Form for Residential and Light Commercial Air Conditioning Replacements*(All others, including cooling towers, chillers, refrigeration units, etc. must provide plans.)***EACH SYSTEM REQUIRES A FORM**

Job Name					
Address					
Unit #		City		FL	Zip Code

FILL IN APPLICABLE INFORMATION

Data	Existing Unit (1)	New Unit
Manufacturer		
Size (Tons) / SEER (2) /EER (2)		
Package/Heat Pump Model #		
Condensing Unit Model #		
AHU Model #		
Model #		
KW Strip Heat		

Minimum Circuit Amp	c/u		ahu/pkg		c/u		ahu/pkg	
Maximum Overcurrent Protection	c/u		ahu/pkg		c/u		ahu/pkg	
Size of Disconnect	c/u		ahu/pkg		c/u		ahu/pkg	

(1) Provide equipment sizing calculations if existing unit data is not available (ACCA Manual N, J, etc.)**(2) Provide AHRI Certificate**

Will a new stand, curb or curb adapter be installed?	YES		NO	
Will a duct smoke detector be installed or reconnected?	YES		NO	
Is the duct s/d connected to an Fire Alarm Panel?	YES		NO	
Will the A/C location be the same?	YES		NO	

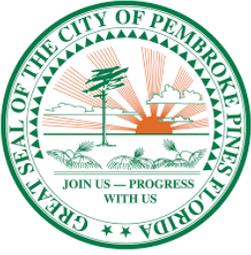
Company Name	
FL State or Co. License #	
Qualifier's Signature	

FOR BUILDING DEPARTMENT USE ONLY

Process or Permit #		Jurisdiction	
Approved by		Date	

Disclaimer:

1. This form does not relieve the applicant from compliance with all applicable sections of the Florida Building Codes.
2. Additional local regulations might be applicable, i.e. zoning, flood and fire prevention, etc.



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AIR CONDITIONING EMERGENCY REPLACEMENT FORM

CONTRACTOR INFORMATION

Company Name _____

Contact Person _____

Phone Number _____

ADDRESS WHERE AIR CONDITIONER IS BEING REPLACED

Address _____

Suite/Apt # _____

Zip Code _____

Homeowners Association Information (HOA):

HOA Name: _____

Contact Person: _____

Contact Phone #: _____

Contact email address: _____

TO BE COMPLETED BY THE CHIEF MECHANICAL INSPECTOR

Approved Denied

Comments:

Authorization:

Print Name

Signature

Date _____