



## City of Pembroke Pines

10100 Pines Blvd, Pembroke Pines, FL 33026 | Tel#954-435-6502 | Fax#954-435-6749

### Cover Sheet for Permits Submitted Online

All permits that may be submitted online **must** include this completed cover sheet.

Check one the following:

- New Permit Submittal                       Re-Submittal for Corrections

Type of permit:

- A/C Change Out (Replacement)    Water Heater Replacement

Contractor's Company Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_



Calvin, Giordano & Associates, Inc.  
EXCEPTIONAL SOLUTIONS

Acceptable forms of payment include debit/credit card, check, or money order.  
Please make all checks/money orders payable to CGA.

Created 5/5/2014, KC



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### Checklist for Permits Submitted Online

#### Water Heater Replacement Requirements

Listed below are the requirements for water heater replacement permits submitted online:

- Complete Cover Sheet
- Notice of Commencement if job costs exceed \$2,500
- Complete Permit Application. Please make sure accurate job cost, gallon capacity of tank, and notarized signatures of **both** the qualifier and property owner are included.
- Complete Credit Card Authorization Form

Scan all of the required information and email to [whreplacements@cgasolutions.com](mailto:whreplacements@cgasolutions.com)

#### A/C Replacement Requirements

Listed below are the requirements for A/C replacement permits submitted online:

- Complete Cover Sheet
- Notice of Commencement if job costs exceed \$7,500
- Complete Permit Application. Please make sure accurate job cost, and notarized signatures of **both** the qualifier and property owner are included
- Complete Credit Card Authorization Form
- Mechanical / Air Conditioning Change Out Form
- Verification of the equipment's efficiency
- Anchoring details if applicable (required for commercial replacements)

Scan all of the required information and email to [acreplacements@cgasolutions.com](mailto:acreplacements@cgasolutions.com)



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### Credit Card Authorization Form

Please Provide the information listed below and submit to the Building Department

Permit or Process Number \_\_\_\_\_ Job Address \_\_\_\_\_

Cardholder Name (As it appears on the card) \_\_\_\_\_

Company Name \_\_\_\_\_

Type of Credit Card     MasterCard         Visa         American Express     Discover

Credit Card Number \_\_\_\_\_

CVM Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

I hereby certify that the information provided is true and I authorize Calvin Giordano, & Associates to charge my credit card. By signing below, I understand that my signature on this form will serve as the authorized signature on the credit card and agree to pay the fees that are due.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_



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Revised 5/5/2014, KC



**City of Pembroke Pines  
Building Division  
10100 Pines Boulevard, Pembroke Pines, Florida 33026  
Telephone: (954) 435-6502 / Fax: (954) 435-6749**

## MECHANICAL / AIR CONDITIONING CHANGE OUT

JOB NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOCATION WILL BE  SAME  DIFFERENT  AHU in garage / 2 FD's -OR- 1 Smoke Detector in Supply Duct

### EXISTING UNIT TO BE REPLACED

MAKE: \_\_\_\_\_ PACKAGE: \_\_\_\_\_  
MODL NO.: \_\_\_\_\_

CONDENSING UNIT MODEL NO.: \_\_\_\_\_ HEAT PUMP MODEL NO.: \_\_\_\_\_

AHU MODEL NO.: \_\_\_\_\_  GAS BTU'S -OR- KW STRIP HEAT \_\_\_\_\_ COIL NO.: \_\_\_\_\_  
(check one)

**MINIMUM CIRCUIT AMPS:** PACKAGE: \_\_\_\_\_ AHU: \_\_\_\_\_ CONDENSER: \_\_\_\_\_

**MAXIMUM OVERCURRENT PROTECTION:** PACKAGE: \_\_\_\_\_ AHU: \_\_\_\_\_ CONDENSER: \_\_\_\_\_

SEER: \_\_\_\_\_ REF. LINES \_\_\_\_\_ SUCTION: \_\_\_\_\_ LIQUID: \_\_\_\_\_

### NEW UNIT BEING INSTALLED

MAKE: \_\_\_\_\_ PACKAGE: \_\_\_\_\_  
MODL NO.: \_\_\_\_\_

CONDENSING UNIT MODEL NO.: \_\_\_\_\_ HEAT PUMP MODEL NO.: \_\_\_\_\_

AHU MODEL NO.: \_\_\_\_\_  GAS BTU'S -OR- KW STRIP HEAT \_\_\_\_\_ COIL NO.: \_\_\_\_\_  
(check one)

**MINIMUM CIRCUIT AMPS:** PACKAGE: \_\_\_\_\_ AHU: \_\_\_\_\_ CONDENSER: \_\_\_\_\_

**MAXIMUM OVERCURRENT PROTECTION:** PACKAGE: \_\_\_\_\_ AHU: \_\_\_\_\_ CONDENSER: \_\_\_\_\_

SEER: \_\_\_\_\_ REF. LINES \_\_\_\_\_ SUCTION: \_\_\_\_\_ LIQUID: \_\_\_\_\_

1. House Service Size AMPS: \_\_\_\_\_ 2. Show Wire Size \_\_\_\_\_ (C/U) \_\_\_\_\_ (AHU) \_\_\_\_\_ TW \_\_\_\_\_ THW
3. Show Size Of Disconnect Switch, Circuit Breaker, Fuse Or Knife Switch (AMPS): \_\_\_\_\_ (C/U) \_\_\_\_\_ (AHU)
4. Is Local Disconnect Switch Within Sight Or Readily Accessible? \_\_\_\_\_ YES \_\_\_\_\_ NO
5. You **MUST** submit a copy of the PAGE from the ARI Standard Ratings Book. **BOOK DATE:** \_\_\_\_\_ TO \_\_\_\_\_.

**SIGNATURE OF QUALIFIER** \_\_\_\_\_

**CERTIFICATE NUMBER** \_\_\_\_\_