



City of Pembroke Pines

601 City Center Way, Pembroke Pines, FL 33025 | Tel#954-435-6502 |
Fax#954-435-6749

Cover Sheet for Permits Submitted Online

All permits Submitted online **Must** include this completed cover sheet.

Type of Permit:

- Residential Re-Roof Re-Submittal for Corrections
- 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



City of Pembroke Pines

601 City Center Way 2nd Floor, Pembroke Pines, FL 33026 | Tel#954-435-6502 | Fax#954-435-6749

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

Revised 5/5/2014, KC



City of Pembroke Pines
Building Division
601 City Center Way, Pembroke Pines, Florida 33025
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 _____

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.

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	
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Fill in applicable information

Data	Existing Unit (1)		New Unit	
Manufacturer				
SEER (2)/EER (2)				
Package/Heat Pump Model #				
Condensing Unit Model #				
AHU Model #				
Model #				
KW Strip Heat				
Minimum Circuit Amps	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	<input type="checkbox"/>	No	<input type="checkbox"/>
Will a duct smoke detector be installed or reconnected?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the duct s/d connected to an Fire Alarm Panel?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will the A/C location will be the same ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Company name	_____		
FL. State or Co. Licence #	_____		
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.