

AGOURA HILLS RESIDENTIAL HEATING AND AIR CONDITIONING PERMIT APPLICATION

(Due to the new State Energy Regulations this detailed information is required)

Project Address: _____

Owner: _____ Phone No: _____

Applicant: _____ Phone No: _____

Contractor: _____ Phone No: _____

Address: _____

License No: _____ Type: _____ Exp. Date: _____

Agoura Hills Business License No: _____ Valuation: _____

Description of work: _____

_____ Furnace/AC – Up to 100,000 BTU	_____ Air Handling Unit – Up to 2,000 cfm
_____ Furnace/AC – Up to 100,000-500,000 BTU	_____ Air Handling Unit – 2,000-10,000 cfm
_____ Furnace/AC – Over 500,000 BTU	_____ Air Handling Unit – Over 10,000 cfm
_____ Total Length of Air Inlets and Outlets	_____ Ventilation System
_____ Install, Relocate, Replace Vents	_____ Alteration of Exiting System
_____ Evaporative Cooler	

Check and/or fill in all applicable information;

Note: All of the alterations below require that duct testing and sealing be performed

- Installing or replacing A/C condensing unit. (Requires compliance with Sec.152 (b) 1.E
 - New location, Existing location
- Installing or replacing indoor evaporative coil. (Requires compliance with Sec.152 (b) 1.E
- New or replacement forced air furnace (FAU) (Requires compliance with Sec.152 (b) 1.E
- Adding or replacing >40' of ducting. (Requires compliance with Sec.152 (b) 1.D

Cooling Equip.	Make and Model #	Efficiency SEER	Cooling Load BTU/hr	Cooling Capacity BTU/hr
Condenser				
Coil				
Package				

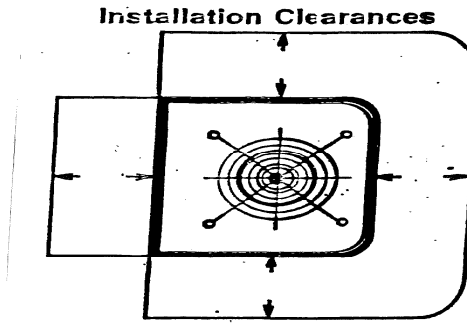
Refrigerant line set

Length of Line Set: _____

Size of Existing Line Set: _____ Suction Line: _____ Liquid Line: _____

Req. Size by Manufacturer: _____ Suction Line: _____ Liquid Line: _____

***Fill in spaces for all required clearances:**



Heating Equip.	Make and Model #	Efficiency AFUE	Heating Load BTU/hr	Heating Capacity BTU/hr
Upflow				
Horizontal				
Package				

List method used for sizing equipment. (Sec.144 of the 2005 Energy Regulations)

(Check one) ASHRAE Manual, SMACNA Manual, ACCA Manual

New or replacement ducting. (Min. R-6 duct insulation)

Duct location	Total Length	Duct R-value

Check compliance methods to be utilized.

- Duct sealing and diagnostic testing. (Field verification by a HERS rater req.)
- OR
- Equipment min. SEER-14, EER-12, (TXV or refrigerant charge) & .92 AFUE or .82 AFUE with added duct insulation. (Field verification by a HERS rater req.)
- OR
- Utilize performance approach (calculated). Sec. 151(b)2
- Thermostatic expansion valve (TXV). (Field verification by a HERS rater req.)
- OR
- Refrigerant charge measurement. (Field verification by a HERS rater req.)

NOTE: A CF-6R form will be required at time of inspection and a CF-4R form required from the HERS rater prior to final.

I, the undersigned, verify that the equipment, material and information noted above is correct and the actual equipment and materials to be utilized at the project address noted on this application.

Installing Contractor's Signature: _____ Date: _____