

City of Rockledge

BUILDING DEPARTMENT

Re: Permit # _____

HVAC Affidavit

I _____ licensed as a Mechanical Contractor/Engineer
(please print name and circle Lic. Type)

License #: _____

Understand outdoor and indoor units that are not designed to be operated together must meet the U.S. Department of Energy Certification requirements contained in Section 13-101.6 and 13-607.AB.3.1.1.

Matched systems are required; this match may be verified by any one of the following means;

1. ARI (AHRI) Date
2. Accredited Laboratory
3. Manufactures Letter
4. Letter from registered P.E. State of Florida.

Signature

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20_____

By _____

Notary Public, State of Florida

(Print, type or stamp name)

Commission No.: _____

Personally Know _____ or

Produced Identification _____

Type of Identification produced _____