



**CITY OF  
SANTA CLARITA  
BUILDING &  
SAFETY**  
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# FAU/HVAC Equipment Change out Permit Application

**BIN #**

**4A**

*Please complete all fields that apply to the project.  
(Bold Line areas require information or N/A)*

<b>PROJECT / OWNER NAME:</b>		<b>PERMIT #(s):</b>	
<b>PROJECT ADDRESS:</b>		<b>VALUATION: \$</b>	
<b>PHONE #:</b>	<b>UNIT#:</b>		
<b>DESCRIPTION OF WORK:</b>			
<b>HERS DUCT TEST REQUIRED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>HERS TXV VERIFICATION REQUIRED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>CONTRACTOR COMPANY:</b>		<b>CONTRACTOR NAME:</b>	
<b>MAILING ADDRESS:</b>			<b>PHONE #:</b>
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>	<b>CELL #:</b>
<b>LICENSE #:</b>	<b>CLASS #:</b>	<b>EXP. DATE:</b>	<b>FAX #:</b>
<b>WC COMPANY:</b>	<b>POLICY #:</b>	<b>EXP. DATE:</b>	<b>EMAIL:</b>

**(A) \* HVAC UNITS\***

QTY	DESCRIPTION
	Condensers SEER BTU
	Cooling Towers BTU
	Direct Vent Space Heat BTU
	Floor Furnace BTU
	Heat Pumps BTU
	Package Units BTU
	Refrigeration Compressors
	Refrigeration Evaporators
	Suspended Space Heat BTU
	Wall Furnace BTU
	Warm Air Furnace %AFUE BTU

**(B) \* AIR INLETS & OUTLETS\***

QTY	DESCRIPTION
	Ducts (Inlets & Outlets) Per Sq. Foot
	Ducts (Inlets & Outlets) Per Unit

**(D) \* COMMERCIAL EQUIPMENT\***

QTY	DESCRIPTION
	Boilers
	Compressors
	Dust Control System
	Environmental Equipment
	Heat Recovery Systems

**DUCT TEST EXEMPTION REQUEST**

I request an exemption from the requirement for a HERS third party duct test under the following exemption.

Less than 40 feet of total duct located in unconditioned space.

Ducts made with asbestos or insulated with asbestos.

Installing a new A.C. unit with 14 or higher SEER and new furnace with .92 or higher AFUE.

To be completed if requesting an exemption under the 40 foot duct rule as checked above. Please indicate all existing and/or new ducting in unconditioned spaces (attics, crawl space).

<u>ROOM</u>	<u>DUCT LENGTH</u>
1. _____	_____ FT.
2. _____	_____ FT.
3. _____	_____ FT.
4. _____	_____ FT.
5. _____	_____ FT.
6. _____	_____ FT.
7. _____	_____ FT.
8. _____	_____ FT.
9. _____	_____ FT.
10. RETURN AIR DUCT	_____ FT.
<b>TOTAL DUCT LENGTH:</b>	_____ FT. <b>(Must be less than 40 ft.)</b>

I certify that either a) I (or my authorized agent) have measured the ducting at the above project address and the lengths indicated are true and correct, or b) the ducts or their insulation contain asbestos.

Signed \_\_\_\_\_ (Contractor or Owner) Date \_\_\_\_\_