

## City of Boynton Beach Building Division

### Instant Permit

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE COMMENCEMENT.**

**"NOTICE:** IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY SUCH AS THE REQUIREMENT FOR HOME OR PROPERTY OWNERS ASSOCIATION APPROVAL, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES OR FEDERAL AGENCIES."

**PROJECT NO.: INS-RAIR-2023.05.3411**

**ISSUE DATE: 5/17/2023**

**EXPIRATION DATE: 180 DAYS**

It is the responsibility of the permit holder of each phase of work to procure inspections as required and to verify approvals prior to proceeding to the next phase. No inspections will be performed unless permit card is displayed and approved plans are readily available.

A permit is considered NULL and VOID if an approved inspection is not received within six (6) months from the issuance of this permit or after the last approved inspection. 105.4 BBAAFBC

**PERMIT TYPE: Instant AC Permit**

**ADDITIONAL  
DESCRIPTION:**

**PROJECT ADDRESS: 2033 S SEACREST BLVD A, Boynton  
Beach, FL 33435**

**PCN:** 08434533490330010

**CONTRACTOR: Colossal Construction LLC**

**OWNER:** Federal National Mortgage Association

Instant AC Permit -

2023.05.3219

**See Expedited Residential Air Condition Change-Out Inspection Instructions on next page**

<b>Expedited Residential Air Condition Change-Out Inspection Instructions</b>
<b>Please read carefully for instruction on how to submit for your final inspection</b>
How to Submit for your Final Inspection
Required documents for your final inspection must be uploaded via SagesGov file request
1. Owner's Waiver of Individual Permit and Inspection (Signed and Notarized by the owner)
2. Contractor Installation Certification Checklist Affidavit (Signed and Notarized by the Qualifier)
<p>3. The following required color photographs:</p> <p><b>a. Addressing:</b></p> <p>i. Picture of the front of the property that shows the address</p> <p>ii. Condenser: Nameplate legible/clear enough to read, Anchors/Tie-Downs, Cap w/lock, Fuse for shutoff</p> <p><b>b. Air Handler:</b></p> <p>i. Legible picture of the Data/Name Plate for the Air Handling Unit with the correct size of the installed heater/required breaker size and Model Number listed on the application.</p> <p>ii. A full picture of the Air Handling Unit to show the Insulation, Float Switch, and Drain requirements have been met. (This may require more than one photo depending on the installation)</p> <p>iii. Picture of the Required Breaker Properly Labeled for the Unit it serves.</p>
<b>This process is for Exact Residential Air Conditioning Change-Out's Only</b>
<b>Contractors only, Owner Builders are not eligible for this program</b>

See next page for Owner Affidavit

## 1. OWNER'S WAIVER OF INDIVIDUAL PERMIT AND INSPECTION FOR THE MECHANICAL SYSTEM

As the owner of the residence, I hereby elect to have the work done under the **Instant Residential AC Permit Program**, and waive my right to a required inspection. I understand that I may be randomly selected and contacted for the arrangement of a Mechanical Inspection of the work performed by my Contractor. The Contractor has explained to me that I may select the traditional permitting and inspection process instead of the Random Inspection process. I hereby elect to participate in the **Instant Residential AC Permit Program**, and agree to allow a Mechanical inspection, if requested by the Boynton Beach Building Department.

Value of Job: \_\_\_\_\_ Jobs over \$15,000 require a recorded and certified copy of the NOC for inspection

(Attach Signed Contract)

Address of Residential Property: \_\_\_\_\_

City: BOYNTON BEACH Zip: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_

AS THE OWNER OF A RESIDENCE MENTIONED ABOVE, I HAVE READ THIS FORM THOROUGHLY AND MY SIGNATURE BELOW DEMONSTRATES MY UNDERSTANDING OF THE RANDOM INSPECTION PROGRAM.

**THIS SECTION MUST BE FILLED OUT COMPLETELY BY CONTRACTOR**		
	PREVIOUS COMPONENT	REPLACEMENT COMPONENT
<b>AIR HANDLER</b>		<b>Installation Date:</b>
Make & Model		
KW		
SEER		
<b>Condenser</b>		<b>Installation Date:</b>
Make & Model		
Tons		
SEER		
Air Handler ?      Condenser ?      Both Condenser & Air Handler ?		

Date \_\_\_\_\_ (IF NOT OWNER, BACKUP DOCUMENTATION REQUIRED)

Owner's Name:\_\_\_\_\_ Owner's Signature#\_\_\_\_\_

Qualifier/Agent Name

Print\_\_\_\_\_Signature\_\_\_\_\_

STATE OF FLORIDA, COUNTY OF PALM BEACH

The following instrument was acknowledged before me this\_\_\_\_\_day of\_\_\_\_\_, 20\_\_\_\_\_, by  
\_\_\_\_\_(Print Owner Name ), who is personally known to me or who has produced  
\_\_\_\_\_(Type of ID) as identification and who did / did not take an oath.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print Name of Notary Seal

See next page for Contractor Affidavit

**2. By checking the boxes you are stating that the work conforms to the Florida Building Code.**

**AIR HANDLING EQUIPMENT**

I certify that Electrical over current protection is correct for the unit sec M1307.1 FBC-R, Article 440.22 NEC 2014. (Any and all alterations to the circuitry or circuit breaker will require contractor to obtain a standard Mechanical permit with an Electrical sub-permit).

- I certify that unit working space complies with Article 110.26 NEC 2014 and Sec. M1305 FBC-R.
- I certify that the refrigerate line insulation complies with FEC 403.4
- I certify that the drain line insulation complies with FEC 403.4
- I certify that the Aux. pan, drain line, or float switch complies with Sec. M1411 FBC-R
- I certify that duct connection complies with FEC Sec. 403.3.2

**CONDENSER AND COMPRESSOR UNIT**

- I certify that the unit mounting and anchoring complies with Sec. M1307.2 FBC-R
- I certify that unit working space complies with Article 110.26 NEC 2014 and Sec. M1305 FBC-R
- I certify that Refrigerant line chase rodent protection complies with 301.17, FBC-M
- I certify that Outdoor refrigerant line insulation shall be UV rated Sec. 403.4.1 FEC
- I certify that this installation did not involve disconnect of a heat recovery unit.
- I certify that A/C equipment is at or above Base Flood Elevation.

**\*\* Code Sections are subject to change. Refer to current Codes & Amendments for a complete reference\*\***

I, \_\_\_\_\_, Qualifier do affirm and certify that the "Mechanical Unit" change out installed at \_\_\_\_\_ under the **Residential Changeout Permit Program** has been completed and verified for code compliance per the above code checklist, and certify that this equipment meets the standards of the current Florida Energy Conservation Code. Further, I certify that the installation of the equipment is at or above the finish floor elevation of the habitable area of the dwelling unit. By my signature below, I (the Qualifier) do hereby affirm and certify that the above applicable on-site installation checklist was completed on-site by trained, qualified personnel, and that the property owner was thoroughly informed of the availability of a separate individual permit with assured inspection, but knowingly selected the random code compliance inspection that may occur with the **Residential Changeout Permit Program**.

Date: \_\_\_\_\_

Qualifier Name: \_\_\_\_\_ Qualifier Signature: \_\_\_\_\_

License No.: \_\_\_\_\_ Installer's Name: \_\_\_\_\_

**STATE OF FLORIDA, COUNTY OF PALM BEACH**

The following instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (Print Name ), who is personally known to me or who has produced

\_\_\_\_\_ (Type of ID) as identification and who did / did not take an oath.

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Signature of Notary

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Print Name of Notary Seal