

Department of Inspections, Licenses, and Permits Plumbing Division

220 South Main Street Bel Air, Maryland 21014

410-638-3215 or plumbing@harfordcountymd.gov**HARFORD COUNTY PERMIT CENTER SYSTEM CHANGE-OUT FORM****UNITS BEING REPLACED****Circle Appropriate Type:**

HP Gas/AC Oil/AC AC Only
Other _____

Outdoor Unit

Model #: _____
Size: _____
If known Approx Eff: _____

Indoor Units

Model #: _____
Size: _____
If known Approx Eff: _____
Other Info: _____

Block House Load Calculation

Envelope Square Footage: _____

MCA (minimum circuit ampacity): _____
MOP (max overcurrent protection): _____

If either the MCA or the MOP on the unit being replaced do not match the new unit, an electrical permit is required.

Property Owner Information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Contractor Information:

Company: _____

Licensee: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

UNITS BEING INSTALLED**Circle Appropriate Type:**

HP Gas/AC Oil/AC AC Only
Other _____

Outdoor Unit

Model #: _____
Size: _____
If known Approx Eff: _____

Indoor Units

Model #: _____
Size: _____
If known Approx Eff: _____
Other Info: _____

This is a matched system

Yes / No

Required Cooling BTU's _____
Required Heating BTU's _____

MCA (minimum circuit ampacity): _____
MOP (max overcurrent protection): _____

SIGNATURE OF LICENSEE**DATE**