



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): _____

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): _____

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: _____

SIGNATURE OF LICENSEE

DATE