



Alachua County
Department of Growth Management
 10 SW 2nd Ave., Gainesville, Fl 32601
<http://growth-management.alachuacounty.us>

Questions? Contact the: **Building Division**
 building@alachuacounty.us

Tel. 352.374.5243
 Fax. 352.491.4510

HVAC CHANGE OUT AFFIDAVIT

Building Permit #: _____ Job Site Location: _____

2010 Florida Building Code (FBC)

FBC 101.4.7.1 Replacement HVAC Equipment

FBC 101.7.7.1.1 Duct sealing upon equipment replacement (mandatory)

AS THE CONTRACTOR OF RECORD

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric or mastic. (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary. (Section 101.4.7.1.1 exception 3)

Note: (Section 101.4.7.1.1 exception 3) Complete this section.

Air Testing Company Name: _____ **Air Testing Company License #** _____

Air Testing Company Phone Number: (____) - (____) - (____)

*****Leakage Rate and Copy of the Test Report required on site if system is tested*****

THIS DOCUMENT IS REQUIRED TO BE POSTED ON AIR HANDLER AT TIME OF INSPECTION

NAME OF CONTRACTOR: (PRINT) _____

NAME OF CONTRACTOR: (SIGNATURE) _____

CONTRACTORS LICENSE NUMBER: _____

DATE: _____ Contact Phone Number _____