

City of Anna Maria

REQUIRED DOCUMENTATION FOR OBTAINING A BUILDING PERMIT

Accessory Structure Checklist

The following items are required for submission of an accessory structures application:

1. Building Permit Application
 2. Contractor License
 3. Contractor Insurance, Liability and Worker's Compensation
 4. Subcontractor Forms with license and insurance information
 5. Surety Bond
 6. Staging Plan
 7. Product Approval Specification Sheet
 8. Impervious Coverage Calculation Worksheet
 9. Coastal A-Zone or Coastal V-Zone Design Certificate
 10. 2 Sets of signed, dated, and sealed plans
 11. Recorded Notice of Commencement with the permit number on it (contract cost is over \$2,500)
 12. 2 Copies of Current Legal Survey of the Property
-
- Dock (Seawall/Pilings/Boatlift) – 2 copies of survey showing the placement of dock, etc.
 - Driveway/Pavers – 2 copies of survey showing the placement of driveway/pavers
 - Fence – 2 copies of survey highlighting the placement of fence and utilities, a statement regarding easements, and product specifications for fence
 - Garage/Shed – 2 surveys showing the placement of garage/shed and engineered drawings
 - Pool/Spa – 2 copies of survey showing the placement of pool/spa, AHRI Certificate for heat pump, and dewatering plan
 - Pool Enclosure – 2 copies of survey showing the placement of enclosure and engineered drawings
 - Window/Door – 2 copies of drawing showing the placement of window/door with product approval specification sheet

City of Anna Maria
BUILDING DEPARTMENT
307 Pine Ave
Anna Maria, FL 34216
Phone: 941-708-6130 Fax: 941-708-6136



BUILDING PERMIT APPLICATION

OFFICE USE ONLY

PERMIT #: _____
Fees Due: \$ _____ Receipt #: _____
Approved by (plans reviewer): _____

REVIEWED UNDER FLORIDA BUILDING CODE SIXTH EDITION AND STATE STATUTES

APPLICATION MUST BE COMPLETED IN INK OR TYPED. ALL SIGNATURES MUST BE NOTARIZED

AMOUNT OF CONTRACT: \$ _____ IF CONTRACT/PRICE IS \$2,500 OR MORE, A RECORDED NOTICE OF COMMENCEMENT IS REQUIRED TO BE SUBMITTED PRIOR TO THE ISSUANCE OF THE PERMIT.

BRIEF DESCRIPTION OF PROPOSED WORK:

JOB SITE

STREET ADDRESS: _____
UNIT# _____
LOT(S) # _____ PARCEL# _____

BUILDING PERMIT APPLICANT

FL. LICENSE # _____
APPLICANT/QUALIFIER NAME: _____ PHONE: _____
COMPANY NAME _____ EMAIL: _____
STREET: _____ OTHER: _____
CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER IS APPLICANT

PROPERTY OWNER (required)

NAME AS ON PROPERTY RECORD: _____ PHONE: _____
COMPANY NAME: _____ EMAIL: _____
STREET: _____ OTHER: _____
CITY: _____ STATE: _____ ZIP: _____

TYPE OF CONSTRUCTION: _____ OCCUPANCY AND USE: _____
TOTAL # STORIES FROM GRADE: _____
FIRE SPRINKLERED? YES NO FLOOD ZONE FOR PROPOSED/EXISTING BLDG. _____

<50%: YES NO JUST VALUE: _____ YEAR BUILT: _____

BUILDING: CONFORMING NON-CONFORMING (IF NON-CONFORMING, FEMA IMPROVEMENTS/REPAIR APPLICATION PACKET IS REQUIRED)

ALTERATIONS

SIXTH ADDITION FBC- EXISTING BUILDING: ALTERATION LEVEL I II III

KITCHEN LIVING ROOM DINING ROOM # _____ BEDROOM(S) # _____ FULL BATH(S) # _____ 1/2 BATH(S)

OTHER/DESCRIPTION:

CITY OF ANNA MARIA APPLICATION FOR DEVELOPMENT PERMIT

By Ordinance the site shall be kept clean and materials will be kept secured from winds. The Contractor is responsible to effect compliant erosion control best management practices including but not limited to Silt Control Fencing. The applicant covenants that any damage to City property that results from the work performed under this permit shall be repaired at the sole cost of the Applicant. 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, and there may be additional permits required from other government entities such as water management districts, state agencies or federal agencies. If asbestos is present Contractor or Owner Builders shall inform the Department of Environmental Protection at 813.362.7600 and comply with Florida Statute 469.003. For all renovation or demolition work an asbestos affidavit is required to be signed, notarized and submitted to the DEP.

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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Property Owner Affidavit: I certify that all the information is accurate and complete. I certify that where required, all plans have been prepared by, or under the direct supervision of, an engineer registered and licensed by the state. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit. Note: If owner is applying for this permit as a contractor under F.S. 489.103 (and applicable Florida Building Code), said owner must personally appear at the City Building Department to sign this application form and submit a completed Owner Affidavit Form.

Owner Signature: _____ Print Name: _____

NOTARY of the State of Florida County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____ who is personally known to me or who has produced _____ as identification.

(Signature of Notary) SEAL

Contractor Affidavit: I certify that all the information is accurate and complete. I certify that where required, all plans have been prepared by, or under the direct supervision of, an engineer registered and licensed by the state. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit.

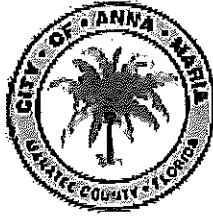
Contractor Signature: _____ Print Name: _____

NOTARY of the State of Florida County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____ who is personally known to me or who has produced _____ as identification.

(Signature of Notary) SEAL



**CITY OF ANNA MARIA
BUILDING DEPARTMENT**
10005 Gulf Drive, P.O. Box 779,
Anna Maria, Florida 34216

Phone (941) 708-6132 Fax (941) 708-6136

Sub-Contractor Verification Form

Street Address: _____ Date: _____

General Contractor: _____ Phone # _____

ELECTRIC Company Name _____
Mailing Address _____
Print Contractors Name _____ Phone # _____
Contractors Signature _____ License # _____
 Check if authorized agent signature

MECHANICAL Company Name _____
Mailing Address _____
Print Contractors Name _____ Phone # _____
Contractors Signature _____ License # _____
 Check if authorized agent signature

PLUMBING Company Name _____
Mailing Address _____
Print Contractors Name _____ Phone # _____
Contractors Signature _____ License # _____
 Check if authorized agent signature

ROOFING Company Name _____
Mailing Address _____
Print Contractors Name _____ Phone # _____
Contractors Signature _____ License # _____
 Check if authorized agent signature

GAS Company Name _____
Mailing Address _____
Print Contractors Name _____ Phone # _____
Contractors Signature _____ License # _____
 Check if authorized agent signature

This form must be signed by the license holder or an authorized agent when an original authorized agent signature form is submitted or on file.

BUILDING PERMIT# _____



CITY OF ANNA MARIA

SURETY BOND REQUIREMENT

As of March 17th 2014, a security bond in the minimum amount of \$25,000 will be required on permits for all new structures and other work where City property as set forth in COAM Code Section 50-1 may suffer damage. For work other than new structures the bond will be required on a site specific case by case basis as decided by the Director of public works for projects that may affect City property. Local Development Permits will not be issued until the Bond is received and accepted by the City. Construction fencing may be required for projects abutting City Drainage features.

The bond form to be supplied to your bonding company is attached.



CITY OF ANNA MARIA
STATE OF FLORIDA
PUBLIC WORKS DEPARTMENT
SURETY BOND

KNOW ALL MEN BY THESE PRESENTS

That _____, as Principal, and

_____ a corporation duly authorized to do business in the State of Florida, as Surety, are held and firmly bound unto the City of Anna Maria, a political subdivision of the State of Florida, in the minimum principal sum of Twenty-Five Thousand and no/100 Dollars (\$25,000.00) Said payment hereby jointly and severally binds ourselves, our heirs, executors, administrators, successors and assigns firmly

SIGNED, SEALED AND DATED this the _____ day of _____, _____ year

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above bounden Principal may receive a permit or permits from the City of Anna Maria, Florida, which said permit or permits authorize the above bounden Principal to disturb, excavate, or place any constructions in any public road, right-of-way or easement of the City of Anna Maria in the rendition of services or work as particularly set forth in each permit, and in and by the terms of said permit or permits, the above bounden Principal agrees and is bound to repair, replace, and restore the parts of the public streets and pavement, alleys, sidewalks, or drainage structures including, but not limited to, drainage swales, pipes or outfalls or easements or rights of way thereof or respective fixtures thereon which have been removed or damaged to their respective former status and condition, and is bound to insure prompt payment of any loss, damage, cost and expenses that may be incurred by the City of Anna Maria or any adjoining property owner in connection with such work, including cost of erecting and maintaining of any warning signals, barricades, or other preventative measures to eliminate safety hazards, and maintain traffic flow, by reason of the failure of the applicant to restore or repair any damage to any aforementioned property under the control of the City of Anna Maria, or the failure of the applicant to comply with City of Anna Maria Code Sections 50-1, 50-2, 50-3, and the conditions of the permit.

NOW, THEREFORE, if the above bounden Principal shall keep and perform all of the terms, provisions and conditions of said permit or permits which may be issued, and shall repair, replace and restore the parts of the public streets referred to, and the alleys, sidewalks, or drainage structures including, but not limited to, drainage swales, pipes or outfalls or easements or general rights of way thereof and respective fixtures thereon, to their respective former status and condition, then, in that event, this obligation shall be null and void; otherwise to remain in full force and virtue.

The term of this bond shall be from 12:01 AM _____ to 12:01 AM _____
date year

_____ (Two year minimum)
date year

COMPANY (Principal)

By: _____
Title: _____
Address: _____
Telephone: _____

SURETY COMPANY (Surety)

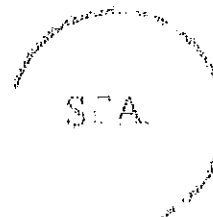
By: _____
Attorney-in-Fact

Countersigned:

By: _____
Resident Agent
State of Florida

Name of Firm: _____

Address: _____



City of Anna Maria Florida

PRODUCT APPROVAL SPECIFICATION SHEET

Project Number _____ Bldg #/Location _____

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide information and product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying. Your supplier should have product approval numbers and information. More information about statewide product approval can be obtained at: www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
1. Swinging			
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS			
1. Single hung			
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Mullion			
7. Wind Breaker			
8. Dual Action			
9. Other			
C. PANEL WALL			
1. Sliding			
2. Soffit			
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
D. ROOFING PRODUCTS			
1. Asphalt Shingles			
2. Underlayment			
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Roof Tile Adhesive			
12. Liquid Applied Roof Sys			
13. Other			
Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)

E. SHUTTERS		
1. Accordion		
2. Storm Panels		
3. Colonial		
4. Roll-up		
5. Equipment		
6. Other		
F. SKYLIGHTS		
1. Skylight		
2. Other		
G. STRUCTURAL COMPONENTS		
1. Wood connector/anchor		
2. Truss plates		
3. Engineered lumber		
4. Railing		
5. Coolers-freezers		
6. Material		
7. Insulation Forms		
8. Plastics		
9. Deck-Roof		
10. Wall		
11. Sheds		
12. Other		
H. NEW EXTERIOR ENVELOPE PRODUCTS		
1.		
2.		

I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite: 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturer's installation requirements. I understand these products may have to be removed if approval cannot be demonstrated during inspection.

The products listed below did not demonstrate product approval at plan review:

Applicant Signature

Print Name

Date

Contact Name & Phone Number

Permit # (FOR STAFF USE ONLY)



City of Anna Maria

**CITY OF ANNA MARIA
BUILDING DEPARTMENT**
Telephone (941) 708-6132 / Fax (941) 708-6136

IMPERVIOUS COVERAGE CALCULATION WORKSHEET For Submittals After January 1, 2016

STREET ADDRESS: _____

Lot Size: _____ ft. x _____ ft. = _____ sq. ft.
(A)

Building Coverage: _____ sq. ft.
(Any area under a roof) (B)

Divide (B) by (A) = _____ %
Building (D)

Impervious surface coverage means the area of a surface that has been compacted or covered with a layer of material so that it is highly resistant to infiltration by water. It includes but is not limited to semi-impervious surfaces such as paver bricks, crushed or compacted clay, as well as most conventionally surfaced streets, roofs, sidewalks, parking lots and other similar structures. (§§ 70-1,102-3, City of Anna Maria Code). ... Swimming pools and hot tubs permitted after January 1, 2016 shall be counted as impervious surface coverage. (§ 114-222 (4), City of Anna Maria Code.) No deduction is given for pavers of any type unless part of an engineered retention system.

Other Impervious Surface Coverage Existing Before = _____ sq. ft.

Proposed = _____ sq. ft.

TOTAL = (C) _____ sq. ft.

Divide (C) by (A) = _____ %
(E)

Add (D) and (E) TOTAL COVERAGE = _____ %

Maximum Total Impervious Surface Coverage: 40 percent

This form is for impervious surface coverage only: Living Area Ratio (LAR) is calculated separately.

RBMcL/May 26, 2016

COASTAL A-ZONE DESIGN CERTIFICATE

Name _____ Policy Number (Insurance Co. Use) _____
 Building Address or Other Description _____
 Permit No. _____ City _____ State _____ Zip Code _____

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. _____ Panel No. _____ Suffix _____ FIRM Date _____ FIRM Zone(s) _____

SECTION II: Elevation Information Used for Design

[NOTE: This section documents elevations used in the design – it does not substitute for an as-built Elevation Certificate.]

1. Datum..... NGVD NAVD Other
2. Elevation of the Bottom of Lowest Horizontal Structural Member _____ feet above datum
3. Base Flood Elevation (BFE)..... _____ feet above datum
4. Elevation of Lowest Adjacent Grade _____ feet above datum
5. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design..... _____ feet above datum
6. Embedment Depth of Piling or Foundation Below Lowest Adjacent Grade..... _____ feet above datum

SECTION III: Design Certification Statement

[NOTE: This section must be certified by a Florida licensed engineer or architect.]

I certify: (1) that I have developed or reviewed the structural design, plans, and specifications for construction and (2) that the design and methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (with the exception of mat or raft foundations, piling, pile caps, columns, grade beams and bracing) is elevated to or above the BFE in accordance with the requirements of the *Florida Building Code* and local floodplain management regulations; and
- The pile and column foundation and building or structure to be attached thereto is designed in accordance with the *Florida Building Code* to be anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and flood loads acting simultaneously on all building components, and other load requirements of the *Florida Building Code*. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Design Certification Statement

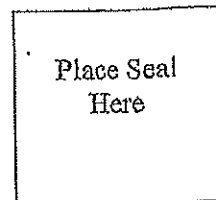
[NOTE: This section must also be certified by a Florida licensed engineer or architect when breakaway walls exceed a design safe loading resistance of 20 pounds per square foot. This requirement does not apply to open wood/plastic lattice/slats/louvers or insect screening.]

I certify: (1) that I have developed or reviewed the structural design, plans, and specifications for construction and (2) that the design and methods of construction to be used for the breakaway walls are in accordance with the *Florida Building Code*, *Building (ASCE 24)* or *Florida Building Code, Residential*, and local technical amendments as applicable, and accepted standards of practice.

SECTION V: Certification and Seal

This certification is to be signed and sealed by a Florida licensed professional engineer or architect authorized by law to certify structural designs. I certify the Coastal-Zone Design Certification Statement in Section III and the Breakaway Wall Design Certification Statement in Section IV (if applicable).

Certifier's Name	License Number		
Title	Company Name		
Address	City	State	ZIP
Signature	Date	Telephone	



V- ZONE DESIGN CERTIFICATE

Name _____ Policy Number (Insurance Co. Use) _____
 Building Address or Other Description _____
 Permit No. _____ City _____ State _____ Zip Code _____

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. _____ Panel No. _____ Suffix _____ FIRM Date _____ FIRM Zone(s) _____

SECTION II: Elevation Information Used for Design

[NOTE: This section documents elevations used in the design – It does not substitute for an as-built Elevation Certificate.]

- _____ NGVD NAVD Other
1. Datum..... _____ feet above datum
 2. Elevation of the Bottom of Lowest Horizontal Structural Member _____ feet above datum
 3. Base Flood Elevation (BFE)..... _____ feet above datum
 4. Elevation of Lowest Adjacent Grade _____ feet above datum
 5. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design..... _____ feet above datum
 6. Embedment Depth of Pillings or Foundation Below Lowest Adjacent Grade..... _____ feet above datum

SECTION III: V Zone Design Certification Statement

[NOTE: This section must be certified by a Florida licensed engineer or architect.]

I certify: (1) that I have developed or reviewed the structural design, plans, and specifications for construction and (2) that the design and methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (with the exception of mat or raft foundations, piling, pile caps, columns, grade beams and bracing) is elevated to or above the BFE in accordance with the requirements of the *Florida Building Code* and local floodplain management regulations; and
- The pile and column foundation and building or structure to be attached thereto is designed in accordance with the *Florida Building Code* to be anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and flood loads acting simultaneously on all building components, and other load requirements of the *Florida Building Code*. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Design Certification Statement

[NOTE: This section must also be certified by a Florida licensed engineer or architect when breakaway walls exceed a design safe loading resistance of 20 pounds per square foot. This requirement does not apply to open wood/plastic lattice/slats/louvers or insect screening.]

I certify: (1) that I have developed or reviewed the structural design, plans, and specifications for construction and (2) that the design and methods of construction to be used for the breakaway walls are in accordance with the *Florida Building Code, Building (ASCE 24)* or *Florida Building Code, Residential*, as applicable, and accepted standards of practice.

SECTION V: Certification and Seal

This certification is to be signed and sealed by a Florida licensed professional engineer or architect authorized by law to certify structural designs. I certify the V Zone Design Certification Statement in Section III and the Breakaway Wall Design Certification Statement in Section IV (if applicable).

Certifier's Name	License Number
Title	Company Name
Address	City State ZIP
Signature	Date Telephone

Place Seal
Here

This Instrument Prepared By:

Name: _____

Address: _____

Tax Folio No: _____

Permit No.: _____

NOTICE OF COMMENCEMENT

State of _____

County of _____

THE UNDERSIGNED hereby gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property (legal description of property and street address): _____

2. General description of improvement: _____

3. Owner Information:

a) Name and complete address: _____

b) Interest in property: _____

c) Name and address of Fee Simple Title Holder (if other than owner): _____

4. Contractor Information:

a) Company name and complete address: _____ Fax Number: _____

b) Phone number: _____ Fax Number: _____

5. Surety:

a) Name and complete address: _____

b) Amount of Bond: \$ _____ Fax Number: _____

c) Phone number: _____ Fax Number: _____

6. Lender:

a) Name and complete address: _____ Fax Number: _____

b) Phone number: _____ Fax Number: _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by in Section 713.13(1)(a)7., Florida Statutes:

a) Name and complete address: _____ Fax Number: _____

b) Phone number: _____ Fax Number: _____

8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:

a) Name and complete address: _____ Fax Number: _____

b) Phone number: _____ Fax Number: _____

9. Expiration date of Notice of Commencement (the expiration date is 1-year from the date of recording, unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ (name of person) as the _____ (type of authority, .e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

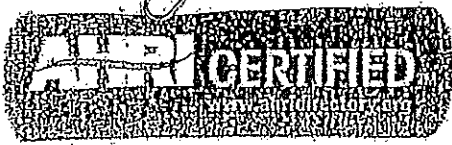
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public/Commission Number

Personally Known _____ or Produced ID _____

Verification Pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Owner or Owner's Authorized



HEAT PUMP CERT.

Certificate of Product Ratings

AHRI Certified Reference Number: 3640026

Date: 10/3/2012

Status: Active

Product: Heat Pump Pool Heater

✓ Model Number: SUM5TA

✓ Manufacturer: HAYWARD POOL PRODUCTS

✓ Trade/Brand name: SUMMIT

Rated as follows in accordance with AHRI Standard 1160 for Heat Pump Pool Heaters and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

High Temperature 80.6F

Heating Capacity (Btuh): 107000

Coefficient of Performance(COP): 5.8

Low Temperature 50F

Heating Capacity (Btuh): 76000

Coefficient of Performance(COP): 4.1

† Models with an 'Active' status are those that are currently in production. Models with a 'Discontinued' status are those that the manufacturer has elected to stop producing yet stock is still available. Models with an 'Obsolete' status are those that the manufacturer is required to stop manufacturing due to an AHRI certification program test failure.
* Ratings followed by an asterisk (*) indicate a voluntary rating of previously published data unless accompanied with a VAS which indicates an optional rating.

DISCLAIMER

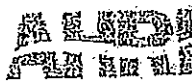
AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahri.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahri.org, click on "cert. numbers" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating and Refrigeration Institute

©2012 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 12993769398302653