



# APPLICATION FOR RESIDENTIAL REPLACEMENT PLAN APPROVAL

(Application to be used for replacement of Furnace, A/C Condenser, Electrical Service or Panel, Hot Water Tank and Roof)

Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner(s) address (if different than above): \_\_\_\_\_  
Street City Zip Code

Owners Email Address: \_\_\_\_\_ Contractor' Email Address \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

## Project Information

**Furnace:** location in dwelling (floor level and room information): \_\_\_\_\_

AFUE (% efficiency rating) rating: \_\_\_\_\_ Fuel type (gas, electric, propane, solar): \_\_\_\_\_ BTU of existing: \_\_\_\_\_

AFUE (% efficiency rating) rating of replacement: \_\_\_\_\_ BTU rating of replacement: \_\_\_\_\_

Inspection required but not limited to size of branch circuit, proper grounding/bonding, plenum to duct, connection size, flue/venting, connection to chimney, chimney lining (if required), and manufacture specification (must be on site),

**A/C Condenser:** location on site: \_\_\_\_\_ Capacity (btu/hr. or tonnage of existing): \_\_\_\_\_ ton:

(btu/hr. or tonnage of replacement): \_\_\_\_\_ SEER (efficiency) rating: \_\_\_\_\_

Inspection required but not limited to size of branch circuit conductors, size of branch circuit overcurrent device(s), condensate disposal, access ports locking caps, level equipment base, and manufacture specification must be on site.

**Hot Water Tank:** location in dwelling (floor level and room information): \_\_\_\_\_

Capacity of existing: \_\_\_\_\_ Replacement: \_\_\_\_\_ gallons, Fuel type (gas, electric, propane, solar): \_\_\_\_\_

Inspection required but not limited to static water pressure (not to exceed 80psi), thermal expansion tank installation, misc. plumbing, dielectric fittings, shut off, gas piping, discharge tube, flue/venting, connection to chimney, chimney lining (if required), manufacture specification must be on site.

**Electrical Service/sub panel:** location in dwelling (floor level and room information): \_\_\_\_\_

Overhead  Underground Ampere Rating Existing: \_\_\_\_\_, Ampere Rating Replacement: \_\_\_\_\_

Size of Grounding Electrode Conductor & type: \_\_\_\_\_ Conductor size & type: \_\_\_\_\_

Inspection required but not limited to working clearances for equipment, clearance of service conductors above finished grade/ sidewalk/ or driveway, proper bonding & grounding, sizing of branch circuit overcurrent devices, and circuit identification.

**Roof Covering:** Slope of roof (pitch): \_\_\_\_\_, Roofing Material: \_\_\_\_\_, Underlayment: \_\_\_\_\_ lb.

Type of fastener: \_\_\_\_\_, Ice Barrier (provided at all eaves to 24" above inside edge of outside wall): \_\_\_\_\_

Flashing (provided at walls, chimneys and valleys): \_\_\_\_\_

Complete tear-off  Overlay (limited to one over the existing)

The undersigned hereby states they are the owner or authorized owners' representative and granted permission by the property owner to sign this application. This application is submitted for approval as described in this application and accompanying drawings if applicable. The acceptance of this application shall constitute an agreement on the part of the undersigned to abide by the rules and regulations of the City of Bedford and current adopted governing codes. Inspections are required and shall be scheduled by the owner or owners authorized representative.

**NOTE: Carbon Monoxide Alarm(s) shall be installed in accordance with RCO 315.1.2 where scope of work involves the addition, alteration, repair or replacement of a fuel-fired appliance.**

**Applicant Signature:** \_\_\_\_\_

Date received at building Dept. \_\_\_\_\_ RPPR Number \_\_\_\_\_ Processed by \_\_\_\_\_ Mail \_\_\_\_\_ Counter \_\_\_\_\_