



Sacramento Metropolitan Fire District

Community Risk Reduction Division www.metrofire.ca.gov

10545 Armstrong Ave., Suite 310 · Mather, CA 95655 · Phone (916) 859-4330 · Fax (916) 859-3717

HVAC REPLACEMENT WORKSHEET

PROJECT NAME: _____

PROJECT ADDRESS: _____

SCOPE OF WORK: _____

CONTRACTOR NAME: _____

CONTRACTOR PHONE: _____ CONTRACTOR EMAIL: _____

BUILDING DATA:

___ FIRE SPRINKLER SYSTEM (Y/N)

___ FIRE ALARM SYSTEM (Y/N)

UNIT INFORMATION:

LIST THE NAME(S) OF ANY AREAS SERVED BY MORE THAN ONE (1) UNIT: _____

	UNIT #
	NAME OF AREA SERVED
	EXISTING CFM
	EXISTING WEIGHT
	NEW CFM
	NEW WEIGHT
	DUCT THROUGH RATED ASSEMB. (Y/N)

	UNIT #
	NAME OF AREA SERVED
	EXISTING CFM
	EXISTING WEIGHT
	NEW CFM
	NEW WEIGHT
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- USE THE SUPPLEMENTAL WORKSHEET FOR ADDITIONAL UNITS WITHIN THE SCOPE OF WORK.
- WHERE MULTIPLE UNITS SERVE THE SAME AREA AND THE COMBINED CAPACITY IS >2000 CFM, GLOBAL SHUTDOWN IS REQUIRED. (2022 CMC SECTION 609.1)
- WHERE THERE IS AN INCREASED DESIGN LOAD GREATER THAN 5 PERCENT, PROVIDE A THOROUGH STRUCTURAL ANALYSIS FOR THE STRUCTURAL MEMBER ABSORBING THE INCREASED LOAD. A COMPLETED STRUCTURAL COMPLIANCE LETTER SHALL BE INCLUDED WITHIN THE SUBMITTAL PACKAGE. (2022 CEBC SECTION 503.3)

For Office Use Only:

HVAC Submittal Required: ___ Yes ___ No

Reviewer: _____ Phone: (916) _____ Date: _____



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SUPPLEMENTAL HVAC REPLACEMENT WORKSHEET

PROJECT NAME: _____

PROJECT ADDRESS: _____

PAGE _____ OF _____

UNIT INFORMATION:

UNIT #
NAME OF AREA SERVED
EXISTING CFM
EXISTING WEIGHT
NEW CFM
NEW WEIGHT
DUCT THROUGH RATED ASSEMB. (Y/N)

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