

# A2L REFRIGERANT DETECTION SENSOR INSTALLATION AFFIDAVIT



102 Town Hall Drive, Leland, NC 28451  
www.townofleland.com

Permitting & Inspections Department  
Phone 910-371-3754 (Option 1)

Permit Number: \_\_\_\_\_ Project Address: \_\_\_\_\_

Scope of work:  New Installation  Repair  Replacement  Exempt

## Air Handler

- Make and Model Number: \_\_\_\_\_
- Serial Number: \_\_\_\_\_
- Coil Serial Number (when applicable): \_\_\_\_\_
- Orientation  Horizontal left  Horizontal Right  
 Up Flow  Down Flow

## Condensing Unit

- Make and Model Number: \_\_\_\_\_
- Serial Number: \_\_\_\_\_
- Refrigerant Type/Total Quantity Installed: \_\_\_\_\_

I certify the following:

1. The refrigerant leak detection sensor is installed in accordance with the manufacturer's installation instructions. I have confirmed the sensor's correct model, location, orientation, and refrigeration classification of the sensor for the appliance.
2. I affirm that this affidavit applies to a single system only. A separate form must be completed for each additional unit.
3. This affidavit is intended solely for residential installations.
4. Submission of this affidavit does not replace the requirement to schedule and obtain all necessary inspection approvals.
5. This affidavit must be completed and uploaded before scheduling the Final Mechanical inspection.

Name: \_\_\_\_\_ Company: \_\_\_\_\_ NC License / Class: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_