

Building Certificate and Mechanical Equipment and Insulation Data Sheet

Dwelling location	
Building permit #	
Date of certificate	
Contractor & License #	
Crawl Space	R Value (R-10 min) _____
Floor over unconditioned space	R Value (R-30 min) _____
Ceiling & Roof insulation	Type of insulation _____ Bags used _____ R-value (R-38 min.) _____
Skylight	U factor (.60) _____
Fenestration	Windows, U value (.35 min.) _____ Doors, U value (.35 min.) _____
Rim joist insulation	Installed R value (R-10 min) _____ Location (check one) Interior____ Exterior _____ Integral _____
Foundation Wall insulation	Installed R value _____ Location (check one) Interior____ Exterior _____ Integral _____
Ducts outside conditioned spaces (if applicable)	Installed R value (R-8 min.) _____
Mechanical ventilation systems	Type (check one) HRV _____ , ERV _____, Continuous Exhaust _____ Make and _____ Model # _____ Continuous ventilation rate _____ cfm Total ventilation rate _____ cfm
Heating System I	Type (check one) Forced air _____, Hydronic or Radiant_____, Fuel (check one) Electric_____, Gas_____, Oil_____ Appliance Venting (check one) natural draft _____ , Powered vent _____

	Input BTU _____ AFUE (efficiency) _____ Manufacturer _____ Model # _____
Heating System II (If equipped)	Type (check one) Forced air _____, Hydronic or Radiant _____, Fuel (check one) Electric _____, Gas _____, Oil _____ Appliance Venting (check one) natural draft _____, Powered vent _____ Input BTU _____ AFUE (efficiency) _____ Manufacturer _____ Model # _____
Make up Air / Combustion Air	Type (check one) Active _____, Passive _____ Passive – size and location of make up and combustion air Size _____ in., Location _____ Active- size (CFM), location, and inter-connected exhaust appliance. Size _____ CFM, Location _____, Exhaust Fan _____
Domestic Water Heating	Size _____ (BTUs or Watts) Manufacturer _____ Model _____ Type (check one) Electric _____, Gas Natural Draft _____, Gas forced Draft _____
Domestic Water Heating 2nd Water heater if Necessary	Size _____ (BTUs or Watts) Manufacturer _____ Model _____ Type (check one) Electric _____, Gas Natural Draft _____, Gas forced Draft _____
Cooling system (If applicable)	Type _____ Output Rating _____ SEER _____ Manufacturer _____ Model # _____
Fireplace	Type Gas direct vent ___ BTU _____ Masonry _____
Cook top Exhaust	Model _____ Size _____ CFM