

**ENERGY COMPLIANCE CERTIFICATE**

Project Name:  
 Address:  
 Permit Number:  
  
 Builder:

<b>INSULATION RATINGS</b> (list R-value of predominant area of component)	ENTER R-VALUE or N/A (does not apply)
Ceiling/Roof	
Ducts in attic	
Ducts in unconditioned space	
Floor, cavity	
Floor, underslab	
Slab edge (indicate heated slab? Y / N)	
Wall (cavity or cavity/continuous)	
<b>FENESTRATION</b>	ENTER U-VALUE
Predominant value of fenestration	
<b>EQUIPMENT EFFICIENCIES</b>	AFUE or EER or N/A (does not apply)
Heating	
Cooling	
Service water heating	
<b>OTHER HEATING EQUIPMENT</b>	
Gas-fired unvented room heater(s)	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Electric furnace	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Baseboard electric heater(s)	YES <input type="checkbox"/> / NO <input type="checkbox"/>
<b>COMPLIANCE METHOD</b>	Check (√) compliance method
Prescriptive (Table 1102.1)	<input type="checkbox"/>
AU trade-off / Total AU trade off (circle method)	<input type="checkbox"/>
Performance (tool used )	<input type="checkbox"/>
Name of person completing certificate: Printed name:	Title:
Signature: _____	Date:        /        /