



N1101.8 Certificate Builders Name/ Company	Date: _____ Site Address: _____
	Contractor Name: _____ License Number: _____

Location	Type of Insulation	Installed R-Value		Type	Location	Size
				Makeup Air		
Roof/Ceiling						
				Combustion Air		
Walls						
				Water Heating		
Slab-on-Grade						
				<i>Manufacturer</i>	<i>Model</i>	
Floor						
				Ducts Outside of Conditioned Spaces		
Rim Joist						
		Interior, Exterior or Integral		<i>Location</i>	<i>R-Value</i>	
Foundation Wall						
		Interior, Exterior or Integral				

	Average U-Factor	SHGC (solar heat gain coefficient)		Passive	Active
Fenestration				<input type="checkbox"/>	<input type="checkbox"/>

	Type	Input Rating	AFUE	Manufacturer	Model	Calculated Heat Loss
Heating System						

	Type	Output Rating	SEER	Manufacturer	Model	Cooling Load/Heat Gain
Cooling System						

	Type	Location	Continuous Ventilation	Total Ventilation
Mechanical Ventilation				