New Construction Energy Code Compliance Checklist/Certificate

Per R401.3 Certificate. A building certificate shall be posted on or in the electrical distribution panel.	**Date Certificate Posted**
Mailing Address of the Dwelling or Dwelling Unit	**City**
Name of Residential Contractor	**MN License Number**

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THERMAL ENVELOPE

Insulation Location	Total R-Value of all Types of Insulation	Type: Check All That Apply								Other Please Describe Here
		Non or Not Applicable	Fiberglass, Blown	Fiberglass, Batts	Foam, Closed Cell	Foam Open Cell	Mineral Fiberboard	Rigid, Extruded Polystyrene	Rigid, Isocynurate	
Below Entire Slab										
Foundation Wall										
Perimeter of Slab on Grade										
Rim Joist (1st Floor)										
Rim Joist (2nd Floor+)										
Wall										
Ceiling, flat										
Ceiling, vaulted										
Bay Windows or cantilevered areas										
Floors over unconditioned area										
Describe other insulated areas										

RADON CONTROL SYSTEM

- ☐ Passive (*No Fan*)
- ☐ Active (*With fan and monometer or other system monitoring device*)

Location (or future location) of Fan:

Building Envelope Air Tightness:		**Duct System Air Tightness:**	

Windows & Doors		**Heating or Cooling Ducts Outside Conditioned Spaces**
Average U-Factor (*excludes skylights and one door*) U:		☐ Not applicable, all ducts located in conditioned space
Solar Heat Gain Coefficient (SHGC):		☐ R-value

MECHANICAL SYSTEMS

Appliances	**Heating System**		**Domestic Water Heater**		**Cooling System**	
Fuel Type						
Manufacturer						
Model						
Rating or Size	Input in BTUS:		Capacity in Gallons:		Output in Tons:	
Efficiency	AFUE or HSPF%				SEER /EER	
Residential Load Calculations	**Heating Loss**		**Heating Gain**		**Cooling Load**	

Make-up Air *Select a Type*

- ☐ Not required per mech. code
- ☐ Passive
- ☐ Powered
- ☐ Interlocked with exhaust device. Describe:
- ☐ Other, describe:

Location of duct or system:

- ☐ CFMs
- ☐ " round" duct OR
- ☐ " metal " duct

MEHCANICAL VENTILATION SYSTEM

Describe any additional or combined heating or cooling systems if installed: (e.g. two furnaces or air source heat pump with gas back-up furnace):

Select Type

- ☐ Heat Recovery Ventilator (HRV) Capacity in CFMs: Low: ____ High: ____
- ☐ Energy Recovery Ventilator (ERV) Capacity in CFMs: Low: ____ High: ____
- ☐ Balanced Ventilation Capacity in CFMs: ____
- ☐ Location of fans(s), describe: ____
- ☐ Capacity of continuous ventilation rate in CFMs: ____
- ☐ Total ventilation (intermittent + continuous) rate in CFMs: ____

Combustion Air *Select a Type*

- ☐ Not required per mech. code
- ☐ Passive
- ☐ Other, describe:

Location of duct or system:

- ☐ CFMs
- ☐ "round" duct OR
- ☐ "metal" duct