Items to be completed for the construction of an ADDITION are indicated by (X).

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	X	X					
				Combustion Air			
Walls	X	X					
				Water Heating			
Slab-on-Grade							
					Manufacturer	*Model*	
Floor	X	X					
				Ducts Outside of Conditioned Spaces			
Rim Joist	X	X					
		Interior, Exterior or Integral			*Location*	*R-Value*	
Foundation Wall	X	X					
		Interior, Exterior or Integral					

	Average U-Factor	*SHGC (solar heat gain coefficient)*			*Passive*	*Active*
Fenestration	X	X		**Radon Control**	☐	☐

	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				