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							
					Manufacturer	*Model*	
Floor							
				Ducts Outside of Conditioned Spaces			
Rim Joist							
		Interior, Exterior or Integral			*Location*	*R-Value*	
Foundation Wall							
		Interior, Exterior or Integral					

	Average U-Factor	*SHGC (solar heat gain coefficient)*			*Passive*	*Active*
Fenestration				**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				