

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

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

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

Mechanical Ventilation	Type	Location	Continuous Ventilation	Total Ventilation

* Information required for geothermal system

CERTIFICATE SHALL BE POSTED AT FINAL BLDG INSPECTION

G E O T H E R M A L