

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

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

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

	<i>Type</i>	<i>Input Rating</i>	<i>AFUE</i>	<i>Manufacturer</i>	<i>Model</i>	<i>Calculated Heat Loss</i>
Heating System						

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

	<i>Type</i>	<i>Location</i>	<i>Continuous Ventilation</i>	<i>Total Ventilation</i>
Mechanical Ventilation				

\* Information required for additions