

**Town of North Berwick**  
**Plan Submittal Checklist**  
International Residential Code (IRC)

Complete plan sets drawn on the following paper size are required

- Residential – A legible set drawn to the scale on 11' x 17' paper

Complete plan sets will contain the following information. Incomplete sets will not be accepted.  
Site Plan drawn to 1:50 scale or larger and containing the following:

- North arrow
- Distance of all building setbacks measured perpendicular to property lines
- Distance between buildings
- Location of septic tank and leach field if applicable
- Driveway location
- Street names
- Easement, right of ways, water courses and areas restricted by covenant
- Area of lot
- Erosion and sediment control measures per "Typical BMP's for house lots" handout

Foundation, Floor and Roof plans drawn to 3/16" scale or larger and containing the following

- Overall building dimensions
- Room use (name) and size
- Windows and doors including swings and sizes
- Stairs showing direction of travel and dimensions
- Plumbing fixtures, appliances
- Direction and size of floor, ceiling, roof, beams and header structural steel, lvl's, trusses, manufactured framing material etc... used in the building construction
- Radon vent location; a 3" minimum gas tight pipe originating below the basement slab and extending a minimum of 12" through the roof.

Building Cross Section drawn to 1/4" scale or larger containing the following

- Section through building showing foundation, floors, ceilings, walls and roof assemblies
- Show and label all construction materials
- Indicate floor to ceiling heights of rooms including basement and attic
- Sections through stairs showing headroom, treads and risers including dimensions

Building Elevations plan drawn to 3/16" scale or larger and containing the following

- Show each side of building
- Exterior finish
- Proposed grade at each corner of the building extended out 20'
- Dimension to the maximum height of the building from the average finished grade within 20' of the building

Energy Efficiency (*New Buildings and Additions only*)

- Shall comply with State of Maine Code
- Include R-values for Floor, Walls, Ceiling and Foundation.
- Res Check compliance report

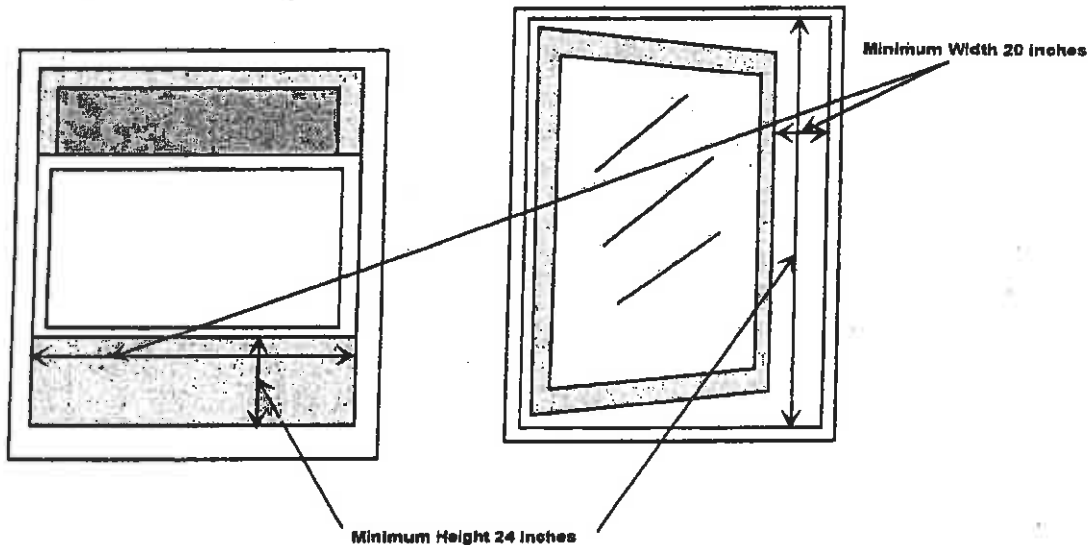


**Department of Public Safety**  
Licensing and Inspections Unit  
164 State House Station  
Augusta, Maine 04333-0164



To whom it may concern;

The Department of Public Safety does not recognize the act of removing the sashes of a double hung window to achieve the minimum of 5.7 square feet of clear opening. The method used by this department in measuring the clear opening of a window is illustrated below. This method uses the opening when the window is in its normal open position.



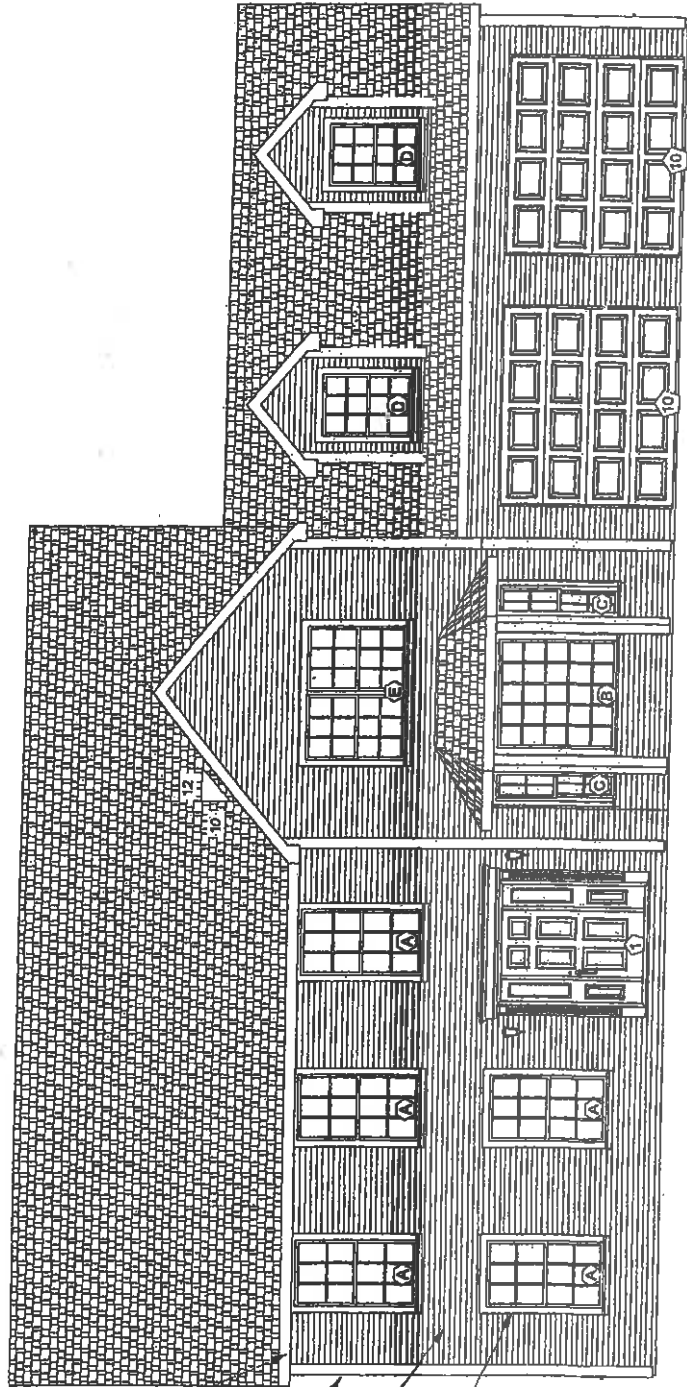
To calculate the square footage of the opening multiply the width of the opening by the height of the opening and divide by 144.

**SAMPLE**

32" WIDE TIMES 26" TALL = 832 SQUARE INCHES. WHEN DIVIDED BY 144 THIS COMES OUT AT 5.777 SQUARE FEET.

|        | width |      |      |      |      |      |      |      |      |      |      |      |      |      |       |       |       |
|--------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|-------|-------|
| height | 20    | 21   | 22   | 23   | 24   | 25   | 26   | 27   | 28   | 29   | 30   | 31   | 32   | 33   | 34    | 35    | 36    |
| 24     | 3.33  | 3.50 | 3.67 | 3.83 | 4.00 | 4.17 | 4.33 | 4.50 | 4.67 | 4.83 | 5.00 | 5.17 | 5.33 | 5.50 | 5.67  | 5.83  | 6.00  |
| 25     | 3.47  | 3.69 | 3.82 | 3.99 | 4.17 | 4.34 | 4.51 | 4.69 | 4.86 | 5.03 | 5.21 | 5.38 | 5.56 | 5.73 | 5.90  | 6.08  | 6.25  |
| 26     | 3.61  | 3.79 | 3.97 | 4.15 | 4.33 | 4.51 | 4.69 | 4.88 | 5.06 | 5.24 | 5.42 | 5.60 | 5.78 | 5.96 | 6.14  | 6.32  | 6.50  |
| 27     | 3.75  | 3.94 | 4.13 | 4.31 | 4.50 | 4.69 | 4.88 | 5.06 | 5.25 | 5.44 | 5.63 | 5.81 | 6.00 | 6.18 | 6.38  | 6.56  | 6.75  |
| 28     | 3.89  | 4.08 | 4.28 | 4.47 | 4.67 | 4.86 | 5.06 | 5.25 | 5.44 | 5.64 | 5.83 | 6.03 | 6.22 | 6.42 | 6.61  | 6.81  | 7.00  |
| 29     | 4.03  | 4.23 | 4.43 | 4.63 | 4.83 | 5.03 | 5.24 | 5.44 | 5.64 | 5.84 | 6.04 | 6.24 | 6.44 | 6.65 | 6.85  | 7.05  | 7.25  |
| 30     | 4.17  | 4.38 | 4.58 | 4.79 | 5.00 | 5.21 | 5.42 | 5.63 | 5.83 | 6.04 | 6.25 | 6.46 | 6.67 | 6.88 | 7.08  | 7.29  | 7.50  |
| 31     | 4.31  | 4.52 | 4.74 | 4.95 | 5.17 | 5.38 | 5.60 | 5.81 | 6.03 | 6.24 | 6.46 | 6.67 | 6.89 | 7.10 | 7.32  | 7.53  | 7.75  |
| 32     | 4.44  | 4.67 | 4.89 | 5.11 | 5.33 | 5.56 | 5.78 | 6.00 | 6.22 | 6.44 | 6.67 | 6.89 | 7.11 | 7.33 | 7.56  | 7.78  | 8.00  |
| 33     | 4.58  | 4.81 | 5.04 | 5.27 | 5.50 | 5.73 | 5.96 | 6.19 | 6.42 | 6.65 | 6.88 | 7.10 | 7.33 | 7.56 | 7.79  | 8.02  | 8.25  |
| 34     | 4.68  | 4.91 | 5.14 | 5.37 | 5.60 | 5.83 | 6.06 | 6.29 | 6.52 | 6.75 | 6.98 | 7.21 | 7.44 | 7.67 | 7.90  | 8.13  | 8.36  |
| 35     | 4.72  | 4.96 | 5.19 | 5.43 | 5.67 | 5.90 | 6.14 | 6.38 | 6.61 | 6.85 | 7.08 | 7.32 | 7.56 | 7.79 | 8.03  | 8.26  | 8.50  |
| 36     | 5.00  | 5.25 | 5.50 | 5.75 | 6.00 | 6.25 | 6.50 | 6.75 | 7.00 | 7.25 | 7.50 | 7.75 | 8.00 | 8.25 | 8.50  | 8.75  | 9.00  |
| 37     | 5.14  | 5.40 | 5.66 | 5.91 | 6.17 | 6.42 | 6.68 | 6.94 | 7.19 | 7.45 | 7.71 | 7.97 | 8.22 | 8.48 | 8.74  | 8.99  | 9.25  |
| 38     | 5.28  | 5.54 | 5.81 | 6.07 | 6.33 | 6.60 | 6.86 | 7.13 | 7.39 | 7.65 | 7.92 | 8.18 | 8.44 | 8.71 | 8.97  | 9.24  | 9.50  |
| 39     | 5.42  | 5.69 | 5.96 | 6.23 | 6.50 | 6.77 | 7.04 | 7.31 | 7.58 | 7.85 | 8.13 | 8.40 | 8.67 | 8.94 | 9.21  | 9.48  | 9.75  |
| 40     | 5.56  | 5.83 | 6.11 | 6.39 | 6.67 | 6.94 | 7.22 | 7.50 | 7.78 | 8.06 | 8.33 | 8.61 | 8.89 | 9.17 | 9.44  | 9.72  | 10.00 |
| 41     | 5.69  | 5.98 | 6.26 | 6.55 | 6.83 | 7.12 | 7.40 | 7.69 | 7.97 | 8.26 | 8.54 | 8.83 | 9.11 | 9.40 | 9.68  | 9.97  | 10.25 |
| 42     | 5.83  | 6.13 | 6.42 | 6.71 | 7.00 | 7.29 | 7.58 | 7.88 | 8.17 | 8.46 | 8.75 | 9.04 | 9.33 | 9.63 | 9.92  | 10.21 | 10.50 |
| 43     | 5.97  | 6.27 | 6.57 | 6.87 | 7.17 | 7.47 | 7.76 | 8.06 | 8.36 | 8.66 | 8.96 | 9.26 | 9.56 | 9.85 | 10.15 | 10.45 | 10.75 |

SCALE: 3/16" = 1'0"



8" FASCIA WITH 4" SHADOW BOARD

6" VINYL CORNERS

4 1/4" VINYL SIDING

1 X 4 TRIM

1A

PAGE:

COLONIAL  
FRONT ELEVATION

USE GROUP  
R4  
WOOD  
FRAME  
CONST. TYPE

BUILDER:

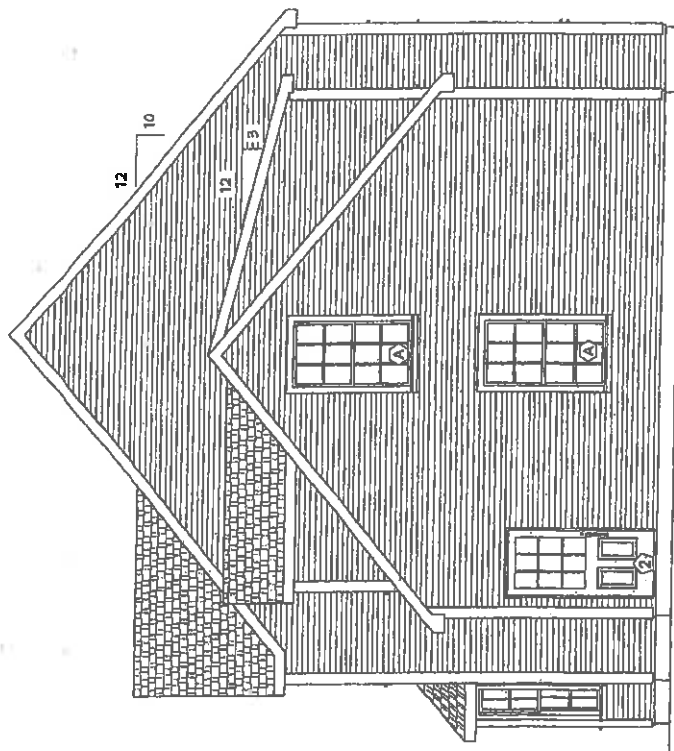
HOMEOWNER:

SITE:

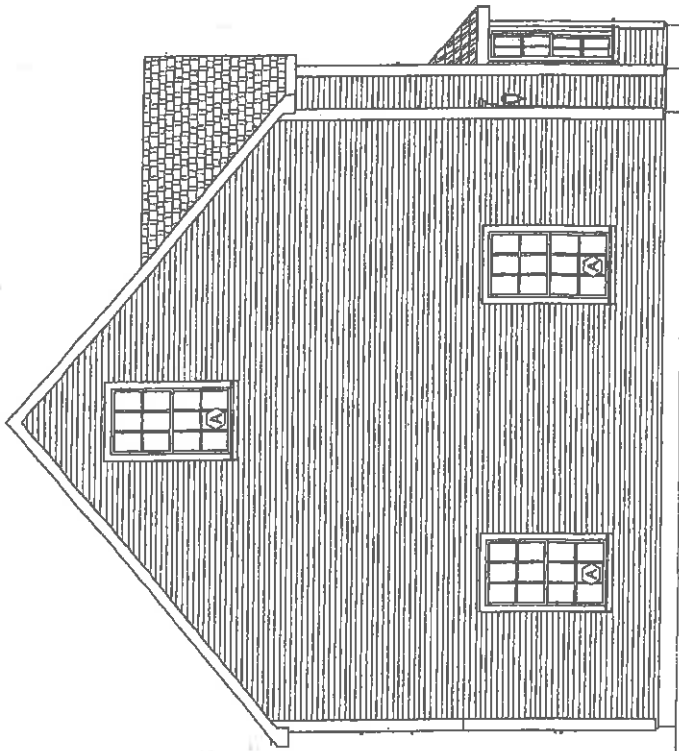
DATE:

SCALE: 3/16" = 1'0"

RIGHT



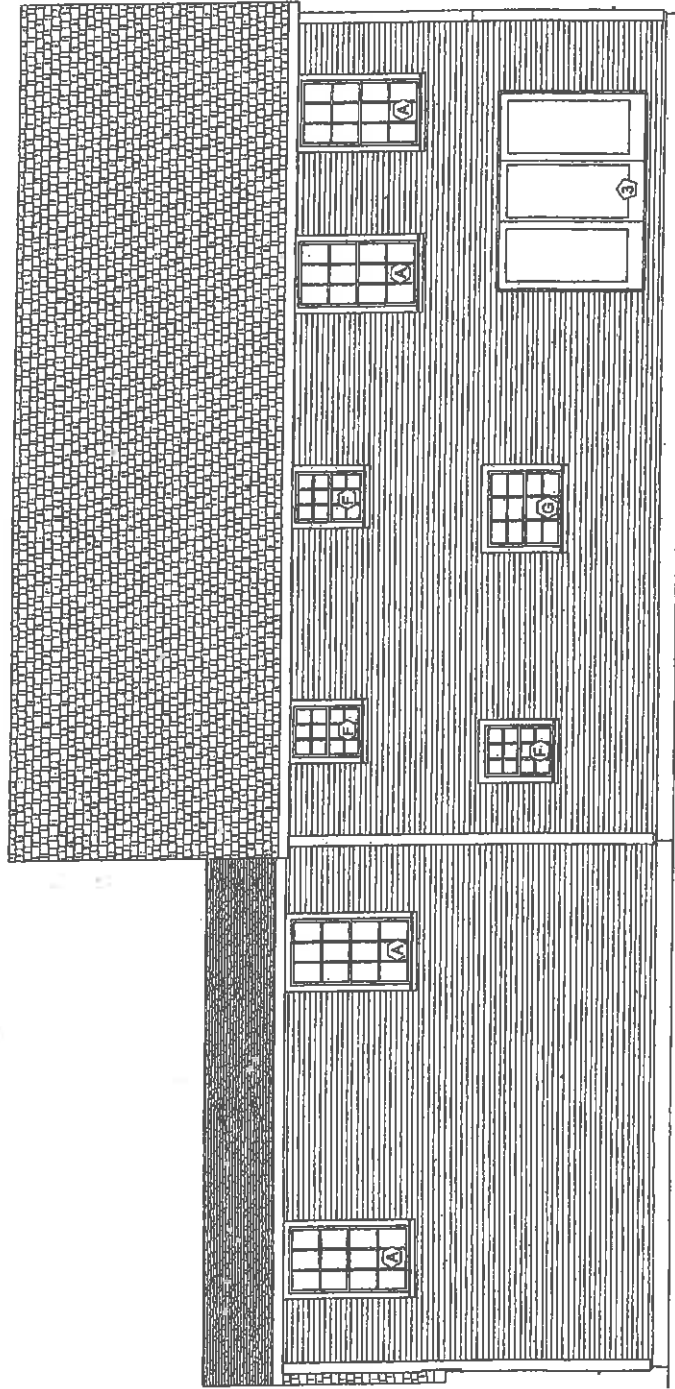
LEFT



|          |       |                |            |             |
|----------|-------|----------------|------------|-------------|
| DATE:    | SITE: | HOMEOWNER:     | USE GROUP: | WOOD FRAME  |
|          |       |                | R4         | CONST. TYPE |
| COLONIAL |       | SIDE ELEVATION |            |             |
| PAGE:    |       | 1B             |            |             |

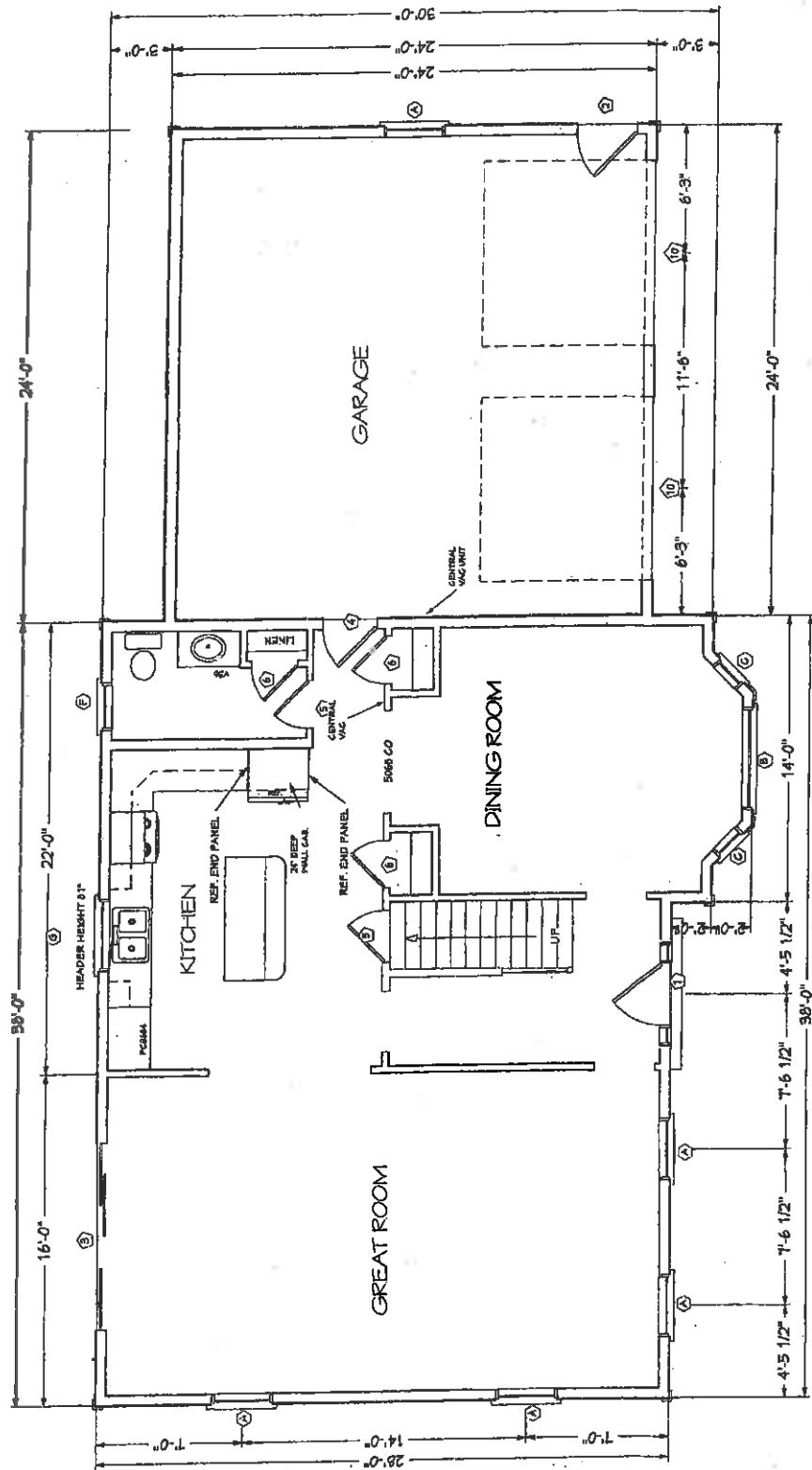


SCALE: 3/16" = 1'0"

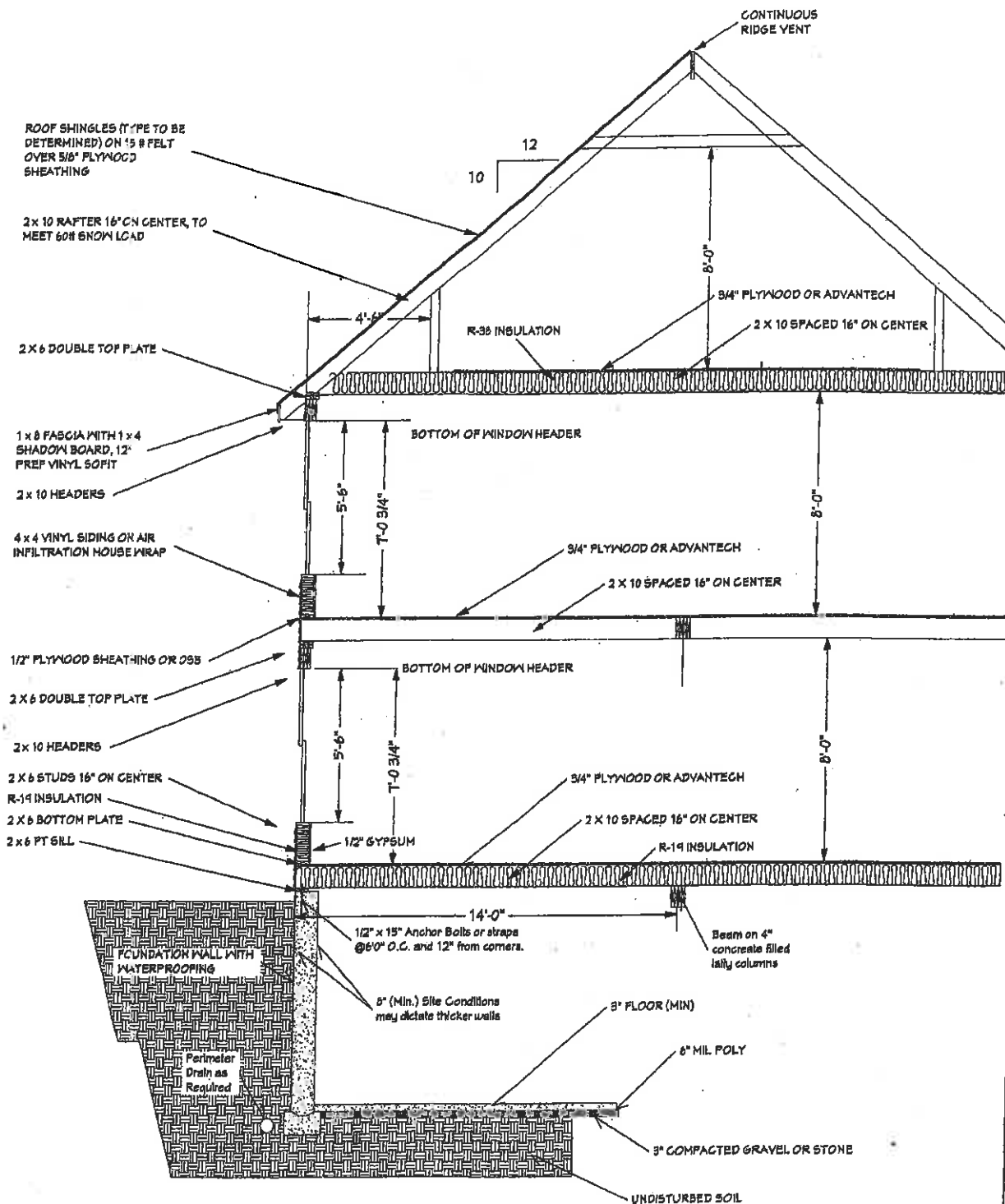


|                            |                  |               |                         |
|----------------------------|------------------|---------------|-------------------------|
| DATE: 10/1/10              | BUILDER: [blank] | USE GROUP: R4 | CONST. TYPE: WOOD FRAME |
| COLONIAL<br>REAR ELEVATION |                  |               |                         |
| PAGE: 1C                   |                  |               |                         |

|          |       |            |             |            |             |      |
|----------|-------|------------|-------------|------------|-------------|------|
| DATE:    | SITE: | HOMEOWNER: | BUILDER:    | USE GROUP: | FRAME       | WOOD |
|          |       |            |             | R4         | CONST. TYPE |      |
| COLONIAL |       |            | FIRST FLOOR |            |             |      |
| PAGE     |       |            | 2A          |            |             |      |



SCALE: 3/16" = 1'-0"



PAGE:

4

# COLONIAL CROSS SECTION AND SCHEDULES

USE GROUP

R4

CONST. TYPE.

WOOD  
FRAME

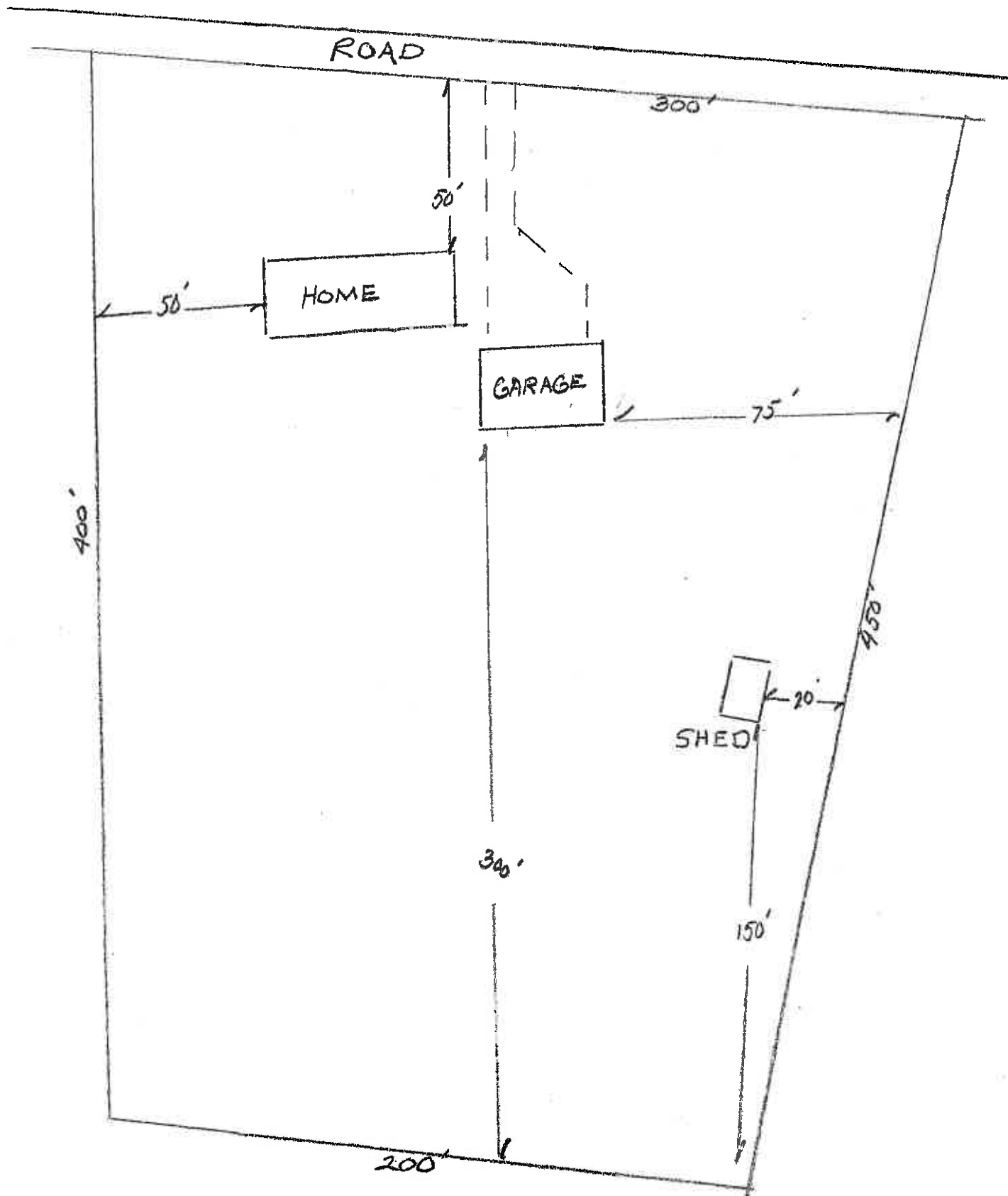
BUILDER:

HOMEOWNER:

SITE:

DATE:

# PLOT PLAN (EXAMPLE)



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div. Environmental Health, 11SHS  
(207) 287-2070 Fax: (207) 287-4172

| PROPERTY LOCATION   |                    | >> CAUTION: LPI APPROVAL REQUIRED <<  |                                      |
|---|--------------------|---|--------------------------------------|
| City, Town, or Plantation   |                    | Town/City _____   | Permit # _____                       |
| Street or Road  |                    | Date Permit Issued ____/____/____   | Fee: \$ _____ Double Fee Charged [ ] |
| Subdivision, Lot #  |                    | L.P.I. # _____  |                                      |
| OWNER/APPLICANT INFORMATION   |                    | Local Plumbing Inspector Signature _____  |                                      |
| Name (last, first, MI)  | Owner<br>Applicant | Fee: \$ _____ state min fee \$ _____ Locally adopted fee _____  |                                      |
| Mailing Address of Owner/Applicant  |                    | Copy: [ ] Owner [ ] Town [ ] State  |                                      |
| Daytime Tel. #  |                    | The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules. |                                      |
|   |                    | Municipal Tax Map # _____ Lot # _____   |                                      |
| <b>OWNER OR APPLICANT STATEMENT</b><br>I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.<br><br>_____<br>Signature of Owner or Applicant      Date |                    | <b>CAUTION: INSPECTION REQUIRED</b><br>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____<br>(1st) date approved<br><br>_____<br>Local Plumbing Inspector Signature      (2nd) date approved      |                                      |

| PERMIT INFORMATION   |   |   |  |
|--|---|---|--|
| <b>TYPE OF APPLICATION</b><br>1. First Time System<br>2. Replacement System<br>Type replaced: _____<br>Year installed: _____<br>3. Expanded System<br>a. <25% Expansion<br>b. ≥25% Expansion<br>4. Experimental System<br>5. Seasonal Conversion | <b>THIS APPLICATION REQUIRES</b><br>1. No Rule Variance<br>2. First Time System Variance<br>a. Local Plumbing Inspector Approval<br>b. State & Local Plumbing Inspector Approval<br>3. Replacement System Variance<br>a. Local Plumbing Inspector Approval<br>b. State & Local Plumbing Inspector Approval<br>4. Minimum Lot Size Variance<br>5. Seasonal Conversion Permit | <b>DISPOSAL SYSTEM COMPONENTS</b><br>1. Complete Non-engineered System<br>2. Primitive System (graywater & alt. toilet)<br>3. Alternative Toilet, specify: _____<br>4. Non-engineered Treatment Tank (only)<br>5. Holding Tank, _____ gallons<br>6. Non-engineered Disposal Field (only)<br>7. Separated Laundry System<br>8. Complete Engineered System (2000 gpd or more)<br>9. Engineered Treatment Tank (only)<br>10. Engineered Disposal Field (only)<br>11. Pre-treatment, specify: _____<br>12. Miscellaneous Components |  |
| <b>SIZE OF PROPERTY</b><br>SQ. FT.<br>ACRES  | <b>DISPOSAL SYSTEM TO SERVE</b><br>1. Single Family Dwelling Unit, No. of Bedrooms: _____<br>2. Multiple Family Dwelling, No. of Units: _____<br>3. Other: _____<br>(specify)<br>Current Use   Seasonal   Year Round   Undeveloped  | <b>TYPE OF WATER SUPPLY</b><br>1. Drilled Well   2. Dug Well   3. Private<br>4. Public   5. Other   |  |
| <b>SHORELAND ZONING</b><br>Yes      No   |   |   |  |

| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)   |   |   |   |
|--|---|---|---|
| <b>TREATMENT TANK</b><br>1. Concrete<br>a. Regular<br>b. Low Profile<br>2. Plastic<br>3. Other: _____<br>CAPACITY: _____ GAL.                            | <b>DISPOSAL FIELD TYPE &amp; SIZE</b><br>1. Stone Bed   2. Stone Trench<br>3. Proprietary Device<br>a. cluster array   c. Linear<br>b. regular load   d. H-20 load<br>4. Other: _____<br>SIZE: _____ sq. ft.   lin. ft. | <b>GARBAGE DISPOSAL UNIT</b><br>1. No   2. Yes   3. Maybe<br>If Yes or Maybe, specify one below:<br>a. multi-compartment tank<br>b. _____ tanks in series<br>c. increase in tank capacity<br>d. Filter on Tank Outlet | <b>DESIGN FLOW</b><br>_____ gallons per day<br>BASED ON:<br>1. Table 4A (dwelling unit(s))<br>2. Table 4C (other facilities)<br>SHOW CALCULATIONS for other facilities<br><br>3. Section 4G (meter readings)<br>ATTACH WATER METER DATA |
| <b>SOIL DATA &amp; DESIGN CLASS</b><br>PROFILE   CONDITION<br>_____/_____<br>at Observation Hole # _____<br>Depth _____"<br>of Most Limiting Soil Factor | <b>DISPOSAL FIELD SIZING</b><br>1. Medium---2.6 sq. ft. / gpd<br>2. Medium---Large 3.3 sq. ft. / gpd<br>3. Large---4.1 sq. ft. / gpd<br>4. Extra Large---5.0 sq. ft. / gpd  | <b>EFFLUENT/EJECTOR PUMP</b><br>1. Not Required<br>2. May Be Required<br>3. Required<br>Specify only for engineered systems:<br>DOSE: _____ gallons   | <b>LATITUDE AND LONGITUDE</b><br>at center of disposal area<br>Lat. _____d _____m _____s<br>Lon. _____d _____m _____s<br>if g.p.s, state margin of error: _____   |

| SITE EVALUATOR STATEMENT  |                           |                         |
|---|---------------------------|-------------------------|
| I certify that on _____ (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241). |                           |                         |
| _____<br>Site Evaluator Signature   | _____<br>SE #             | _____<br>Date           |
| _____<br>Site Evaluator Name Printed  | _____<br>Telephone Number | _____<br>E-mail Address |

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**Department of Human Services  
Division of Health Engineering  
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

**SITE PLAN**

Scale 1" = \_\_\_\_\_ ft. or as shown

SITE LOCATION PLAN  
(map from Maine Atlas  
recommended)**SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)**Observation Hole \_\_\_\_\_ ☐ Test Pit ☐ Boring  
\_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

|    | Texture | Consistency | Color | Mottling |
|----|---------|-------------|-------|----------|
| 0  |         |             |       |          |
| 10 |         |             |       |          |
| 20 |         |             |       |          |
| 30 |         |             |       |          |
| 40 |         |             |       |          |
| 50 |         |             |       |          |

Observation Hole \_\_\_\_\_ ☐ Test Pit ☐ Boring  
\_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

|    | Texture | Consistency | Color | Mottling |
|----|---------|-------------|-------|----------|
| 0  |         |             |       |          |
| 10 |         |             |       |          |
| 20 |         |             |       |          |
| 30 |         |             |       |          |
| 40 |         |             |       |          |
| 50 |         |             |       |          |

|                      |         |                 |  |
|----------------------|---------|-----------------|--|
| Soil Classification  | Slope   | Limiting Factor | <input type="checkbox"/> Ground Water      |
| Profile    Condition | _____ % | _____ "         | <input type="checkbox"/> Restrictive Layer |
|                      |         |                 | <input type="checkbox"/> Bedrock           |
|                      |         |                 | <input type="checkbox"/> Pit Depth         |

|                      |         |                 |  |
|----------------------|---------|-----------------|--|
| Soil Classification  | Slope   | Limiting Factor | <input type="checkbox"/> Ground Water      |
| Profile    Condition | _____ % | _____ "         | <input type="checkbox"/> Restrictive Layer |
|                      |         |                 | <input type="checkbox"/> Bedrock           |
|                      |         |                 | <input type="checkbox"/> Pit Depth         |

Site Evaluator Signature

SE #

Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**Department of Human Services  
Division of Health Engineering  
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

0

SCALE: 1" = \_\_\_\_\_ FT.

**FILL REQUIREMENTS****CONSTRUCTION ELEVATIONS****ELEVATION REFERENCE POINT**

Depth of Fill (Upslope) \_\_\_\_\_

Finished Grade Elevation \_\_\_\_\_

Depth of Fill (Downslope) \_\_\_\_\_

Top of Distribution Pipe or Proprietary Device \_\_\_\_\_

Bottom of Disposal Area \_\_\_\_\_

Location &amp; Description: \_\_\_\_\_

Reference Elevation: \_\_\_\_\_

**DISPOSAL AREA CROSS SECTION****Scale**

Horizontal 1" = \_\_\_\_\_ ft.

Vertical 1" = \_\_\_\_\_ ft.

\_\_\_\_\_  
Site Evaluator Signature\_\_\_\_\_  
SE #\_\_\_\_\_  
Date



# Generated by REScheck-Web Software Compliance Certificate

Project House Build

Energy Code: **2015 IECC**  
Location: **North Berwick, Maine**  
Construction Type: **Single-family**  
Project Type: **New Construction**  
Orientation: **Bldg. faces 180 deg. from North**  
Conditioned Floor Area: **2,100 ft<sup>2</sup>**  
Glazing Area: **38%**  
Climate Zone: **6 (7052 HDD)**  
Permit Date:  
Permit Number:

Construction Site: Owner/Agent: Designer/Contractor:

## Compliance: Passes using UA trade-off

Compliance: **7.4% Better Than Code** Maximum UA: **258** Your UA: **239**

The % Better or Worse Than Code Index reflects how close to compliance the house is based on code trade-off rules. It DOES NOT provide an estimate of energy use or cost relative to a minimum-code home.

Slab-on-grade tradeoffs are no longer considered in the UA or performance compliance path in REScheck. Each slab-on-grade assembly in the specified climate zone must meet the minimum energy code insulation R-value and depth requirements.

## Envelope Assemblies

| Assembly   | Gross Area or Perimeter | Cavity R-Value | Cont. R-Value | Prop. U-Factor | Req. U-Factor | Prop. UA | Req. UA |
|--|-------------------------|----------------|---------------|----------------|---------------|----------|---------|
| Ceiling: Flat Ceiling or Scissor Truss   | 1,088                   | 49.0           | 0.0           | 0.026          | 0.026         | 28       | 28      |
| Wall: Wood Frame, 16" o.c.<br>Orientation: Unspecified   | 1,088                   | 21.0           | 0.0           | 0.057          | 0.045         | 36       | 28      |
| Door: Solid Door (under 50% glazing)<br>Orientation: Unspecified   | 54                      |                |               | 0.210          | 0.320         | 11       | 17      |
| Window: Other<br>Orientation: Unspecified  | 410                     |                |               | 0.270          | 0.320         | 111      | 131     |
| Basement Wall: Solid Concrete or Masonry<br>Orientation: Unspecified<br>Wall height: 9.0'<br>Depth below grade: 7.0'<br>Insulation depth: 8.0' | 1,088                   | 30.0           | 0.0           | 0.049          | 0.050         | 53       | 54      |



**Compliance Statement:** The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2015 IECC requirements in REScheck Version : REScheck-Web and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

---

Name - Title

---

Signature

---

Date






REScheck Software Version : REScheck-Web

# Inspection Checklist

Energy Code: 2015 IECC

Requirements: 0.0% were addressed directly in the REScheck software

Text in the "Comments/Assumptions" column is provided by the user in the REScheck Requirements screen. For each requirement, the user certifies that a code requirement will be met and how that is documented, or that an exception is being claimed. Where compliance is itemized in a separate table, a reference to that table is provided.






| Section # & Req.ID  | Pre-Inspection/Plan Review   | Plans Verified Value                           | Field Verified Value                           | Complies?  | Comments/Assumptions |
|---|--|--|--|--|----------------------|
| 103.1, 103.2 [PR1] <sup>1</sup><br>        | Construction drawings and documentation demonstrate energy code compliance for the building envelope. Thermal envelope represented on construction documents.  |  |  | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |                      |
| 103.1, 103.2, 403.7 [PR3] <sup>1</sup><br> | Construction drawings and documentation demonstrate energy code compliance for lighting and mechanical systems. Systems serving multiple dwelling units must demonstrate compliance with the IECC Commercial Provisions. |  |  | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |                      |
| 302.1, 403.7 [PR2] <sup>2</sup><br>        | Heating and cooling equipment is sized per ACCA Manual S based on loads calculated per ACCA Manual J or other methods approved by the code official.   | Heating: Btu/hr _____<br>Cooling: Btu/hr _____ | Heating: Btu/hr _____<br>Cooling: Btu/hr _____ | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |                      |

**Additional Comments/Assumptions:**

☐ 1 High Impact (Tier 1)
 ☐ 2 Medium Impact (Tier 2)
 ☐ 3 Low Impact (Tier 3)

Project Title: House Build  
Data filename:

Report date:  
Page 3 of 10











| Section # & Req.ID  | Foundation Inspection   | Plans Verified Value | Field Verified Value | Complies?  | Comments/Assumptions                          |
|---|---|----------------------|----------------------|--|---|
| 402.1.1<br>[FO4] <sup>1</sup><br>  | Conditioned basement wall insulation R-value. Where interior insulation is used, verification may need to occur during Insulation Inspection. Not required in warm-humid locations in Climate Zone 3. | R-____<br>R-____     | R-____<br>R-____     | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | See the Envelope Assemblies table for values. |
| 303.2<br>[FO5] <sup>1</sup><br>    | Conditioned basement wall insulation installed per manufacturer's instructions.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 402.2.9<br>[FO6] <sup>1</sup><br>  | Conditioned basement wall insulation depth of burial or distance from top of wall.  | ____ ft              | ____ ft              | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | See the Envelope Assemblies table for values. |
| 303.2.1<br>[FO11] <sup>2</sup><br> | A protective covering is installed to protect exposed exterior insulation and extends a minimum of 6 in. below grade.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 403.9<br>[FO12] <sup>2</sup><br>   | Snow- and ice-melting system controls installed.  |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |

**Additional Comments/Assumptions:**

1 High Impact (Tier 1)    2 Medium Impact (Tier 2)    3 Low Impact (Tier 3)

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| Section # & Req.ID   | Framing / Rough-In Inspection  | Plans Verified Value | Field Verified Value | Complies?  | Comments/Assumptions                          |
|--|--|----------------------|----------------------|--|---|
| 402.1.1, 402.3.4 [FR1] <sup>1</sup><br>                 | Door U-factor.   | U-_____              | U-_____              | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | See the Envelope Assemblies table for values. |
| 402.1.1, 402.3.1, 402.3.3, 402.5 [FR2] <sup>1</sup><br> | Glazing U-factor (area-weighted average).  | U-_____              | U-_____              | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | See the Envelope Assemblies table for values. |
| 303.1.3 [FR4] <sup>1</sup><br>                          | U-factors of fenestration products are determined in accordance with the NFRC test procedure or taken from the default table.  |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 402.4.1.1 [FR23] <sup>1</sup><br>                       | Air barrier and thermal barrier installed per manufacturer's instructions.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 402.4.3 [FR20] <sup>1</sup><br>                         | Fenestration that is not site built is listed and labeled as meeting AAMA /WDMA/CSA 101/I.S.2/A440 or has infiltration rates per NFRC 400 that do not exceed code limits.  |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 402.4.5 [FR16] <sup>2</sup>  | IC-rated recessed lighting fixtures sealed at housing/interior finish and labeled to indicate ≤2.0 cfm leakage at 75 Pa.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 403.3.1 [FR12] <sup>1</sup><br>                       | Supply and return ducts in attics insulated ≥ R-8 where duct is ≥ 3 inches in diameter and ≥ R-6 where < 3 inches. Supply and return ducts in other portions of the building insulated ≥ R-6 for diameter ≥ 3 inches and R-4.2 for < 3 inches in diameter. |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 403.3.5 [FR15] <sup>3</sup><br>                       | Building cavities are not used as ducts or plenums.  |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 403.4 [FR17] <sup>2</sup><br>                         | HVAC piping conveying fluids above 105 °F or chilled fluids below 55 °F are insulated to ≥ R-3.  | R-_____              | R-_____              | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 403.4.1 [FR24] <sup>1</sup><br>                       | Protection of insulation on HVAC piping.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 403.5.3 [FR18] <sup>2</sup><br>                       | Hot water pipes are insulated to ≥ R-3.  | R-_____              | R-_____              | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 403.6 [FR19] <sup>2</sup>  | Automatic or gravity dampers are installed on all outdoor air intakes and exhausts.  |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |


|                        |                          |                       |
|------------------------|--------------------------|-----------------------|
| 1 High Impact (Tier 1) | 2 Medium Impact (Tier 2) | 3 Low Impact (Tier 3) |
|------------------------|--------------------------|-----------------------|

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**Additional Comments/Assumptions:**

|   |                      |   |                        |   |                     |
|---|----------------------|---|------------------------|---|---------------------|
| 1 | High Impact (Tier 1) | 2 | Medium Impact (Tier 2) | 3 | Low Impact (Tier 3) |
|---|----------------------|---|------------------------|---|---------------------|

| Section # & Req.ID   | Insulation Inspection  | Plans Verified Value  | Field Verified Value  | Complies?  | Comments/Assumptions                          |
|--|--|---|---|--|---|
| 303.1<br>[IN13] <sup>2</sup><br>                          | All installed insulation is labeled or the installed R-values provided.  |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 402.1.1,<br>402.2.5,<br>402.2.6<br>[IN3] <sup>1</sup><br> | Wall insulation R-value. If this is a mass wall with at least ½ of the wall insulation on the wall exterior, the exterior insulation requirement applies (FR10). | R-_____<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Mass<br><input type="checkbox"/> Steel | R-_____<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Mass<br><input type="checkbox"/> Steel | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | See the Envelope Assemblies table for values. |
| 303.2<br>[IN4] <sup>1</sup>  | Wall insulation is installed per manufacturer's instructions.  |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |

**Additional Comments/Assumptions:**

|                        |                          |                       |
|------------------------|--------------------------|-----------------------|
| 1 High Impact (Tier 1) | 2 Medium Impact (Tier 2) | 3 Low Impact (Tier 3) |
|------------------------|--------------------------|-----------------------|


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| Section # & Req.ID  | Final Inspection Provisions   | Plans Verified Value  | Field Verified Value  | Complies?  | Comments/Assumptions                          |
|---|---|---|---|--|---|
| 402.1.1,<br>402.2.1,<br>402.2.2,<br>402.2.6<br>[FI1] <sup>1</sup> | Ceiling insulation R-value.   | R-____<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Steel | R-____<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Steel | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | See the Envelope Assemblies table for values. |
| 303.1.1.1,<br>303.2<br>[FI2] <sup>1</sup>                         | Ceiling insulation installed per manufacturer's instructions. Blown insulation marked every 300 ft <sup>2</sup> .   |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 402.2.3<br>[FI22] <sup>2</sup>                                    | Vented attics with air permeable insulation include baffle adjacent to soffit and eave vents that extends over insulation.  |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 402.2.4<br>[FI3] <sup>1</sup>                                     | Attic access hatch and door insulation ≥ R-value of the adjacent assembly.  | R-____  | R-____  | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 402.4.1.2<br>[FI17] <sup>1</sup>                                  | Blower door test @ 50 Pa. ≤ 5 ach in Climate Zones 1-2, and ≤ 3 ach in Climate Zones 3-8.   | ACH 50 = ____   | ACH 50 = ____   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 403.3.4<br>[FI4] <sup>1</sup>                                     | Duct tightness test result of ≤ 4 cfm/100 ft <sup>2</sup> across the system or ≤ 3 cfm/100 ft <sup>2</sup> without air handler @ 25 Pa. For rough-in tests, verification may need to occur during Framing Inspection.   | ____ cfm/100<br>ft <sup>2</sup>   | ____ cfm/100<br>ft <sup>2</sup>   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 403.3.3<br>[FI27] <sup>1</sup>                                    | Ducts are pressure tested to determine air leakage with either: Rough-in test: Total leakage measured with a pressure differential of 0.1 inch w.g. across the system including the manufacturer's air handler enclosure if installed at time of test. Postconstruction test: Total leakage measured with a pressure differential of 0.1 inch w.g. across the entire system including the manufacturer's air handler enclosure. | ____ cfm/100<br>ft <sup>2</sup>   | ____ cfm/100<br>ft <sup>2</sup>   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 403.3.2.1<br>[FI24] <sup>1</sup>                                  | Air handler leakage designated by manufacturer at ≤ 2% of design air flow.  |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 403.1.1<br>[FI9] <sup>2</sup>                                     | Programmable thermostats installed for control of primary heating and cooling systems and initially set by manufacturer to code specifications.   |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 403.1.2<br>[FI10] <sup>2</sup>                                    | Heat pump thermostat installed on heat pumps.   |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |
| 403.5.1<br>[FI11] <sup>2</sup>                                    | Circulating service hot water systems have automatic or accessible manual controls.   |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |   |

1 High Impact (Tier 1)    2 Medium Impact (Tier 2)    3 Low Impact (Tier 3)



| Section # & Req.ID   | Final Inspection Provisions   | Plans Verified Value | Field Verified Value | Complies?  | Comments/Assumptions |
|--|---|----------------------|----------------------|--|----------------------|
| 403.6.1 [FI25] <sup>2</sup>  | All mechanical ventilation system fans not part of tested and listed HVAC equipment meet efficacy and air flow limits.  |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |                      |
| 403.2 [FI26] <sup>2</sup>  | Hot water boilers supplying heat through one- or two-pipe heating systems have outdoor setback control to lower boiler water temperature based on outdoor temperature.  |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |                      |
| 403.5.1.1 [FI28] <sup>2</sup>  | Heated water circulation systems have a circulation pump. The system return pipe is a dedicated return pipe or a cold water supply pipe. Gravity and thermosyphon circulation systems are not present. Controls for circulating hot water system pumps start the pump with signal for hot water demand within the occupancy. Controls automatically turn off the pump when water is in circulation loop is at set-point temperature and no demand for hot water exists. |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |                      |
| 403.5.1.2 [FI29] <sup>2</sup>  | Electric heat trace systems comply with IEEE 515.1 or UL 515. Controls automatically adjust the energy input to the heat tracing to maintain the desired water temperature in the piping.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |                      |
| 403.5.2 [FI30] <sup>2</sup>  | Water distribution systems that have recirculation pumps that pump water from a heated water supply pipe back to the heated water source through a cold water supply pipe have a demand recirculation water system. Pumps have controls that manage operation of the pump and limit the temperature of the water entering the cold water piping to 104°F.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |                      |
| 403.5.4 [FI31] <sup>2</sup>  | Drain water heat recovery units tested in accordance with CSA B55.1. Potable water-side pressure loss of drain water heat recovery units < 3 psi for individual units connected to one or two showers. Potable water-side pressure loss of drain water heat recovery units < 2 psi for individual units connected to three or more showers.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |                      |
| 404.1 [FI6] <sup>1</sup>   | 75% of lamps in permanent fixtures or 75% of permanent fixtures have high efficacy lamps. Does not apply to low-voltage lighting.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |                      |
| 404.1.1 [FI23] <sup>3</sup><br> | Fuel gas lighting systems have no continuous pilot light.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |                      |

1 High Impact (Tier 1)    2 Medium Impact (Tier 2)    3 Low Impact (Tier 3)



| Section # & Req.ID       | Final Inspection Provisions   | Plans Verified Value | Field Verified Value | Complies?  | Comments/Assumptions |
|--------------------------|---|----------------------|----------------------|--|----------------------|
| 401.3 [F17] <sup>2</sup> | Compliance certificate posted.  |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |                      |
| 303.3 [F18] <sup>3</sup> | Manufacturer manuals for mechanical and water heating systems have been provided. |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable |                      |

**Additional Comments/Assumptions:**

|   |                      |   |                        |   |                     |
|---|----------------------|---|------------------------|---|---------------------|
| 1 | High Impact (Tier 1) | 2 | Medium Impact (Tier 2) | 3 | Low Impact (Tier 3) |
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# 2015 IECC Energy Efficiency Certificate

| Insulation Rating                | R-Value |
|----------------------------------|---------|
| Above-Grade Wall                 | 21.00   |
| Below-Grade Wall                 | 30.00   |
| Floor                            | 0.00    |
| Ceiling / Roof                   | 49.00   |
| Ductwork (unconditioned spaces): |         |

| Glass & Door Rating | U-Factor | SHGC |
|---------------------|----------|------|
| Window              | 0.27     |      |
| Door                | 0.21     |      |

| Heating & Cooling Equipment | Efficiency |
|-----------------------------|------------|
| Heating System: _____       | _____      |
| Cooling System: _____       | _____      |
| Water Heater: _____         | _____      |

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments