

Pikes Peak **REGIONAL** Building Department

RESIDENTIAL HVAC EQUIPMENT CERTIFICATE - EL PASO COUNTY ONLY

Provide this certificate with heat loss, or optional heat gain, calculations for all new residential construction and additions. This form is part of the permanent record.

ADDRESS OR MASTER PLAN #: _____

CALCULATIONS:

- Duct Design New Structure Existing Structure Performance Test
 New Addition Only Existing Structure + New Addition (requires separate calculation for each)

1. Envelope heat loss _____ BTU/hr
2. Infiltration heat loss (.35 ach max) _____ BTU/hr
3. Envelope heat gain (optional) _____ BTU/hr
4. Infiltration heat gain (optional) _____ BTU/hr
5. Total heat loss (add lines 1 and 2)** _____ BTU/hr
6. Total heat gain (add lines 3 and 4 - optional) _____ BTU/hr
7. Type of heating appliance _____ New Existing
BTU/hr input _____ / _____ Location _____ Area served _____
8. Type of heating appliance _____ New Existing
BTU/hr input _____ / _____ Location _____ Area served _____
9. Type of cooling appliance _____ New Existing
BTU/hr input _____ / _____ Location _____ Area served _____
10. Type of cooling appliance _____ New Existing
BTU/hr input _____ / _____ Location _____ Area served _____

SUMMARY:

- A. Input of heating appliance(s)* _____ BTU/hr
- B. Altitude derate (x .80) _____ BTU/hr
- C. Efficiency derate (output) _____ BTU/hr
- D. Electrical heating (1 watt = 3.413 BTU/hr) _____ BTU/hr
- E. **Total Heating Output**** _____ BTU/hr
- F. **Total Cooling** _____ BTU/hr

*If using high/low fired equipment, assign sum of the low fires on this line.

Applicant Signature _____ **Date** _____

Print name & company _____ **Phone** _____

IECC/IRC VENTILATION VERIFICATION (New Homes Only)

- Indicate method of compliance with **Whole –house Mechanical Ventilation System** (M1507.3) (check all that apply)

Outside Air/Supply Exhaust

- List **Fan Type/Description, CFM, and Location** of **ALL** exhaust fans, including kitchen hoods. Check box if fan is part of Whole-house Mechanical Ventilation System. (Example: Exhaust fan, 120 CFM, Master Bathroom)

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- Indicate **Ventilation Control** (check one)

Constant Intermittent: _____ % per Table M1507.3.3(2)

- Specify location of **Whole House Ventilation Manual Override Control Switch**, if known, otherwise note as **To Be Determined**.
