

SUMMARY**Project**

1. Project Name	<input type="text"/>		
2. Project Address	<input type="text"/>		
3. City/Town	<input type="text"/>	5. County	<input type="text"/>
4. Building, Gross Area (ft2)	<input type="text"/>	6. No. of Floors	<input type="text"/>
7. Construction Site Elevation Above 2,000 ft?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Attached Forms and Worksheets

Check boxes to indicate attached forms and worksheets

Chapter	Type	ID	Description	Attach
Building Envelope	Form	3a	Building Envelope - General	<input type="checkbox"/>
		3b	Prescriptive Path - All Climate Zones	<input type="checkbox"/>
			* CodeComp Report for Simplified Trade-off	<input type="checkbox"/>
* In lieu of 3b			* Floppy disc with .occ CodeComp file	<input type="checkbox"/>
	Worksheet	3a	Wall U-factor	<input type="checkbox"/>
		3b	Roof U-factor	<input type="checkbox"/>
		3c	Floor U-factor	<input type="checkbox"/>
		3d	Window/Skylight Schedule	<input type="checkbox"/>
Systems	Form	4a	Systems - General	<input type="checkbox"/>
		4b	Complex Systems	<input type="checkbox"/>
	Worksheet	4a	Unitary Air Conditioners - Air Cooled	<input type="checkbox"/>
		4b	Unitary Air Cond. - Water & Evap Cooled	<input type="checkbox"/>
		4c	Unitary Heat Pump - Air Cooled	<input type="checkbox"/>
		4d	Unitary Heat Pump - Water Cooled	<input type="checkbox"/>
		4e	Packaged Terminal A.C. - Air Cooled	<input type="checkbox"/>
		4f	Packaged Terminal Heat Pump - Air Cooled	<input type="checkbox"/>
		4g	Water Chilling Pkgs - Water & Air Cooled	<input type="checkbox"/>
		4h	Heat Rejection Equipment	<input type="checkbox"/>
		4i	Boiler - Gas-Fired and Oil-Fired	<input type="checkbox"/>
		4j	Furnace & Unit Heaters - Gas and Oil-Fired	<input type="checkbox"/>
		4k	Simultaneous Heating and Cooling	<input type="checkbox"/>
4l	Air Transport Energy	<input type="checkbox"/>		
4m	Natural Ventilation	<input type="checkbox"/>		
Lighting	Form	5a	Lighting - General	<input type="checkbox"/>
		5b	Interior Lighting Power - Tenant Method	<input type="checkbox"/>
		5c	Int. Ltng. Power - Space-by-Space Method	<input type="checkbox"/>
	Worksheet	5a	Lighting Schedule	<input type="checkbox"/>
		5b	Interior Lighting Power	<input type="checkbox"/>

Applicant

7. Name	<input type="text"/>	10. Telephone	<input type="text"/>
8. Company	<input type="text"/>	11. Date	<input type="text"/>
9. Signature	<input type="text"/>		

Attached Documentation

No. of Pages	Description of Documentation
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>