

This document outlines project compliance with National Energy Code for Building (NECB). The project summary, including NECB contact information, and the compliance report for the chosen path are to be submitted as part of the building and development permit application for new buildings and additions that require NECB compliance. See [NECB Compliance Information](#) for application to buildings and [Framework Guide](#) for submission requirements.

Project Information	
Project Address: _____	BPA Number (Office use only) _____
Coordinating NECB Design Professional Information (The coordinating NECB design professional will be responsible for coordinating the design work associated with energy compliance and the building and development permit process. The coordinating NECB Design Professional is required to sign the project summary and the associated compliance report).	
Name: _____	
Registered Business Name: _____	
Address: _____	
Unit Number	Street
City	Province
Postal Code	Phone/Cell # : _____
Email: _____	

Basic Building Information	
Building use: _____	
Type of construction:	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Major Alteration <input type="checkbox"/> Tenant Fitout
If addition, NECB compliance for:	<input type="checkbox"/> Addition only <input type="checkbox"/> Addition & existing
Building information:	<input type="checkbox"/> Heated <input type="checkbox"/> Semi – heated
Vestibule:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fill out the following details, if applicable:	
_____ Building foot print area (m ²)	_____ Semi-heated space (m ²)
_____ Area of addition (m ²)	_____ Unconditioned space (m ²)
_____ Conditioned space (m ²)	_____ FDWR (%)
*Note: The prescriptive path for Part 3 is not permitted if FDWR exceeds the % applicable to the Climate Zone where the building is located.	
Climate Zone: # _____	(HDD below 18°C): _____
	(HDD below 15°C): _____

Compliance Path Summary	
Please indicate the compliance path for each Part below. The chosen compliance path requires the associated reports to be completed and submitted.	
Please note that only one means of compliance is possible per Part.	
Part 3: Building Envelope:	<input type="checkbox"/> Prescriptive or <input type="checkbox"/> Trade-Off
Part 4: Lighting:	<input type="checkbox"/> Prescriptive or <input type="checkbox"/> Trade-Off
Part 5: Heating, Ventilation and Air Conditioning Systems:	<input type="checkbox"/> Prescriptive or <input type="checkbox"/> Trade-Off
Part 6: Service Water Heating Systems:	<input type="checkbox"/> Prescriptive or <input type="checkbox"/> Trade-Off
Part 7: Electrical Power Systems and Motors:	<input type="checkbox"/> Prescriptive
OR	
Part 8: Performance Energy Model:	<input type="checkbox"/> Performance
Drawing requirements are detailed on the NECB Drawing Requirements .	

Declaration	
Signature of Coordinating NECB Design Professional who has completed this form:	
_____	_____
Signature	Date

NECB Contact Information
**Part 3:
 Building Envelope**

 Name: _____
 Registered Business Name: _____
 Address: _____
 Unit Number Street City Province Postal Code
 Email: _____ Phone/Cell#: _____

**Part 4:
 Lighting**

 Name: _____
 Registered Business Name: _____
 Address: _____
 Unit Number Street City Province Postal Code
 Email: _____ Phone/Cell#: _____

**Part 5:
 Heating,
 Ventilation and
 Air-Conditioning
 Systems**

 Name: _____
 Registered Business Name: _____
 Address: _____
 Unit Number Street City Province Postal Code
 Email: _____ Phone/Cell#: _____

**Part 6:
 Service Water
 Heating Systems**

 Name: _____
 Registered Business Name: _____
 Address: _____
 Unit Number Street City Province Postal Code
 Email: _____ Phone/Cell#: _____

**Part 7:
 Electrical Power
 Systems and
 Motors**

 Name: _____
 Registered Business Name: _____
 Address: _____
 Unit Number Street City Province Postal Code
 Email: _____ Phone/Cell#: _____

**Part 8:
 Building Energy
 Performance
 (if Performance
 Compliance
 selected)**

 Name: _____
 Registered Business Name: _____
 Address: _____
 Unit Number Street City Province Postal Code
 Email: _____ Phone/Cell#: _____

Other:

 Name: _____
 Registered Business Name: _____
 Address: _____
 Unit Number Street City Province Postal Code
 Email: _____ Phone/Cell#: _____