

| Project Information                              |                  |
|--|------------------|
| Project Address _____                            | BPA Number _____ |
| Coordinating NECB Design Professional Name _____ |                  |

**Prescriptive compliance requires drawings that detail items referred to in the NECB Drawing Requirements.**

| Part 3 – Building Envelope  |   |                          |           |
|---|---|--------------------------|-----------|
| For Additions: fenestration is being calculated for (select one): | <input type="checkbox"/> Addition only<br><input type="checkbox"/> Addition & existing combined |                          |           |
| General   | Proposed  | NECB Limit               |           |
| Gross wall area (m <sup>2</sup> )                                 |   | N/A                      |           |
| Total window area (m <sup>2</sup> )                               |   | N/A                      |           |
| Total exterior door area (m <sup>2</sup> )                        |   | N/A                      |           |
| Gross roof area (m <sup>2</sup> )                                 |   | N/A                      |           |
| Total skylight area (m <sup>2</sup> )                             |   | < 0.05*(gross roof area) |           |
| Exposed floor areas (m <sup>2</sup> )                             |   | N/A                      |           |
|   |   | HDD @ 18°                | HDD @ 15° |
| Overall Thermal Transmittance – U (W/(m <sup>2</sup> ·K))         | FDWR (%)  | ≤                        | ≤         |
|   | Opaque walls (above ground)   | ≤                        | ≤         |
|   | Opaque walls (in contact with ground)   | ≤                        | ≤         |
|   | Roofs (above ground)  | ≤                        | ≤         |
|   | Roofs (in contact with ground)  | ≤                        | ≤         |
|   | Floors (above ground)   | ≤                        | ≤         |
|   | Floors (in contact with ground)   | ≤ 0                      | ≤         |
| Air Leakage (L/(s·m <sup>2</sup> ))                               | Opaque doors  | ≤                        | ≤         |
|   | Fixed fenestration and curtain walls  | ≤                        |           |
|   | Operable windows, skylights, and doors  | ≤                        |           |
|   | Operable revolving and auto sliding doors   | ≤                        |           |

| Part 4 – Lighting   |   |  |
|---|---|--|
|   | Proposed building IILP (Installed Interior Lighting Power) (kW)<br><small>(not to exceed the ILPA below)</small>                |  |
| <b>Interior Lighting Power Method: (Select One Below)</b>   |   |  |
| <input type="checkbox"/> ILPA (Interior Lighting Power Allowance - building area method)  | Lighting power density (W/m <sup>2</sup> )  |  |
| <b>OR</b>   | Gross lighted Area (m <sup>2</sup> )  |  |
| <input type="checkbox"/> ILPA (Interior Lighting Power Allowance – space-by-space method)*  | Proposed ILPA building area method (kW)   |  |
| <small>*Provide a detailed line-by-line breakdown of spaces, their floor area (m<sup>2</sup>), the associated lighting power densities (W/m<sup>2</sup>) and the resulting lighting power allowances (kW)</small> | Proposed ILPA space-by-space method (kW)  |  |
|   | Proposed building exterior lighting power (kW)<br><small>(to be less than exterior lighting basic site allowance below)</small> |  |
|   | Exterior lighting zone  |  |
|   | Exterior lighting basic site allowance (W)  |  |
| Interior lighting controls are designed in accordance with Subsection 4.2.2.  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Exterior lighting controls are designed in accordance with Subsection 4.2.4.  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

\* Adjust to HDD requirements for climate zone where building is located.

**Part 5 – Heating, Ventilating and Air-Conditioning Systems**

|   | Proposed  |                     | NECB Limit  |                     |
|---|---|---------------------|---|---------------------|
|   | Constant Volume   | Variable Air Volume | Constant Volume   | Variable Air Volume |
| Fan system power demand (W/L/s))  |   |                     | ≤ 1.6   | ≤ 2.65              |
| Commercial kitchen design ventilation rate (L/s)  |   |                     | <input type="checkbox"/> < 1410 L/s<br><input type="checkbox"/> Demand control provided |                     |
| Economizer system required in conformance with Articles 5.2.2.7.<br>Air economizer has been designed to Article 5.2.2.8. or Article 5.2.2.9. (circle one) | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |                     |   |                     |
| Temperature controls been designed in conformance with Subsection 5.2.8.  | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |                     |   |                     |
| Type of ventilation system operation  | <input type="checkbox"/> Continuous <input type="checkbox"/> Non-continuous |                     |   |                     |
| Percentage of outdoor air at design airflow conditions (%)  | _____   |                     |   |                     |
| Energy recovery system required   | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |                     |   |                     |
| Energy recovery system efficiency (%)   | _____   |                     |   |                     |

Please provide details of proposed HVAC equipment and component specifications for the building, using the table below:  
 (Please note if more space is needed, please submit a separate list using the same format) Table 5.2.12.1.

| Component or Equipment | Cooling or Heating Capacity, kW | Standard | Rating Conditions | Performance Rating |
|------------------------|---------------------------------|----------|-------------------|--------------------|
|                        |                                 |          |                   |                    |
|                        |                                 |          |                   |                    |

**Part 6 – Service Water Systems**

|                    | Proposed             | NECB Limit                                |
|--------------------|----------------------|---|
|                    | Shower heads (L/min) |   |
| Lavatories (L/min) |                      | ≤ Private 5.7 L/min<br>≤ Public 1.9 L/min |

Please provide details of the proposed service water heating equipment specifications for the building, using the table below:  
 (Please note if more space is needed, please submit a separate list using the same format) Table 6.2.2.1.

| Component or Equipment | Input | Capacity (L) | V <sub>t</sub> (L) | Input/V <sub>t</sub> (W/L) | Standard | Rating Conditions | Rated Performance |
|------------------------|-------|--------------|--------------------|----------------------------|----------|-------------------|-------------------|
|                        |       |              |                    |                            |          |                   |                   |
|                        |       |              |                    |                            |          |                   |                   |

**Part 7 – Power Systems**

|  | Proposed                     | NECB Limit |
|--|------------------------------|------------|
|  | Load carrying capacity (kVA) |            |

Please provide a description of each system, detailing its function, design details, and performance characteristics.

**Compliance Confirmation**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Building energy prescriptive compliance meets NECB 2017               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drawings submitted are in conformance with NECB Drawings Requirements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Declaration**

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date