



California Association of Building Energy Consultants

Residential Intake Checklist

Project Title/Address: _____

City/Building Department: _____ North Arrow? Y/N

Project Assigned To: _____

Report to be Delivered by: e-mail/mail/will call # of copies: _____

Date in: _____ Date Out: _____

Client's Name: _____ New? Y/N HERS Reg.?: Y/N

Mailing Address: _____

Phone: _____ e-mail address: _____

Designer/Owner: _____

Mailing Address: _____

Phone: _____ e-mail address: _____

Existing (Built _____)/Alteration/Addition/New

Roof Insulation: _____ Construction (Framing type and insulation): _____

Radiant Barrier? Y/N Cool Roof? Y/N

Wall Insulation: _____ Construction (Framing type and insulation cavity): _____

Raised Floor Ins: _____ Construction (Framing type and insulation cavity): _____

Slab Insulation/Depth: _____ Heated? Y/N

Windows/Doors: Frame: _____ Manufacturer: _____

Skylights? Y/N

Heating/Eff: _____ Fuel: Gas/Propane/Electric Output: _____

Cooling/Eff: _____ Output: _____

Ducts: Supply/Return/Exhaust/Other

HERS: _____

DWH: _____

Solar? Y/N PV kW: _____ %DWH: _____