

Residential Compliance Certificate Letter

Address: _____

Insulation Ratings:

In space provided next to each item, please document rating utilized on this project. Min or Max in parentheses.

Roof/Ceiling R _____ (min R-30)

Walls R _____ (min R-13)

* Crawl Space Walls (if applicable) R _____ (min R-5/13)

Ducts R _____ (min R-8)

† Floors (if applicable) R _____ (min R-19)

Fenestration Ratings: **U-Rating** **Solar Heat Gain Coefficient (SHGC)**

Doors _____ (max 0.5) _____ (max .3)

Windows _____ (max 0.5) _____ (max .3)

Skylights _____ (max 0.65) _____ (max .3)

Equipment Performance:

HVAC Seasonal Energy Efficiency Rating (SEER) _____ (min 13)

Owner/Builder: _____

Signature: _____

* The first R-value applies to continuous insulation, the second to framing cavity insulation, either insulation meets the requirement. Not required if crawl space floor system is insulated.

† Applies to floors over unconditioned space.