

Initial Application Date: 115 9

Application # <u>SFD</u>	1901	<u>-0019</u>	! 
•			

	COUNTY OF HY	RNETT RESIDENTIAL	I AND USE ADDITIONED		<u> </u>
Central Permitting	108 E. Front Street, Lillington, No	C 27546 Phone: (910	) 893-7525 ext:2 Fax	c: (910) 893-2793 ww	w.harnett.org/permits
	VEY MAP, RECORDED DEED (OR OF				
LANDOWNER; H & H C	onstructors of Fayettev	rille, LLC Mailing Ac	idress, 2919 Breez	zewood Avenue,	Ste. 400
city: Fayetteville	state: NC zip:	28303 Contact No. 5	910-486-4864 x4	50 <u>Email: stacysin</u>	imons@hhhomes.com
	Above				<del></del>
	State: Zip:				
CONTACT NAME APPLYIN	IG IN OFFICE: Stacy Simm	nons	Phon	<sub>19#</sub> 910-486-4864	1 x450
address: 145 Ho	ig in office: Stacy Simm peland Drive	PIN	1 <u>: DSD7-43-</u>	4835	<del></del>
DEED OR OTP: 357	1:0123	-	<del></del>		
PROPOSED USE:		_	<u> </u>		
▼ SFD: (Size <u>Y 2 x 5</u>	# Bedrooms: 4 # Baths?	S Basement(w/wo bath): ☐) yes (☐) no w/ a ck	Garage. ✓ Deck: oset? (☐) yes (☐) no (	Crawl Space:	Slab: Monolithic Slab: Slab: S
☐ Mod: (Sizex_	) # Bedrooms# Baths (Is the second floor finished? (	Basement (w/wo bath)	Garage: Site B	uilt Deck On Fran	
Manufactured Home:	SW DW TW (Size_	x) # Bedroor	ns:Garage:(si	te built? Deck:	site built?
Duplex: (Size x	No. Buildings:	No. Bedrooms Per	Unit:		
Home Occupation: #R	ooms:Use:	Ho	urs of Operation:		#Employees:
Addition/Accessory/Oth	ner: (Size <u>x</u> ) Use:	<u> </u>	<u></u>	Closets in additi	on? ( ) yes ( ) no
Water Supply: Count Sewage Supply; New (Complete B Does owner of this tract of la	tyExisting WellI Septic TankExpansion Invironmental Health Checklist o and, own land that contains a ma	New Well (# of dwellings Need to Complete New V Relocation Exist n other side of application nufactured home within t	using well) ^h Vell Application at the sa ing Septic Tank: Co if Septic) ive hundred feet (500') o	Must have operable wa me time as New Tank) ounty Sewer of tract listed above? (	ter before final
Does the property contain a	ny easements whether undergro	und or overhead 🖄 ye	s ().uo.		•
Structures (existing or proje	osed): Single family dwellings:	Manufac	ctured Homes:	Other (specify)	: <u></u> -
I hereby state that foregoing	e to conform to all ordinances are statements are accurate and co	rrect to the best of my kn	lowledge. Permit subject	t to revocation if false in	ications of plans submitted. formation is provided.
***It is the owner/annlican	*This application expires	e county with any applicand or overhead easem Information that is con	cable information about tents, etc. The county of tained within these app at date if permits have r	or its employees are no plications.***	Including but not limited it responsible for any

strong roots • new growth



## \*\*This application expires 6 months from the initial date if permits have not been issued\*\*

\*This application to be filled out when applying for a septic system inspection,\*

County Health Department Application for Improvement Permit and/or Authorization to Construct IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

#### Environmental Health New Septic System

- <u>All property irons must be made visible</u>. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. *Do not grade property*.
- All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

#### □ Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

## "MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

<u>SEPTIC</u>					
If applying	for authorizatio	n to construct please indicate	desired system type(s): car	be ranked in order of preference, must choose one.	
{}} Acce	pted	{}} Innovative	{\_}} Conventional	{ <b>2</b> } Any	
{ Alter	native	{} Other		•	
The applica question. If	nt shall notify f the answer is	the local health department "yes", applicant MUST AT	upon submittal of this app TACH SUPPORTING I	lication if any of the following apply to the property in OCUMENTATION:	
YES	No	Does the site contain any J	urisdictional Wetlands?		
{}}YES	<b>№</b> NO	Do you plan to have an irri	gation system now or in th	e future?	
{}}YES	<b>₩</b> NO	Does or will the building c	ontain any <u>drains</u> ? Please e	explain	
()YES	(✓) NO	Are there any existing well	ls, springs, waterlines or W	astewater Systems on this property?	
{}}YES	{ <b>✓</b> } NO	Is any wastewater going to	be generated on the site of	her than domestic sewage?	
{}}YES	NO	Is the site subject to approv	val by any other Public Ag	ency?	
YES	<u> </u>	Are there any Easements o	r Right of Ways on this pr	pperty?	
{}}YES	NO NO	Does the site contain any e	xisting water, cable, phone	or underground electric lines?	
	-	If yes please call No Cuts	at 800-632-4949 to locate	the lines. This is a free service.	

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

strong roots - new growth



Application #

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company, name & phone must match information on license. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
1010-893-7525 Fax 910-893-2793 www.harnett.org/permits-

# Application for Residential Building and Trades Permit

on on license)	1/15/10
Owner's Name: H&H Constructors of Fayetteville, LLC.	Date:Date:
Site Address: 145 Hopeland Drive	Phone: 910-486-4864
Subdivision: Oakmont	Lot: 204
Description of Proposed Work: New Single Family Residential	· · · · · · · · · · · · · · · · · · ·
General Contractor Info	<u>ormation</u>
H&H Constructors of Fayetteville, LLC.	910-486-4864
Building Contractor's Company Name	Telephone
2919 Breezewood Ave. Ste. 400 Fayetteville, NC 28303	Stacysimmons@hhhomes.com
Address	Email Address
74158	
License #	aumation
Electrical Contractor Inf Description of Work Single Family Electric Service	ce Size: 200 Amps T-Pole: Yes No
JM Pope Electric, Inc.	919-776-5144
Electrical Contractor's Company Name	Telephone
409 Chatham Street Sanford, NC 27330	Electricpope@windstream.net
Address	Email Address
21326	
License #	
Mechanical/HVAC Contracto	or Information
Description of Work Single Family HVAC	<del></del>
Carolina comfort Air, Inc.	910-891-1239
Mechanical Contractor's Company Name	Telephone
703 N. Clinton Ave: Dunn, NC 28334	Carolinacomfortair@yahoo.com
Address	Email Address
29077:H-3-1	
License #	Paumatlaia
Plumbing Contractor Inf	$\wedge$
Description of Work Single Family Plumbing	#Baths <a>.</a>
Dell HairePlumbing	910-429-9939
Plumbing Contractor's Company Name	Télephone
PO Box 65048/ 620 Gillesple St. Fay. NC 28306	dellhaireplumbing@hotmail.com
Address	Email Address
32886 P-1	•
License # Insulation Contractor in	formation
Tricity Insulation Inc. 418 Person St. Fay. NC 28301	910-486-8855
Insulation Contractor's Company Name & Address	Telephone

"NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes. I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

number of bedrooms, building and trade plans, Environmental Health permit changes of proposed use changes. I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  General Contractor  Owner  Owner  Officer/Agent of the Contractor or Owner  Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:  Has three (3) or more employees and has obtained workers' compensation insurance to cover them.  Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.  Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance					
The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contractor or Owner  Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:  Has three (3) or more employees and has obtained workers' compensation insurance to cover them.  Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.  Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance.					
General Contractor					
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:  Has three (3) or more employees and has obtained workers' compensation insurance to cover them.  Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.  Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance					
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them.  Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance					
them.  Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance					
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance					
covering themselves.					
Has no more than two (2) employees and no subcontractors.					
While working on the project for which this permit is sought it is understood that the Central Permitting					
Department is using the permit may require certificates of coverage of worker's compensation insurance prior					
to issuance of the permit and at any time during the permitted work from any person, firm or corporation					
carrying out the Work.					
Sign w/Title: Stur. Aums/ Print Wordingtor Date: 1/15/19					

#### DO NOT REMOVE!

# **Details: Appointment of Lien Agent**

Entry #: 977121

Filed on: 01/15/2019 initially filed by: meaganbradshaw

Designated Lien Agent

First American Title insurance Company

Online: www.flensnc.comanaca.comana Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

Phone: 888-690-7384 Fax: 913-469-5231

Email: support@liensnc.com/re resurrentiesse

Owner Information

H & H Constructors of Fayetteville, LLC: 2919 Breezewood Avenue Sulte 400 Fayetteville, NC 28303 United States Email: stacysimmons@hhhomes.com Phone: 910-486-4864

Lillington, NC 27546 **Hamett County** 

Property Type

Project Property

OKM000204 Lot 204 Oakmont 145 Hopeland Drive

1-2 Family Dwelling

Date of First Furnishing

12/27/2018

Print & Post



Contractors: Please post this notice on the job Site.

Suppliers and Subcontractors: Scan this image with your smart phone to view this filling. You can then . file a Notice to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384

# Terrollonoles on Paris



4	T	Fast	eners	].	DF/SP	Allowable l	.oads	T	SPF	Allowable L	ads
Model No:	Qty Regi	1 10	Tõ		plif1	Parallel to Plate (F <sub>1</sub> )		( <del>                                    </del>	plift	Parallel to Plate (F <sub>1</sub> )	
		Rafters	Plates	(133)	(160)	(133/160)			(160	(133/160)	
H2.5	1_	5-8d	5-8d	415	415	150	150	365	365	. 130	130
H5A	1	3-8d	3-8d	350	420	115	180	245	245	100	120
HGA10	• 1	4-SDS1/x11/2	4-SDS1/x3	435	435	1165	940	375	. 375	870	815
H5	1	4-8d	4-8d	455	465	115	2Ô0	265	265	100	170
H1	đi,	6-8dx11/2	4-8d	480	<i>5</i> 85	485	165	400	400	415	140
H2.5A	1	5-8d	5-8d	600	600	110	110	520	535	110	110
îteje	: <del>]</del>	i b lodx1%	ę 10qx1%	,720	720	75 .	125	.650	620.	75 ,1	125
H8' #		5-10dx1%	5-10dx11/2	, 620 <i>.</i>	745 .		. : ::	. gḡg	. \$65.		
H10-2	Ή .	6-10d	6-10d	760	760	455	395	655	655	390	340
H2.5	2	10:8d	10-8d	830	830	300	900	730	730	260	260
H5.	2	8 Bd	B-8d	១រួច	930	230	400	530	530	200	340
H104		ε β-βἀx1½:	B. Bdx11/2	ι <b>γ</b> 9þ5 »	. <b>9</b> 90,	585	525	780	850	505	450
MTS12	1	7-10dx11/2	7-10dx11/2	840	1000	75	125	730	860	75	125
H1	2	12-8dx11/2	8-8d	980	1170	970	330	BOD	BOO	830	280
H2.5A	2	10-8d	10-8d	1200	1200	220	220	1040	1070	220	220
TS12	2	12-10dx1/2	12-10dx116	1440	1440	150	250	1240	1240	150	250
HTS20	.j .	12-100x11/2	12-10dx11/2	1450	1450	75	125	1245	1245	75:	r 125
Has 1	1	2-10dx11/2	10-10dx11/2	1470	1470		1	1265	1265	-	
116	1	2-10dx11/2			1470				1265		
jora s	394	36 ax 17 y	16-Bdx1/	ĴŔĨŎŢ	1980	1170°	, 1050 j	15607			¥900;
its 2	21 A	4100X193	44,10pky.	1680	2000,	) i50 ·	250	1460	1720	36 150 ng 1	250



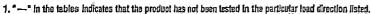
Hurricane Tie Installations to Achieve Twice the Load (Top View)



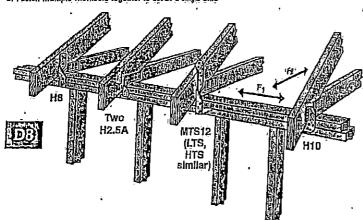
instali diagonally across from each other for minimum 2x truss.

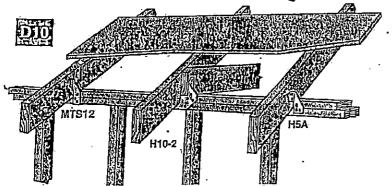


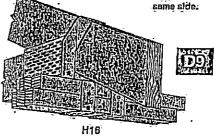
Natiling into both sides of a single ply 2x truss may cause the wood to split. A minimum rafter thickness of 21/2" must be used when connectors are installed on the

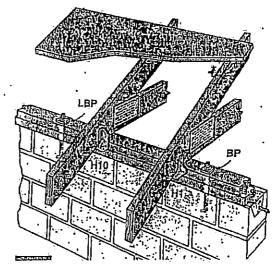


2. For connections to single top plates, see page 12.
3. Fasten multiple members together to acras a single unit.



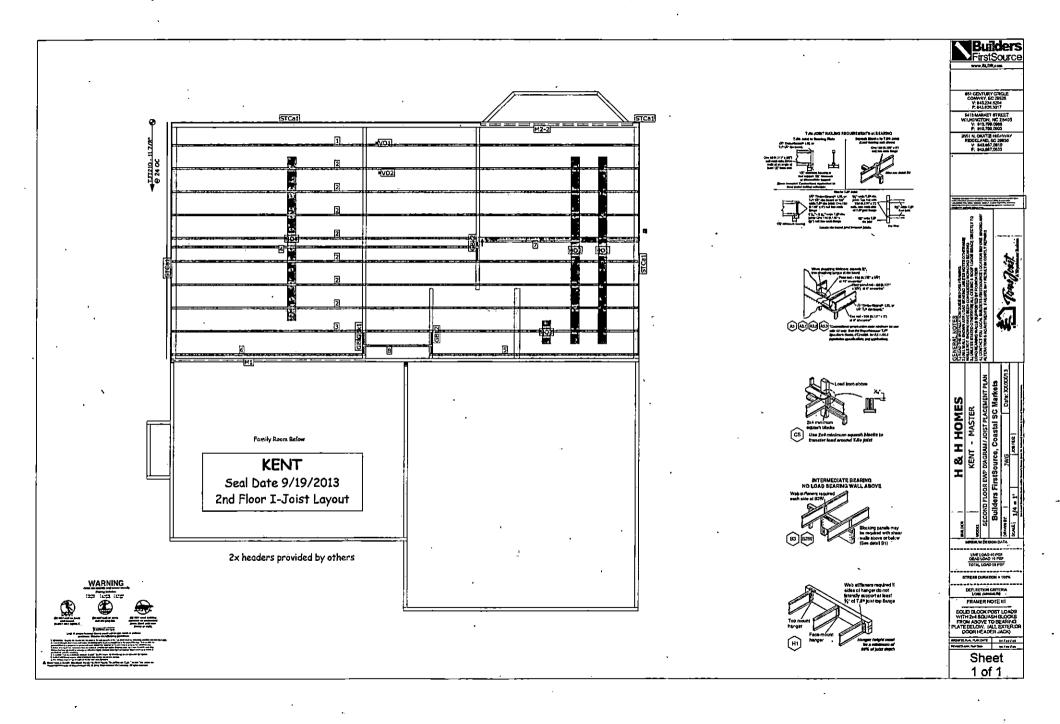


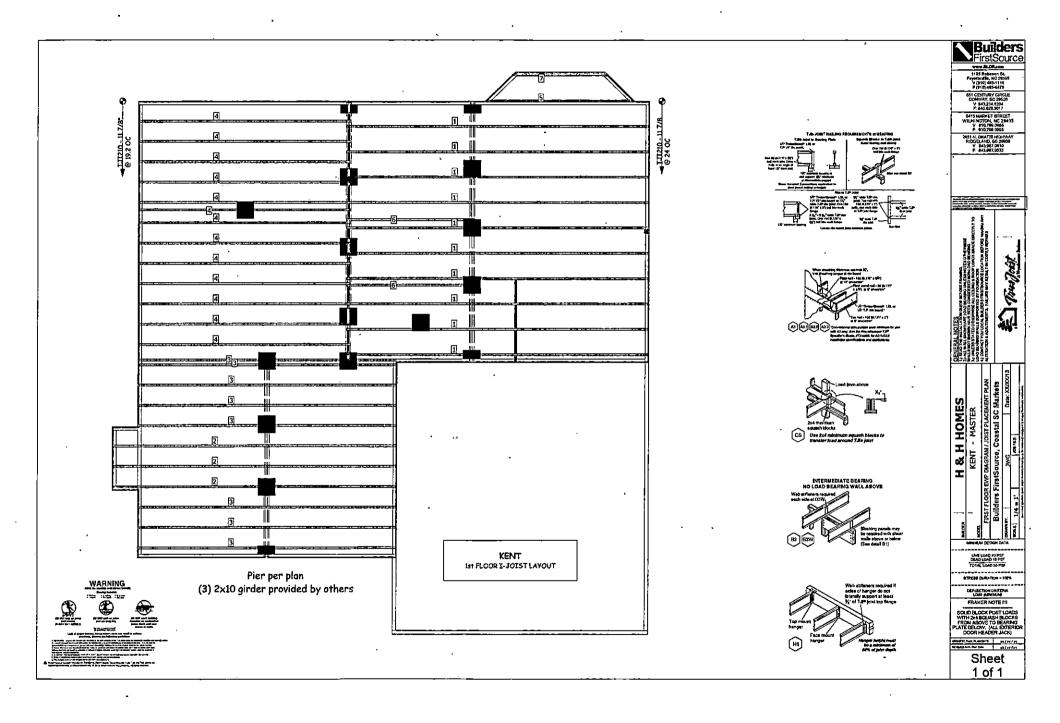


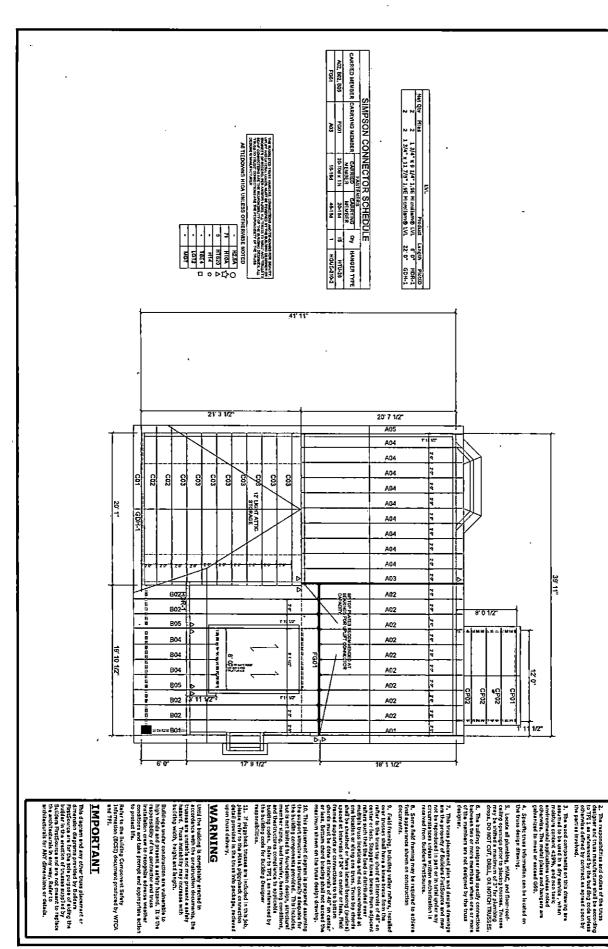














SUMTER TRUSS PLANT P.O. BOX 1546 **SUMTER, SC 29151** PHONE: (803) 778-1921

Kent "B" Base + COP

**Roof Truss** 

H&H

**GENERAL NOTES** 



# REScheck Software Version 4.4.4 Compliance Certificate

### Project Title: Kent worst case

Energy Code:

North Carolina Energy Conservation Code

Location:

Construction Type:

Lillington, North Carolina Single Family New construction

Project Type: Building Orientation:

Bldg, faces 0 deg, from North

Glazing Area Percentage: Heating Degree Days: Climate Zone:

8% 3502

Construction Site:

NÇ

Owner/Agent:

**H&H Homes** 

2919 Breezewood Ave, Suite 400

Fayetteville, NC 28303

Designer/Contractor:

Justin Smith

Southern Energy Management

101 Kitty Hawk Dr Morrisville, NC 27560 (919) 836-0330

jsmith@southern-energy.com

#### Compliance: Passes using UA trade-off

Compliance: 2.4% Better Than Code

Maximum UA: 421

Your UA: 411

Maximum SHGC: 0.40 Your SHGC: 0.27

The % Better or Worse Than Code index reflects how close to compliance the house is based on code trade-off rules.

It DOES NOT provide an estimate of energy use or cost relative to a minimum-code home.

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss	1170	19.0	19.0	_	30
Wall 1: Wood Frame, 16" o.c. Orientation: Front	688	19.0	0.0		36
Window 1: Vinyl Frame:Double Pane with Low-E SHGC; 0.27 Orientation: Front	50			0.350	18
Door 1: Solid Orientation: Front	20			0.200	4
Door 2: Solid Orientation: Front	18			0.200	4
Wall 2: Wood Frame, 16" o.c. Orientation: Left Side	620	19.0	0.0		` 36
Window 5: Vinyl Frame:Double Pane with Low-E SHGC: 0.27 Orientation: Left Side	14			0,350	5
Walt 3: Wood Frame, 16" o.c. Orientation: Right Side	620	19.0	0.0		35
Window 4: Vinyl Frame:Double Pane with Low-E SHGC: 0.27 Orientation: Right Side	. 41			0.350	14
Wall 4: Wood Frame, 16" o.c. Orientation: Back	688	19.0	0.0		35
Window 3: Vinyl Frame:Double Pane with Low-E SHGC: 0.27 Orientation: Back	97			0.350	34
Floor 1: Slab-On-Grade:Unheated Insulation depth: 0.0'	154		0.0		160

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the North Carolina Energy Conservation Code requirements in REScheck Version 4.4.4 and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

Project Title: Kent worst case

Report date: 06/20/13

Data filename: C:\Users\Justin\Desktop\SEM files\REM files\H&H Homes\RESchecks\H&H Homes-Kent-Hamett County-worst



# REScheck Software Version 4.4.4 **Inspection Checklist**

**Energy Code:** Location:

North Carolina Energy Conservation Code Lillington, North Carolina Single Family

Construction Type: Project Type:

New construction

**Building Orientation:** 

Bldg. faces 0 deg. from North

Glazing Area Percentage: Heating Degree Days: Climate Zone:

8% 3502

~~	:#:	_	~	_	

Ceilings:
Ceiling 1: Flat Ceiling or Scissor Truss, R-19.0 cavity + R-19.0 continuous insulation  Comments:
Above-Grade Walls:
Wall 1: Wood Frame, 16" o.c., R-19.0 cavity insulation  Comments:
Wall 2; Wood Frame, 16" o.c., R-19.0 cavity insulation  Comments:
Wall 3: Wood Frame, 16" o.c., R-19.0 cavity insulation  Comments:
Wall 4: Wood Frame, 16" o.c., R-19.0 cavity insulation  Comments:
Windows:
Window 1: Vinyl Frame:Double Pane with Low-E, U-factor: 0.350, SHGC: 0.27, For windows without labeled U-factors, describe features:
#Panes Frame Type Thermal Break? Yes No Comments:
Window 5: Vinyl Frame:Double Pane with Low-E, U-factor: 0.350, SHGC: 0.27,  For windows without labeled U-factors, describe features:  #Panes Frame Type Thermal Break? Yes No
Comments: remail break? res No
Window 4: Vinyl Frame:Double Pane with Low-E, U-factor: 0.350, SHGC: 0.27,  For windows without labeled U-factors, describe features:
#Panes Frame Type Thermal Break? Yes No Comments:
Window 3: Vinyl Frame:Double Pane with Low-E, U-factor: 0.350, SHGC: 0.27, For windows without labeled U-factors, describe features:
#Panes Frame Type Thermal Break? Yes No Comments:
Doors:
Door 1: Solid, U-factor: 0.200
Door 2: Solid, U-factor: 0.200  Comments:
Floors:

	Floor 1: Slab-On-Grade;Unheated, R-0 (uninsulated)
	Slab insulation extends down from the top of the slab to at least 0.0 ft. OR down to at least the bottom of the slab then horizontally for a total distance of 0.0 ft. Slab edge insulation must have a 2 inch termite inspection gap.
	Solar Heat Gain Coefficient:
	Solar Heat Gain Coefficient (SHGC) values are determined in accordance with the NFRC test procedure or taken from the default table.
	Air Leakage:
	Joints (including rim joist junctions), attic access openings, penetrations, and all other such openings in the building envelope that are sources of air leakage are sealed with caulk, gasketed, weatherstripped or otherwise sealed with an air barrier material, suitable film or solid material.
	Air barrier and sealing exists on common walls between dwelling units, on exterior walls behind tubs/showers, and in openings between window/door jambs and framing.
	Recessed lights in the building thermal envelope are 1) type IC rated and ASTM E283 labeled and 2) sealed with a gasket or caulk between the housing and the interior wall or ceiling covering.
	Access doors separating conditioned from unconditioned space (e.g., attic, unconditioned basements and crawlspaces) are weather-stripped and insulated (without insulation compression or damage). Where loose fill insulation exists, a wood framed or equivalent baffle is installed to maintain insulation application. Required insulation values are as follows:
'	(1) Hinged vertical doors have a minimum of R-5 insulation.
	(2) Hatches/scuttle hole covers have a minimum of R-10 insulation.
	(3) Pull down stairs have a minimum of R-5 rigid insulation.
	Site-built masonry fireplaces have doors and comply with Section R1006 of the North Carolina Residential Code for combustion air.
	Air Sealing and Insulation:
	•
	(1) Post rough-in blower door test result of less than or equal to 5 ACH at 50 pascals.
	(2) Post rough-in blower door test result of less than or equal to 0.30 CFM50/square foot of surface area.
	(3) Visual inspection. The following items, along with all other air leakage requirements in this report, are certified by the builder, permit holder or registered design professional as completed.
	(a) Ceiling/attic: Sealants or gaskets provide a continuous air barrier system joining the top plate of framed walls with either the ceiling drywall or the top edge of wall drywall to prevent air leakage. Top plate penetrations are sealed.
•	(b) Ceiling/attic: For ceiling finishes that are not air barrier systems such as tongue-and-groove planks, air barrier systems (e.g., taped house wrap) are used above the finish.
	(c) Above Grade Walls: Sill plate is gasketed or sealed to subfloor or slab.
	(d) Windows/doors: Space between window and door jambs and framing are sealed.
	(e) Floors: Air barrier system is installed at any exposed edge of insulation.
	Sunrooms:
	Company of the form the complete and the control of
	Materials Identification and Installation:
	Materials and equipment are installed in accordance with the manufacturer's installation instructions.
	Materials and equipment are identified so that compliance can be determined.
	Manufacturer manuals for all installed heating and cooling equipment and service water heating equipment have been provided.
	Insulation R-values and glazing U-factors are clearly marked on the building plans or specifications.
	Duct Insulation:
	Supply and return ducts in unconditioned space and outdoors are insulated to R-8. Supply ducts inside semi-conditioned space are insulated to R-4.
	Duct Construction and Testing:
	Dull-direction and the property of the state
	All Safety and a service of all offices of the file of the service

	Temperature Controls:
	Where the primary heating system is a forced air-furnace, at least one programmable thermostat is installed to control the primary heating system and has set-points initialized at 70 degree F for the heating cycle and 78 degree F for the cooling cycle.  Heat pumps having supplementary electric-resistance heat have controls that prevent supplemental heat operation when the
	compressor can meet the heating load.
	Heating and Cooling Equipment Sizing:
	Heating and cooling equipment shall be sized in accordance with the North Carolina Mechanical Code.
	For systems serving multiple dwelling units documentation has been submitted demonstrating compliance with 2009 IECC Commercial Building Mechanical and/or Service Water Heating (Sections 503 and 504).
	Circulating Service Hot Water Systems:
	'Circulating service hot water pipes are insulated to R-2.
	Circulating service hot water systems include an automatic or accessible manual switch to turn off the circulating pump when the system is not in use.
	Heating and Cooling Piping Insulation:
	HVAC piping conveying fluids above 105 degrees F or chilled fluids below 55 degrees F are insulated to R-3.
	Swimming Pools:
	Heated swimming pools have an on/off heater switch.
_	Pool heaters operating on natural gas or LPG have an electronic pilot light.
	Timer switches on pool heaters and pumps are present.
	Exceptions:
	Where public health standards require continuous pump operation.
	Where pumps operate within solar- and/or waste-heat-recovery systems.
	Heated swimming pools and in-ground permenantly installed spas have a vapor-retardent cover.  Exceptions:
	Covers are not required when 70% of the heating energy is from site-recovered energy or solar energy source.
	Lighting Requirements:
	A minimum of 75 percent of the lamps in permanently installed lighting fixtures can be categorized as one of the following:
	(a) Compact fluorescent
	(b) T-8 or smaller diameter linear fluorescent
	(c) 40 lumens per watt for lamp wattage <= 15
	(d) 50 lumens per watt for lamp wattage > 15 and <= 40
	(e) 60 tumens per watt for lamp wattage > 40
	Other Requirements:
_	Snow- and ice-melting systems with energy supplied from the service to a building shall include automatic controls capable of shutting
	off the system when a) the pavement temperature is above 50 degrees F, b) no precipitation is falling, and c) the outdoor temperature is above 40 degrees F (a manual shutoff control is also permitted to satisfy requirement 'c').
	Certificate:
	A permanent certificate is provided on or in the electrical distribution panel listing the predominant insulation R-values; window U-factors; type and efficiency of space-conditioning and water heating equipment. The certificate does not cover or obstruct the visibility of the circuit directory label, service disconnect label or other required labels.
NC	TES TO FIELD: (Building Department Use Only)
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Insulation Rating	R-Value	
Ceiling / Roof	38.00	
Wall	19.00	
Floor / Foundation	0.00	
Ductwork (unconditioned spaces):		

Glass & Door Rating		į.	U-Factor SI	
Window			0.35	0.27
Door	•		0.20	NA

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Heating System:	
Cooling System:	· · ·
Water Heater:	<u> </u>
Building Air Leakage and Duct Test F	Results
Air Leakage Compliance Method:	Visual Inspection
	Air Leakage Test
Building Air Leakage Test Results	
Name of Air Leakage Tester	
Duct Tightness Test Results	
Name of Duct Tester	
	<u> </u>

Date:\_

Name: \_\_\_\_