

706-653-4126 Telephone 706-653-4123 Fax 420 10th Street Columbus Georgia 31902-1340

Inspections and Code

Energy Code Affidavit I

| Date:, | | |
|---|--|-------------------------------|
| l, | | |
| duly sworn before the undersigned officer of | said State and County, depose | and say an oath that |
| that I am the Architect/Engineer/Contractor for | or the construction of a structur | e, to be used for: |
| | (type occupancy) | , |
| owned by: | | (owner of business) |
| which is located in Columbus, Georgia, at: | | |
| | | (street address) |
| I hereby submit to the Inspection | s & Code Department, Colum | bus, Georgia, this Affidavit, |
| under the provisions of the Columbus, Georg | ia Code of Ordinances. | |
| I further certify that the constructi | ion will be supervised to insure | compliance with said laws |
| and codes and that the work will be performe | d in conformity with the require | ements of the Georgia State |
| Energy Code (2009 Edition with Georgia Ame | endments), and all other applic | able codes. |
| Architect/Engineer/Contractor: | | |
| Builder/Design Professional: | Phone |): <u>.</u> |
| Witness: | | <u>.</u> |
| Envelope Summary: List the R - Value for the | the following components: | |
| Flat ceiling/roof | Sloped/vault ceiling | |
| Exterior wall | Above grade mass wall | |
| Attic Knee wall Basement stud wall | Attic knee wall sheathing Basement continuous | |
| Crawlanaca wall | Crawalspace continuous | |
| Foundation slab | Floors over unconditioned | sp |
| Cantilevered floor | Other insulation | |
| Fenestration Components | | |
| Window U-Factor | Window SHGC | |
| Skylight U-Factor | Skylight SHGC | |
| Glazed door U-Factor | Opaque door U-Factor | (<50% glazed |
| Mechanical Summary | hunas Caa — Elaatria | Othor |
| Water Heater Energy factor: Ef Fuel | | |
| | ms: Efficiency: | |
| AFUE Heat Pump HSPF Cooling System Type: | Efficiency: | Seer FFR |
| Heating/Cooling load calculations performed | | |
| Total Heating Load: Btu/h | • | |
| Cooling Sensible Load: Btu/h | | |
| Total Air Handler Cfm: Cfm | · | |
| Form Completed Using: Resche | ck Comcheck | |