



This document outlines project compliance with National energy Code for Building (NECB). The project summary, including NECB contact information, and the compliance report for the chosen path are to be submitted as part of the building and development permit application for new buildings and additions that require NECB compliance.

Project Information

Project Address: _____

Coordinating NECB Design Professional Information (The coordinating NECB design professional will be responsible for coordinating the design work associated with energy compliance and the building and development permit process. The coordinating NECB Design Professional is required to sign the Project Summary and the associated compliance report.)

Name: _____

Registered Business Name: _____

Address: _____

Unit Number Street City Province Postal Code

Email: _____ Phone/Cell #: _____

Basic Building Information

Building use: _____

- | | | | |
|-----------------------------------|---|--|---|
| Type of construction: | <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition | <input type="checkbox"/> Tenant Fit-Out |
| If addition, NECB compliance for: | <input type="checkbox"/> Addition Only | <input type="checkbox"/> Addition & existing | |
| Building Information: | <input type="checkbox"/> Heated | <input type="checkbox"/> Semi-heated | |
| Vestibule: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Fill out the following details, if applicable:

_____ Building footprint area (m ²)	_____ Semi-heated space (m ²)
_____ Area of addition (m ²)	_____ Unconditioned space (m ²)
_____ Conditioned space (m ²)	_____ FDWR (%)

Climate Zone #: _____ (HDD below 18°C): _____

(HDD below 15°C): _____

Compliance Path Summary

Please indicate the compliance path for each Part below. The chosen compliance path requires the associated reports to be completed and submitted.

Please note that only one means of compliance is possible per Part.

- | | | | |
|---|--|----|---|
| Part 3: Building Envelope | <input type="checkbox"/> Prescriptive | or | <input type="checkbox"/> Trade-Off |
| Part 4: Lighting | <input type="checkbox"/> Prescriptive | or | <input type="checkbox"/> Trade-Off |
| Part 5: Heating, Ventilation and Air Conditioning Systems | <input type="checkbox"/> Prescriptive | or | <input type="checkbox"/> Trade-Off |
| Part 6: Service Water Heating Systems | <input type="checkbox"/> Prescriptive | or | <input type="checkbox"/> Trade-Off |
| Part 7: Electrical Power Systems | <input type="checkbox"/> Prescriptive | | |
| OR | | | |
| Part 8: Performance Energy Model | <input type="checkbox"/> Performance | | |

Declaration

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

Signature

Date



NECB Contact Information

Part 3: Building Envelope

Name: _____
Registered Business Name: _____
Address: _____
Unit Number Street City Province Postal Code
Email: _____ Phone/Cell #: _____

Part 4: Lighting

Name: _____
Registered Business Name: _____
Address: _____
Unit Number Street City Province Postal Code
Email: _____ Phone/Cell #: _____

Part 5: Heating, Ventilation and Air-Conditioning Systems

Name: _____
Registered Business Name: _____
Address: _____
Unit Number Street City Province Postal Code
Email: _____ Phone/Cell #: _____

Part 6: Service Water Heating Systems

Name: _____
Registered Business Name: _____
Address: _____
Unit Number Street City Province Postal Code
Email: _____ Phone/Cell #: _____

Part 7: Electrical Power Systems and Motors

Name: _____
Registered Business Name: _____
Address: _____
Unit Number Street City Province Postal Code
Email: _____ Phone/Cell #: _____

Part 8: Building Energy Performance (if Performance Compliance selected)

Name: _____
Registered Business Name: _____
Address: _____
Unit Number Street City Province Postal Code
Email: _____ Phone/Cell #: _____

Other:

Name: _____
Registered Business Name: _____
Address: _____
Unit Number Street City Province Postal Code
Email: _____ Phone/Cell #: _____