CITY OF TACOMA
BUILDING AND LAND USE SERVICES DIVISION
APPLICATION FOR ENERGY CODE PLAN REVIEW

SITE ADDRESS: _____ **Zip Code** _____ **Bldg #** _____ **Units** _____

Application Date: _____ **Issuance Date:** _____ **Bldg Permit #** _____

CONTACT PEOPLE:

Contractor Name: _____ **Phone #** _____
Contractor Address: _____ **Zip Code** _____
Owner /Tenant Name: _____ **Phone #** _____
Owner/Tenant Address: _____ **Zip Code** _____

SITE INFORMATION:

Project Identification: _____
Occupancy: ☐ **R1,** ☐ **R3,** ☐ **A,** ☐ **B,** ☐ **E,** ☐ **F,** ☐ **H,** ☐ **I,** ☐ **LC,** ☐ **M,** ☐ **S,** ☐ **U**
Total Sq-Ft: _____ **Conditioned Sq-Ft:** _____ **Number of Stories:** _____
Type of Work: ☐ **New,** ☐ **Addition,** ☐ **Remodel,** ☐ **Energy Conversion,** ☐ **Lighting Only**

COMPLIANCE METHOD: (*Check Applicable Items)*

Component Performance* ☐ **Systems Analysis*** ☐ **Prescriptive** ☐ **(Option:** _____ **Res. Only)**
Energy Source Conversion ☐ **Lighting Pwr Allow.*** ☐ **No Energy Work** ☐
***Submit Documentation**

INSULATION INFORMATION:

Slab F= _____ **Wall R=** _____
Floor R= _____ **Ceiling R=** _____
_____ **R=** _____ _____ **R=** _____

WINDOW, SKYLIGHT AND GLASS DOOR INFORMATION:

_____ **Sq-Ft Glazing =** _____ **% of Conditioned Wall Area-NREC or % of Conditioned Floor Area-Residential**

U-Value	**Manufacurer and Model**	
U= _____	_____	_____ **Low E Argon**
U= _____	_____	_____ **Low E Argon**
U= _____	_____	_____ **Low E Argon**
U= _____	_____	_____ **Low E Argon**
U= _____	_____	_____ **Low E Argon**
U= _____	_____	_____ **Low E Argon**

Average U-Value _____

DOOR INFORMATION: *(Use for doors with less than 50% Glazing only)* (Note: The Glazing area and U-Value must be included in the window, skylight and glass door information above.)

U-Value	**Manufacurer and Model**
U= _____	_____
U= _____	_____

HEAT SYSTEM INFORMATION: *(Check Type of Heat)*

☐ **Electric Resistance** ☐ **Electric Furnace** ☐ **Heat Pump** ☐ **Gas/Propane** ☐ **Oil**
Comments: _____
Manufacturer and Model: _____ **% AFUE/ HSPF** _____
Duct Insulation: _____ ***ATTACH HEAT LOSS CALCULATIONS***

VENTILATION SYSTEM INFORMATION:

Whole House: *(Indicate Which Method)*
_____ **Whole House Fan Manufacturer and Model** _____ **CFM** _____
_____ **Integrated System**
_____ **Heat Recovery Ventilator (AAHX) Manufacturer and Model** _____ **CFM** _____
Source Specific Fans:
Kitchen: _____ **(CFM) Bathroom:** _____ **(CFM) Laundry Room:** _____ **(CFM)**

_____ _____ _____ _____
APPLICANT'S SIGNATURE **DATE** **PLAN EXAMINER'S SIGNATURE** **DATE**