



RESIDENTIAL HVAC CERTIFICATION FORM

This form is required to be onsite for all mechanical inspections.

Property address or master model name: _____

Master model options (if applicable): _____

System#: _____ (a separate form shall be completed for each system design) Area: _____ sf

HEATING EQUIPMENT DATA

Equipment type: _____
furnace, heat pump, boiler, etc.

Manufacturer: _____

Model: _____

Input: _____ Btu/h

Output: _____ Btu/h

COOLING EQUIPMENT DATA

Equipment type: _____
air conditioner, heat pump, etc.

Manufacturer: _____

Model: _____

Total Capacity @ Evaporator: _____ Btu/h

Sensible Capacity (equipment): _____ Btu/h

Tonnage: _____ (1Ton= 12,000 Btu/h)

HVAC DUCT LAYOUT DIAGRAM

(In the space below, provide a floor plan diagram of the duct system including trunk, branch, and outlet sizes)

I hereby certify as the system designer that the above information is accurate and in conformance with ACCA's Manual J, Manual S, Manual D, the ASHRAE Handbook of Fundamentals or other approved methods. I understand that additional information may be requested by the city to determine compliance.

Printed name: _____ Date: _____

Company: _____ License no.: _____

Telephone: _____ Email address: _____

Signature: _____