



**RESIDENTIAL CHECK LIST**

**Your Company:** \_\_\_\_\_

**Job Name/Address:** \_\_\_\_\_

1. **Year Built (Existing House)** \_\_\_\_\_
2. **Front Orientation:** N(0) NE(45) E(90) SE(135) S(180) SW(225) W(270) NW(315)
3. **Square Feet Living:**

<b>Floor</b>	<b>Existing</b>	<b>New</b>
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
<b>Totals</b>		

4. **Water Heating** Existing \_\_\_\_\_gallons    Keep: **Yes No**  
       Existing Recirculation Pump: **Yes No**    (w/Time/Temperature Shutoff?)  
  
       New \_\_\_\_\_gallons    Type: **Tank Instant Gas**  
       New Recirculation Pump: **Yes No**    (w/Time/Temperature Shutoff)
5. **A/C-FAU**    Existing: **Central Furnace** or **Wall/Floor Furnace** or **Radiant** or **Heat Pump**  
       Keep: **Yes No**  
  
       New:        **Central Furnace** or **Wall/Floor Furnace** or **Radiant** or **Heat Pump**
6. **Window Frames:** Existing: **Metal Wood Vinyl**    Glazing: **SinglePane DualPane LowE**  
       New:        **Metal Wood Vinyl**    Glazing: **SinglePane DualPane LowE**
6. **Floor:** Slab Square Feet \_\_\_\_\_    Raised Wood Square Feet \_\_\_\_\_
7. **Wall Insulation**    Existing: \_\_\_\_\_    New \_\_\_\_\_
8. **Roof Insulation**    Existing: \_\_\_\_\_    New \_\_\_\_\_
9. **Average Ceiling Height** \_\_\_\_\_ ft.