



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:**

Floor	Existing	New
1 st		
2 nd		
3 rd		
Totals		

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.