



Enrolment Application

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|-----------------|
| File Number : |
| Office Use Only |

Enrolment Fee From: _____ Contact: _____

Phone: _____ Fax: _____ Email: _____

Mailing Address: _____

House Owner: _____ Phone: _____

New House Address: _____

(Include Postal Code) _____

Selected File Manager: _____ Target: EG80 EG83 EG85

The following information is required to perform the Design Evaluation of your house.
Ensure ALL the information is clearly marked in the space provided to avoid delays.

Building Permit Date: _____ Current stage of Project: _____

Provide the following: Full set of plans (min. 1/8"=1') Site plan with North arrow.
 Window and Door Schedule Floor heights marked on plan.
 Floor Joist Depth: _____ inches Roof truss Heel Regular / Raised Heel

| <u>Insulation</u> | Type | Qty " | R-value | Type | Qty " | R-value |
|----------------------|-------|-------|---------|----------------------|-------|---------|
| Flat Ceiling | _____ | _____ | R-_____ | Cantilevered Floors | _____ | R-_____ |
| Sloped Ceiling | _____ | _____ | R-_____ | Floors Above Garage | _____ | R-_____ |
| Ext. Framed Walls | _____ | _____ | R-_____ | Bsmt. Concrete Walls | _____ | R-_____ |
| Shared Wall (Garage) | _____ | _____ | R-_____ | Conc.Floor-Perimeter | _____ | R-_____ |
| Floor Joist Headers | _____ | _____ | R-_____ | Conc. Floor-Center | _____ | R-_____ |

Window Type: (circle) **Glazing:** dble/triple **Coating:** clr / LowE **Fill:** air / argon **Spacer:** metal / ins.

Heat Recovery Ventilator: Make: _____ Model: _____

Heating System: Fuel: _____ Type: _____

Make/Model: _____ Output: _____ BTU/hr

Domestic Hot Water: Fuel: _____ Type: _____

Make: _____ Model: _____ Size: _____ gal

*** The EnerGuide For New Homes enrolment fee of \$300.00 + \$45.00 HST must accompany this form and be paid in full before the Design Evaluation is started. Make cheques payable to Nova Scotia Home Builders' Association. Visa and MasterCard accepted.**

Client Signature: _____ Date: _____

