



Energy Diagnostics Inc.

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E-mail:
email@energydiagnostics.net

Builder Name: _____

Phone # _____ Plan # _____

Lot # _____ Development Name: _____

Property Address: _____ City: _____ State: _____ Zip: _____

Jobsite Contact: _____ Phone: _____ Email: _____

Utility Companies: Gas _____ Electric _____

Services Requested: Code Compliance Package _____ HERS Rating Package _____ Manual J & S _____

Efficiency Factors Needed:

Heating Equipment: size _____ efficiency _____ % Cooling Equipment: size _____ Seer _____

Water Heater: _____ gallon _____ % efficient ;

Programmable thermostat:

Mechanical Ventilation:

Any exposed duct work _____ If so, duct insulation R-value _____

Structure Orientation: (front of home)

Foundation: _____ other (specify) _____

Foundation Wall Height: _____

Insulation R-values and types:

	Insulation Type	R-value
Foundation Insulation:	_____	_____
Foundation Insulation Location :		
Foundation Insulation :		
Exposed Frame Floor:	_____	_____
(cantilever/room over garage)		
Rim Joist:	_____	_____
Wall Cavity:	_____	_____
Wall Exterior Sheathing:	_____	_____
Window Type: U-value _____ solar heat gain coefficient _____		
Flat Ceiling:	_____	_____
Cathedral Ceiling:	_____	_____
Skylights: (yes or no) U Value: _____		

Blueprints are needed to calculate preliminary calculations (floor plan with dimensions, elevations, and clear window sizes)
**Our service will require an on-site visit to verify the above information, any additional information, and blower door and duct
blasting (if applicable) near completion of the home**