

Renovation Checklist

To enable us to complete your energy assessment we will require:

- 1) A completed Checklist
- 2) Building Regulation plans with dimensions and construction notes (scale 1:100, 1:50)
 - Floor Plans
 - Sections
 - Elevations
- 3) Window schedule (if available)
- 4) Site layout and location plan showing orientation
- 5) As Built DER Checklists / SAP Calculations (optional)
- 6) Registered postal address(es) of the property('s)

PROJECT DETAILS:

Site address: _____

_____ postcode: _____

Client name and address: _____

_____ postcode: _____

Agent's name and address (if applicable): _____

CONTACT DETAILS:

Who should we contact with any questions?

Company Name: _____ Contact Name: _____

Telephone: _____ Email: _____

TIMESCALE:

Has this project already been submitted to Building Control? no yes/ date: _____

Estimated completion date of build: _____

PAYMENT DETAILS:

Cheque enclosed: Name on cheque: _____

BACS transaction:

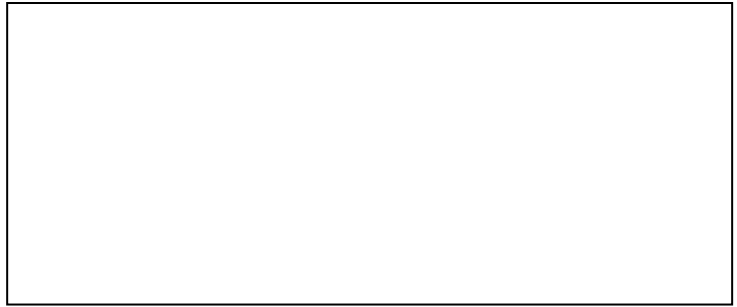
Please provide the following information if not included on the Building Regulation plans;

New Structures

1. New Wall Construction:

Please describe or sketch the structure of the new walls, including the following:


- Brickwork
- Cavity size
- Insulation type
- Insulation thickness
- Plasterboard



2. New Floor Construction:

Please describe or sketch the structure of the new floor including details of:

- Insulation type
- Insulation thickness



3. New Roof Construction:

Please describe or sketch the structure of the new roof including details of:

- Insulation type
- Insulation thickness
- Insulation at flat ceiling level



Is the roof space a habitable area?

yes no roof pitch:

Existing / Upgraded* Structures (*Please delete as Appropriate)

4. Existing / Upgraded Floor construction:

- Floor covering (e.g. screed)
- Insulation type
- Insulation thickness
- Floor type (e.g. Block & Beam)

Please provide details of any proposed improvements:

5. Existing / Upgraded Other floor type:

- Floor covering (e.g. screed)
- Insulation type
- Insulation thickness
- Floor type (e.g. Block & Beam)

Please provide details of any proposed improvements:

6. Existing / Upgraded Main wall structure:

- Outer Skin (e.g. brick)
- Cavity
- Insulation type
- Insulation thickness
- Inner skin (e.g. Celcon solar block)
- Plasterboard on dabs

Please provide details of any proposed improvements:

**7. Existing / Upgraded
Other wall type:**

- Outer Skin (e.g. brick)
- Cavity
- Insulation type
- Insulation thickness
- Inner skin (e.g. Celcon solar block)
- Plasterboard on dabs

Please provide details of any proposed improvements:

**8. Existing / Upgraded
Roof construction:**

- Warm Roof / Cold Roof
- Cavity
- Insulation type
- Insulation thickness

Please provide details of any proposed improvements:

**9. Existing / Upgraded
Other Roof type:**

- Warm Roof / Cold Roof
- Cavity
- Insulation type
- Insulation thickness

Please provide details of any proposed improvements:

10. Existing Glazing: please tick all the boxes that apply:

Air gap:	6mm	<input type="checkbox"/>	Double	<input type="checkbox"/>	PVCu	<input type="checkbox"/>
	12mm	<input type="checkbox"/>	Triple	<input type="checkbox"/>	Timber	<input type="checkbox"/>
	16mm	<input type="checkbox"/>	Argon filled	<input type="checkbox"/>	Metal	<input type="checkbox"/>
	16mm +	<input type="checkbox"/>	Low E 'soft coat'	<input type="checkbox"/>	Low E 'hard coat'	<input type="checkbox"/>

11. Replacement Glazing: please tick all the boxes that apply:

Air gap:	6mm	<input type="checkbox"/>	Double	<input type="checkbox"/>	PVCu	<input type="checkbox"/>
	12mm	<input type="checkbox"/>	Triple	<input type="checkbox"/>	Timber	<input type="checkbox"/>
	16mm	<input type="checkbox"/>	Argon filled	<input type="checkbox"/>	Metal	<input type="checkbox"/>
	16mm +	<input type="checkbox"/>	Low E 'soft coat'	<input type="checkbox"/>	Low E 'hard coat'	<input type="checkbox"/>

12. Existing External Doors:

front:	solid	<input type="checkbox"/>	half glazed	<input type="checkbox"/>	fully glazed	<input type="checkbox"/>
side:	solid	<input type="checkbox"/>	half glazed	<input type="checkbox"/>	fully glazed	<input type="checkbox"/>
rear:	solid	<input type="checkbox"/>	half glazed	<input type="checkbox"/>	fully glazed	<input type="checkbox"/>

13. Replacement External Doors:

front:	solid	<input type="checkbox"/>	half glazed	<input type="checkbox"/>	fully glazed	<input type="checkbox"/>
side:	solid	<input type="checkbox"/>	half glazed	<input type="checkbox"/>	fully glazed	<input type="checkbox"/>
rear:	solid	<input type="checkbox"/>	half glazed	<input type="checkbox"/>	fully glazed	<input type="checkbox"/>

14. Ventilation:

Number of low energy extraction fans: _____

Number of standard extraction fans: _____

Mechanical ventilation system: Yes / No

Heat recovery system: Yes / No

15. Existing Heating system:

Fuel: _____ Model: _____ Manufacturer: _____

Combi boiler: yes no % efficiency: Floor mounted: Wall mounted:

Radiators: Underfloor Heating:

Ground / Air Source heat pump? Yes no If yes, please see section 20.

16. Existing Heating control details: please tick all the boxes that are applicable:

Programmer:
Room stat:
Thermostatic
Radiator valves

Zone control:
Load compensator:
Interlock:

other:

17. Proposed Heating system:

Fuel: _____ Model: _____ Manufacturer: _____

Combi boiler: yes no % efficiency: Floor mounted: Wall mounted:

Radiators: Underfloor Heating:

Ground / Air Source heat pump? Yes no If yes, please see section 25.

18. Proposed Heating control details: please tick all the boxes that are applicable:

Programmer:
Room stat:
Thermostatic
Radiator valves

Zone control:
Load compensator:
Interlock:

other:

19. Existing Secondary heating:

Type: _____ Fuel: _____ Hetas Approved:

20. Proposed Secondary heating:

Type: _____ Fuel: _____ Hetas Approved:

21. Electric tariff:

Standard: economy 7: 10 hour tariff: 24 hour tariff: other: _____

22. Hot water:

Is it from the central heating boiler? Yes No

23. Cylinder:

Capacity (litres) Insulation thickness (mm)

24. Lighting:

Total number of standard light fittings: total number of low 'E' lights: total number of external lights:

25. Renewable Technology:

Solar Thermal (Hot water) _____

Photovoltaics: _____

Solar Thermal (Hot water) _____

Solar Thermal (Hot water) _____

Site Address:

I confirm that the above property has been built in accordance with the design specification submitted to A.T Solutions, and accredited construction details for thermal bridging have been used.

I also confirm that the boiler installed at the property is a

Signed:

Date:

Should you require any assistance with this Checklist please contact us at;

sap@airtestingsolutions.co.uk or Call us on 01763 268685

When completed send too:



Fieldgate Nurseries, Unit 32 Station road, Meldreth, Royston, Herts, SG8 6JP

