

App. Approved _____
 Date _____ Authorized Official _____
 App. Disapproved _____
 Date _____ Authorized Official _____
 Sewer Permit No. _____
 Date _____
 Electrical Permit No. _____
 Date _____
 Board Decisions _____ Case # _____

TOWN OF CLAY
 4401 Route 31, Clay, NY 13041 (315) 652-3800
RESIDENTIAL NEW HOUSE
BUILDING PERMIT APPLICATION
 Department of Planning and Development

Permit Number _____
 Date Filed _____
 Tax Map Number _____ - _____ - _____

Applicant – do not write above this line

👉 Visit us online at: www.townofclay.org

_____ New Building * _____ SF * # Bedrooms _____
 * Required Information * # Bathrooms _____
 * Habitable SF _____
 * Style _____
 * Model _____

Building Permit Fees

BASED ON THE SCHEDULE BELOW:

Up to 1500 Sq. Ft. \$ 600.00
 1501 to 2000 Sq. Ft. \$ 800.00
 2001 to 2500 Sq. Ft. \$1,000.00
 2501 to 3000 Sq. Ft. \$1,200.00
 3001 Sq. Ft. and up... \$1,400.00

****Square footage will be based on house square footage excluding garage square footage and unfinished basement space. Any discrepancies or additional square footage added during construction will be addressed before a Certificate of Occupancy will be issued.**

Property Information

Address or Tract/Lot _____
 _____ Zip _____
 Zoning District _____

Owner Information - PLEASE PRINT

Property Owner _____
 Owner's Address _____
 Owner's Phone No. (H) _____ (W) _____
 Owner's Signature: _____

Value of Residence \$ _____

Permit Fee: \$ _____

Project Description Description of Proposed Development or Intended Use _____

Approved Plan Reference: _____ Phone _____
 Architect or Engineer _____ Plan Date (Original) _____
 Company _____ Last Revision _____
 Plan Title _____ Number of Pages _____

Applicant Information: (if different from owner)

x _____ is the _____
 (Name of individual signing application) (agent, contractor, corporate officer, etc.)
 x _____ Zip _____
 (Address) (City) (State)
 _____ Phone _____
 (Signature)

APPLICATION IS HEREBY MADE to the commissioner for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Contractor Information:

Name of Contractor _____ Site Contact Person _____ Phone _____
 Address _____ State _____ Zip _____

Contractors Liability Insurance : _____ ATTACHED, OR _____ ON FILE

Workers' Compensation Insurance and Disability Insurance: _____ ATTACHED, OR _____ ON FILE

Electrical work to be inspected by, and Certificate of Approval obtained from, the CNY Electrical Inspection Service, Commonwealth Electrical Inspection Service, Middle Department Inspection Agency or The Inspector.

Plumbing work to be inspected by, and Certificate of Approval obtained from, The Onondaga County Dept. of Health.

Please attach separate drawing (survey) showing clearly and distinctly all buildings, whether existing or proposed, and indicate all set-back dimensions from property lines. Show street names and indicate whether interior or corner lot.

OFFICE USE: () Applicant () Assessor () File

Town of Clay

NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER
CONSTRUCTION

Owner of Subject Property: _____
Subject Property: Street address and tax map number of the subject property

Check what permit is for

New Residential Structure

Addition to existing residential structure

Rehabilitation to existing residential structure

_____ to be constructed or performed at the subject property reference above will utilize
(Check applicable line)

truss type construction (TT)

pre-engineered wood construction (PW)

timber construction (TC)

in the following location(s) (check applicable line):

floor framing, including girders and beams (F)

roof framing (R)

floor framing and roof framing (FR).

By signing and dating below you state the above information will be followed.

Date: _____

Signature of person submitting the form _____

Print Name of above person _____

owner owners representative

Section 1265.4. Sign or symbol.

- (a) Each new residential structure and each addition to or rehabilitation of an existing residential structure that utilizes truss type construction, pre-engineered wood construction and/or timber construction shall be identified by a sign or symbol in accordance with the provisions of this Part.
- (b) The sign or symbol required by this Part shall be affixed to the electric box attached to the exterior of the residential structure; provided, however, that:
- (1) if affixing the sign or symbol to the electric box would obscure any meter on the electric box, or if the utility providing electric service to the residential structure does not allow the sign or symbol to be affixed to the electric box, the sign or symbol shall be affixed to the exterior wall of the residential structure at a point immediately adjacent to the electric box; and
- (2) if no electric box is attached to the exterior of the residential structure or if, in the opinion of the authority having jurisdiction.

Department of Planning & Development

Planning Commissioner
David Tessier

Commissioner of Code Enforcement
Joe Grispino

Email: Planning@townofclay.org
4401 State Route 31
Clay, NY 13041
315-652-3800



Email: Codes@townofclay.org
JGripsino@townofclay.org
315-652-3800 ext 172

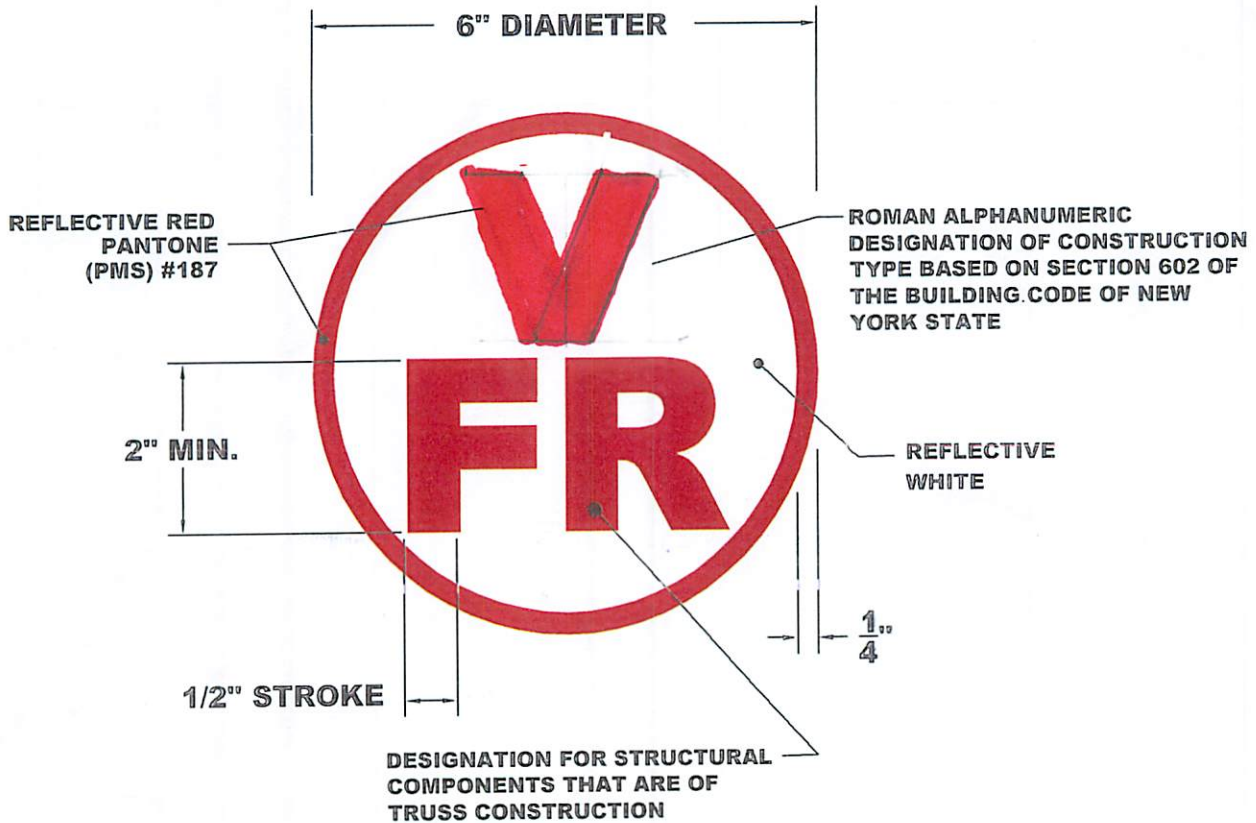
PROCEDURES FOR OBTAINING A NEW RESIDENTIAL HOME OR ADDITION BUILDING PERMITS

- ___ 1. Permit Application
- ___ 2. 2 Sets of Stamped Architect Plans (one set for tract homes) and one set of 11 x 7 or Electronic Copy
- ___ 3. Driveway Permit ___ Town Road ___ County Road
 - 4. All plans must be complete and meet the following or they will NOT be accepted
 - ___ a) 2020 International Residential Code
 - ___ b) 2020 International Plumbing Code
 - ___ c) 2020 International Mechanical Code
 - ___ d) 2020 International Fuel Gas Code
 - ___ e) 2020 NYS Uniform Code Supplement
 - ___ f) 2020 International Code Supplement
 - ___ g) 2020 NYS Energy Code
 - ___ h) 2023 NFPA 70 National Electric Code
- ___ 5. Truss Certifications
- ___ 6. Survey showing placement of new home
- ___ 7. Approved Septic System design where applicable
- ___ 8. Contractor Certificate of Liability Insurance
- ___ 9. Contractor Certificate of NYS Workman’s Compensation Insurance & Disability
- ___ 10. Fee (See Permit Application)
- ___ 11. Onondaga County Plumbing (315) 435-6614 (For All Plumbing Inspections) Health Department (315)-435-6617, Onondaga County Water Authority (OCWA) (315) 455-7061
- ___ 12. Electrical Inspection Agencies (Choose One).
 - 1. CNY Electrical Inspection Service, LLC. Larry Kinne 315-633-0027
 - 2. Commonwealth Electrical Inspection Service, 1-800-801-0309
 - 3. The Inspector, Tim Willsey 1-800-487-0535 or 247-9162
 - 4. Middle Department Inspection Agency, Aaron Bellows 315-452-5304

Permit approval time will be based on the extent of the project (Minimum of 5 Business Days)

All plumbing, electrical, and driveway permits must be applied for before the release of the building permit.

SAMPLE ONLY



"F"	FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS
"R"	ROOF FRAMING
"FR"	FLOOR AND ROOF FRAMING

TRUSS IDENTIFICATION SIGN
COMPLIANCE WITH 19 NYCRR PART 1264

CODES DIVISION



DEPARTMENT OF STATE

EXAMPLE TRUSS IDENTIFICATION SIGN DATE:03/08/2005

**NEW YORK STATE DEPARTMENT OF STATE
DIVISION OF CODE ENFORCEMENT
AND ADMINISTRATION**

SAMPLE ONLY

8" DIAMETER

V

REMARKS: THIS SIGN IS TO BE USED TO IDENTIFY THE LOCATION OF THE SIGN WHEN THE SIGN IS NOT IN USE.

DATE: _____

BY: _____

BY: _____

VI. SIGN TO BE USED TO IDENTIFY THE LOCATION OF THE SIGN WHEN THE SIGN IS NOT IN USE.
VII. SIGN TO BE USED TO IDENTIFY THE LOCATION OF THE SIGN WHEN THE SIGN IS NOT IN USE.
VIII. SIGN TO BE USED TO IDENTIFY THE LOCATION OF THE SIGN WHEN THE SIGN IS NOT IN USE.
IX. SIGN TO BE USED TO IDENTIFY THE LOCATION OF THE SIGN WHEN THE SIGN IS NOT IN USE.
X. SIGN TO BE USED TO IDENTIFY THE LOCATION OF THE SIGN WHEN THE SIGN IS NOT IN USE.

COMPLIANCE WITH 19 NYCRR PART 1941
TRUSS IDENTIFICATION SIGN

NEW YORK STATE DEPARTMENT OF STATE
DIVISION OF CODE ENFORCEMENT
AND ADMINISTRATION



Get Free Help from Energy Code Experts



Residential Plan Review Checklist

2015 Residential Provisions as amended by the 2016 Energy Code Supplement

Project #: 43.6220.02- Date: _____ Name of Evaluator(s): _____

Building Contact: Name: _____ Phone: _____ Email: _____

Building Name & Address: _____

Subdivision: _____ Lot #: _____ Conditioned Floor Area: _____ ft²

Climate Zone: _____ County: _____ Jurisdiction: _____

Compliance Approach: Prescriptive Trade-Off Performance Compliance Software Other

Compliance Software Used: _____ Green Building/Above-Code Program? Yes No

Building Type: 1- and 2-Family, Detached: Single Family Modular Townhouse
 Multifamily: Apartment Condominium

Project Type: New Building Existing Building Addition Existing Building Renovation

Special Considerations: Historic Building Commercial Space

Provisions Highlighted in Blue are Mandatory, Regardless of Compliance Path

IECC Section #	Pre-Inspection/Plan Review	Code Value	Verified Value	Complies			Comments/Assumptions ¹
				Y	N	N/A	
R103.2	Construction drawings and documentation available. Documentation sufficiently demonstrates energy code compliance.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Insulation materials and their R-values			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fenestration U-factors			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Area-weighted U-factor			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Mechanical system design criteria			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Mechanical and service water heating system and equipment types, sizes and efficiencies			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Equipment and systems controls			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Duct sealing, duct and pipe insulation and location			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Lighting fixture schedule with wattage			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Air sealing			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.7	HVAC loads calculations: Heating system size(s): Cooling system size(s):		kBtu: _____ kBtu: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Written Statement of Compliance from Design Professional			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Use Comments/Assumptions to document code requirements that pass due to exceptions, and specify the exception. Also use Comments/Assumptions to document multiple values observed for a given code requirement, such as multiple equipment efficiencies.

IECC Section #	Requirement	Code Value	Verified Value	Complies			Comments/Assumptions
				Y	N	N/A	
R401.3	Certificate Posting	In furnace/utility room or approved location	Identify location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2	Slab edge insulation R-value.	Unheated: R-10 Heated: R-15	R-____ <input type="checkbox"/> Unheated <input type="checkbox"/> Heated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2	Slab edge insulation depth/length.	2 ft. Z- 4 & 5 4 ft. Z-6	____ ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2	Basement wall insulation R-value ⁱ .	Continuous: R-10 Z-4 R-15 Z-5, Z-6 Cavity: R-13 Z-4 R-19 Z-5, Z-6	R-____ R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.9	Basement wall insulation depth.	10 ft. or to basement floor	____ ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2 And R402.2.11	Crawl space wall insulation R-value. From floor to finished grade, plus 2' vertical or horizontal	Continuous: R-10 Z-4 R-15 Z-5, Z-6 Cavity: R-13 Z-4 R-19 Z-5, Z-6	R-____ R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.11	Crawl space continuous vapor retarder	Required Class I		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R303.2.1	Exposed foundation insulation protection.	6" below grade		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.9	Snow melt controls.	Automatic controls over 50°F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2	Fenestration U-factor ⁱⁱ	Max: U-0.35 Z-4 U-0.32 Z5, Z-6	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.5	Maximum Fenestration U-factor, Area weighted average (trade-offs)	Max: U-0.48 Z-4, Z-5 U-0.40 Z-6	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2	Glazed Fenestration SHGC	Max: 0.40 Z-4 NR Z-5, Z-6	SHGC-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4.3	Glazed fenestration air leakage.	0.3 cfm/ft ² max	____ cfm/ ft ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Window Manufacturer						
R402.4.3	Sliding door air leakage.	0.3 cfm/ft ² max	____ cfm/ ft ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4.3	Swinging door air leakage	0.5 cfm/ft ² max	____ cfm/ ft ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Door Manufacturer						
Table R402.1.2	Floor insulation R-value.	Wood: R-19 Z-4 R-30 Z- 5 & 6 ⁱⁱⁱ Steel: ^{iv} See footnote	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2	Wall insulation R-value	Wood: Z-4 and Z-5 = R-20 or R-13+5 Z-6 = R-20+5 or 13+10 Steel: ^v See footnote	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IECC Section #	Requirement	Code Value	Verified Value	Complies			Comments/Assumptions
				Y	N	N/A	
Table R402.1.2	Ceiling insulation R-value	Wood: R-49 (All Zones) Steel Truss ^{vi} R-38+5	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.3	Eave Baffle	For air-permeable insulation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2	Mass wall insulation R-value.	R-8/13 Z-4 ^{vii} R-13/17 Z-5 ^{vii} R-15/20 Z6 ^{vii}	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.13	Sunroom wall insulation (Enclosing conditioned space)	Per Table R402.1.2	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.13	Sunroom wall insulation (Thermally isolated and conditioned)	R-13 All climate zones	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.13	Sunroom ceiling insulation (Enclosing conditioned space)	Per Table R402.1.2	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.13	Sunroom ceiling insulation (Thermally isolated and conditioned)	R-19 Z-4 R-24 Z-5, Z-6	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.3.5	Sunroom glazing U-factor (Enclosing conditioned space)	Per Table R402.1.2	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.3.5	Sunroom glazing U-factor (Thermally isolated and conditioned)	U-0.45 max. (All Zones)	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.3.5	Sunroom skylight U-factor (Enclosing conditioned space)	Per Table R402.1.2	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.3.5	Sunroom skylight U-factor (Thermally isolated and conditioned)	U-0.70 max. (All Zones)	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Skylight Manufacturer						
R402.2.4	Attic access hatch and door (insulation)	R-49 (All Zones)	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.4	Attic access hatch and door (weather-stripping)	Wood frame or equivalent insul. retainer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4.6	Tenant separation walls	R-10 w/ air seal	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4	Air Leakage (Building Thermal Envelope)	All building materials installed per Table R402.1.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4.1.2	Air Leakage Testing	3 air changes per hour (All zones) Blower door test	<input type="checkbox"/> Stated <input type="checkbox"/> Stated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4.5	IC-rated recessed lighting fixtures meet infiltration criteria.	≤ 2.0 cfm air leakage Sealed	<input type="checkbox"/> Stated <input type="checkbox"/> Stated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4.4	Rooms containing fuel burning appliances	Outside or enclosed in a room	<input type="checkbox"/> Meets exceptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.1.1	Vapor Retarder (IRC R702.7)	Class I or II (Zones 5 and 6 only)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.1.1	Thermostat	Programmable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IECC Section #	Requirement	Code Value	Verified Value	Complies			Comments/Assumptions
				Y	N	N/A	
R403.3.1	Duct insulation.	Supply & Return in Attics: R-8 for ≥3" Dia. R-6 for <3" Dia. Other: R-6 for ≥3" Dia. R-4.2 for <3" Dia.	<input type="checkbox"/> Inside building thermal envelope exception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.3.2	Duct sealing complies with listed sealing methods.	All joints and seams	<input type="checkbox"/> Meets exception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.3.3	Duct Testing	0.1 inch w.g. pressure differential Rough-in test required Post construction test required	<input type="checkbox"/> Stated <input type="checkbox"/> Stated <input type="checkbox"/> Stated <input type="checkbox"/> Exception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.3.5	Building cavities NOT used as ducts or plenums	Stated? Shown?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.4	HVAC piping insulation.	R-3 (>105°F For <55°F)	R-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.5.1	Heated water circulation and temperature maintenance system	Per requirements of Section R403.5.1.1 or R403.5.1.2	<input type="checkbox"/> Circulation System <input type="checkbox"/> Heat Trace System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.5.3	Hot water pipe insulation	R-3 per specified locations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R404.1	Lighting – Minimum 75% of lamps are high efficacy.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4.2	Wood burning fireplace	Tight-fitting flue damper or doors		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.10	Pool heaters, covers, and automatic or accessible manual controls.	Accessible on/off switch. Time Switch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ⁱⁱ One side-hinged door up to 24 ft² can be exempted from the prescriptive door U-factor requirements.

ⁱⁱⁱ Or insulation sufficient to fill the cavity, R-19 minimum.

^{iv} Floor steel frame equivalent: See Table R402.2.6

^v Wall steel frame equivalent: See Table R402.2.6

^{vi} Steel truss equivalent: See Table R402.2.6

^{vii} The second R-value applies when more than half the insulation is on the interior of the mass wall.

Table R402.4.1.1
Air Barrier and Insulation Installation



Component	Air Barrier Criteria	Insulation Installation Criteria
General requirements	A continuous air barrier shall be installed in the building envelope. The exterior thermal envelope contains a continuous air barrier. Breaks or joints in the air barrier shall be sealed.	Air-permeable insulation shall not be used as a sealing material.
Ceiling/attic	The air barrier in any dropped ceiling/soffit shall be aligned with the insulation mid any gaps in the air barrier shall be sealed. Access openings, drop down stairs or knee wall doors to unconditioned attic spaces shall be sealed.	The insulation in any dropped ceiling/soffit shall be aligned with the air barrier.
Walls	The junction of the foundation and sill plate shall be sealed. The junction of the top plate and the top of exterior walls shall be sealed Knee walls shall be sealed.	Cavities within comers and headers of frame walls shall be insulated by completely filling the cavity with a material having a thermal resistance of R-3 per inch minimum. Exterior thermal envelope insulation for framed walls shall be installed in substantial contact and continuous alignment with the air barrier.
Windows, skylights and doors	The space between window/door jambs and framing, and skylights and framing shall be sealed.	
Rim Joists	Rim joists shall include the air barrier.	Rim joists shall be insulated.
Floors (including above garage And cantilevered floors)	The air barrier shall be installed at any exposed edge of insulation.	Floor framing cavity insulation shall be installed to maintain permanent contact with (the underside of subfloor decking, or floor framing cavity insulation shall be permitted to be in contact with the top side of sheathing, or continuous insulation installed on the underside of floor framing and extends from the bottom to the top of all perimeter floor framing members.
Crawl space walls	Exposed earth in unvented crawl spaces shall be covered with a Class I vapor retarder with overlapping joints taped.	Where provided instead of floor insulation, insulation shall be permanently attached to the Crawlspace walls.
Shafts, penetrations	Duct shafts, utility penetrations, and flue shafts opening to exterior or unconditioned space shall be sealed.	
Narrow cavities		Batts in narrow cavities shall be cut to fit, or narrow cavities shall be filled by insulation that on installation readily conforms to the available cavity space.
Garage separation	Air sealing shall be provided between the garage and conditioned spaces.	
Recessed lighting	Recessed light fixtures installed in the building thermal envelope shall be sealed to the drywall.	Recessed light fixtures installed in the building thermal envelope shall be air tight and IC rated.
Plumbing and wiring		Batt insulation shall be cut neatly to fit around wiring and plumbing in exterior walls, or insulation that on installation readily conforms to available space shall extend behind piping and wiring
Shower/tub on exterior wall	The air barrier installed at exterior walls adjacent to showers and tubs shall separate them from the showers and tubs.	Exterior walls adjacent to showers and tubs shall Be installed.
Electrical/phone box on exterior wall	The air barrier shall be installed behind electrical or communication boxes or air-sealed boxes shall be installed.	
HVAC register boots	HVAC register boots that penetrate building thermal envelope shall be sealed to the subfloor or drywall.	
Concealed sprinklers	When required to be sealed, concealed fire sprinklers shall only be sealed in a manner that is recommended by the manufacturer. Caulking or other adhesive sealants shall not be used to fill voids between fire sprinkler cover plates and walls or ceilings.	

IECC Section #	Requirement	Code Value	Verified Value	Complies			Comments/Assumptions
				Y	N	N/A	
R401.3	Certificate Posting	In furnace/utility room or approved location	Identify location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2	Slab edge insulation R-value.	Unheated: R-10 Heated: R-15	R-____ <input type="checkbox"/> Unheated <input type="checkbox"/> Heated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2	Slab edge insulation depth/length.	2 ft. Z- 4 & 5 4 ft. Z-6	____ ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2	Basement wall insulation R-value ⁱ .	Continuous: R-10 Z-4 R-15 Z-5, Z-6 Cavity: R-13 Z-4 R-19 Z-5, Z-6	R-____ R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.9	Basement wall insulation depth.	10 ft. or to basement floor	____ ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2 And R402.2.11	Crawl space wall insulation R-value. From floor to finished grade, plus 2' vertical or horizontal	Continuous: R-10 Z-4 R-15 Z-5, Z-6 Cavity: R-13 Z-4 R-19 Z-5, Z-6	R-____ R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.11	Crawl space continuous vapor retarder	Required Class I		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R303.2.1	Exposed foundation insulation protection.	6" below grade		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.9	Snow melt controls.	Automatic controls over 50°F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2	Fenestration U-factor ⁱⁱ	Max: U-0.35 Z-4 U-0.32 Z5, Z-6	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.5	Maximum Fenestration U-factor, Area weighted average (trade-offs)	Max: U-0.48 Z-4, Z-5 U-0.40 Z-6	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2	Glazed Fenestration SHGC	Max: 0.40 Z-4 NR Z-5, Z-6	SHGC-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4.3	Glazed fenestration air leakage.	0.3 cfm/ft ² max	____ cfm/ ft ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Window Manufacturer						
R402.4.3	Sliding door air leakage.	0.3 cfm/ft ² max	____ cfm/ ft ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4.3	Swinging door air leakage	0.5 cfm/ft ² max	____ cfm/ ft ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Door Manufacturer						
Table R402.1.2	Floor insulation R-value.	Wood: R-19 Z-4 R-30 Z- 5 & 6 ⁱⁱⁱ Steel: ^{iv} See footnote	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2	Wall insulation R-value	Wood: Z-4 and Z-5 = R-20 or R-13+5 Z-6 = R-20+5 or 13+10 Steel: ^v See footnote	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IECC Section #	Requirement	Code Value	Verified Value	Complies			Comments/Assumptions
				Y	N	N/A	
Table R402.1.2	Ceiling insulation R-value	Wood: R-49 (All Zones) Steel Truss ^{vi} R-38+5	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.3	Eave Baffle	For air-permeable insulation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table R402.1.2	Mass wall insulation R-value.	R-8/13 Z-4 ^{vii} R-13/17 Z-5 ^{vii} R-15/20 Z6 ^{vii}	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.13	Sunroom wall insulation (Enclosing conditioned space)	Per Table R402.1.2	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.13	Sunroom wall insulation (Thermally isolated and conditioned)	R-13 All climate zones	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.13	Sunroom ceiling insulation (Enclosing conditioned space)	Per Table R402.1.2	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.13	Sunroom ceiling insulation (Thermally isolated and conditioned)	R-19 Z-4 R-24 Z-5, Z-6	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.3.5	Sunroom glazing U-factor (Enclosing conditioned space)	Per Table R402.1.2	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.3.5	Sunroom glazing U-factor (Thermally isolated and conditioned)	U-0.45 max. (All Zones)	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.3.5	Sunroom skylight U-factor (Enclosing conditioned space)	Per Table R402.1.2	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.3.5	Sunroom skylight U-factor (Thermally isolated and conditioned)	U-0.70 max. (All Zones)	U-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Skylight Manufacturer						
R402.2.4	Attic access hatch and door (insulation)	R-49 (All Zones)	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.2.4	Attic access hatch and door (weather-stripping)	Wood frame or equivalent insul. retainer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4.6	Tenant separation walls	R-10 w/ air seal	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4	Air Leakage (Building Thermal Envelope)	All building materials installed per Table R402.1.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4.1.2	Air Leakage Testing	3 air changes per hour (All zones) Blower door test	<input type="checkbox"/> Stated <input type="checkbox"/> Stated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4.5	IC-rated recessed lighting fixtures meet infiltration criteria.	≤ 2.0 cfm air leakage Sealed	<input type="checkbox"/> Stated <input type="checkbox"/> Stated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4.4	Rooms containing fuel burning appliances	Outside or enclosed in a room	<input type="checkbox"/> Meets exceptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.1.1	Vapor Retarder (IRC R702.7)	Class I or II (Zones 5 and 6 only)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.1.1	Thermostat	Programmable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IECC Section #	Requirement	Code Value	Verified Value	Complies			Comments/Assumptions
				Y	N	N/A	
R403.3.1	Duct insulation.	Supply & Return in Attics: R-8 for ≥3" Dia. R-6 for <3" Dia. Other: R-6 for ≥3" Dia. R-4.2 for <3" Dia.	<input type="checkbox"/> Inside building thermal envelope exception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.3.2	Duct sealing complies with listed sealing methods.	All joints and seams	<input type="checkbox"/> Meets exception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.3.3	Duct Testing	0.1 inch w.g. pressure differential Rough-in test required Post construction test required	<input type="checkbox"/> Stated <input type="checkbox"/> Stated <input type="checkbox"/> Stated <input type="checkbox"/> Exception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.3.5	Building cavities NOT used as ducts or plenums	Stated? Shown?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.4	HVAC piping insulation.	R-3 (>105°F For <55°F)	R-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.5.1	Heated water circulation and temperature maintenance system	Per requirements of Section R403.5.1.1 or R403.5.1.2	<input type="checkbox"/> Circulation System <input type="checkbox"/> Heat Trace System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.5.3	Hot water pipe insulation	R-3 per specified locations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R404.1	Lighting – Minimum 75% of lamps are high efficacy.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R402.4.2	Wood burning fireplace	Tight-fitting flue damper or doors		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R403.10	Pool heaters, covers, and automatic or accessible manual controls.	Accessible on/off switch. Time Switch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ⁱⁱ One side-hinged door up to 24 ft² can be exempted from the prescriptive door U-factor requirements.

ⁱⁱⁱ Or insulation sufficient to fill the cavity, R-19 minimum.

^{iv} Floor steel frame equivalent: See Table R402.2.6

^v Wall steel frame equivalent: See Table R402.2.6

^{vi} Steel truss equivalent: See Table R402.2.6

^{vii} The second R-value applies when more than half the insulation is on the interior of the mass wall.