

| Project Information | |
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| Project Address | BPA Number |
| Coordinating NECB Design Professional Name | |

Trade-off compliance requires this report to be filled out for the Parts where trade-off compliance is used. Submit the Prescriptive Report for all other Parts including Part 7.

| Part 3 – Building Envelope *Not applicable to additions or semi-heated buildings as per Sentence 3.3.1.1.(2) | | | |
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| For Additions: fenestration is being calculated for (select one): | | <input type="checkbox"/> Addition only <input type="checkbox"/> Addition & existing combined | |
| General | | Proposed | NECB Limit |
| Gross wall area (m ²) | | | N/A |
| Total window area (m ²) | | | N/A |
| Total exterior door area (m ²) | | | N/A |
| Gross roof area (m ²) | | | N/A |
| Total skylight area (m ²) | | | N/A |
| Exposed floor areas (m ²) | | | N/A |
| | | | HDD @ 18° HDD @ 15° |
| Overall Thermal Transmittance – U (W/(m ² ·K)) | FDWR (%) | | N/A N/A |
| Opaque walls (above ground) | | | N/A N/A |
| Opaque walls (in contact with ground) | | | ≤ ≤ |
| Roofs (above ground) | | | N/A N/A |
| Roofs (in contact with ground) | | | ≤ ≤ |
| Floors (above ground) | | | N/A N/A |
| Floors (in contact with ground) | | | ≤ ≤ |
| Air Leakage (L/(s·m ²)) | Opaque doors | | N/A N/A |
| Fixed fenestration and curtain walls | | | ≤ |
| Operable windows, skylights, and doors | | | ≤ |
| Operable revolving and auto sliding doors | | | ≤ |
| | | Proposed (U_{ip}*A_{ip}) | Reference (U_{ir}*A_{ir}) |
| Vertical (above ground portions) | | | |
| Horizontal (above ground portions) | | | |
| Total _(Vertical + Horizontal) | | | |
| Compliance Confirmation | | | |
| U _{ip} A _{ip} is less than or equal to (≤) U _{ir} A _{ir} in conformance with NECB Article 3.3.1.2. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you supplied the calculations determining the above values | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Part 4 – Lighting *Applies to interior lighting and controls only | |
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| Proposed building exterior lighting power (kW) (to be less than exterior lighting basic site allowance below) | |
| Exterior lighting zone | |
| Exterior lighting basic site allowance (W) | |
| Interior lighting controls are designed in accordance with Subsection 4.2.2. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Exterior lighting controls are designed in accordance with Subsection 4.2.4. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IILE - Installed Interior Light Energy (kW·h/a) (Proposed) | |
| ILEA -Interior Lighting Energy Allowance (kW·h/a) (Reference) | |

| | | |
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| Compliance Confirmation | | |
| IILE is less than or equal to (\leq) ILEA in conformance with NECB Article 4.3.1.3. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you supplied the calculations determining the above values | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| Part 5 – Heating, Ventilating and Air-Conditioning Systems | | |
| Overall HVAC _{TOI} | | |
| Compliance Confirmation | | |
| HVACTOI is greater than or equal to (\geq) 0 in conformance with NECB Article 5.3.1.3. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you supplied the calculations determining the above values | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| Part 6 – Service Water Systems | | |
| Overall SWH _{TOI} | | |
| Compliance Confirmation | | |
| SWH-TOI is greater than or equal to (\geq) 0 in conformance with NECB Article 6.3.1.3. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you supplied the calculations determining the above values | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| Compliance Confirmation | | |
| Building energy trade-off compliance meets NECB 2017 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drawings submitted are in conformance with NECB Drawings Requirements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| Declaration | | |
| Signature of Coordinating NECB Design Professional who has completed this form: | | |
| _____ | _____ | |
| Signature | Date | |