

NECB Project Summary Statement of Compliance Path (2021/07)

| City of Medicine Hat Requirements for NECB Compliance | | | | | | | | |
|--|---|---|--|--------------------|--|--|--|--|
| Project Name: | | | | | | | | |
| Project Address: | | | | | | | | |
| Applicant Name: | | | | | | | | |
| Applicant | Phone: | | Email: | | | | | |
| THIS DOCUMENT TO ACCOMPANY THE REQUIRED EXCEL NECB CHECKLISTS | | | | | | | | |
| This document outlines project compliance with NECB. It MUST be submitted by all projects required to comply with the NECB at the time of Building Permit Application. NECB requires a number of calculations be completed to demonstrate compliance. The Authority Having Jurisdiction (AHJ) may request comprehensive calculations be provided to verify submissions and compliance. | | | | | | | | |
| NECB Division C 2.2.2.1. General Information Required 1) Sufficient information shall be provided to show that the proposed work will conform to this Code and whether or not it will affect adjacent property. (see commercial building permit application checklist for details on required drawings) | | | | | | | | |
| NECB Division C 2.2.2.2. Design Calculations and Analysis | | | | | | | | |
| Compliance Summary: Basic Building Information | | | | | | | | |
| Information provided below sets parameters to establish compliance with the NECB | | | | | | | | |
| Addition to e | xisting building (Y/N): | | (as applicable) Area of Addition (m²): | | | | | |
| Building | g Footprint Area (m²): | | Vertical Opaque Envelope Area (m²): | | | | | |
| Conditioned Space Area (m²): | | | Vertical Fenestration Area (m²): | | | | | |
| | ted Space Area (m²): | | FDWR (%): | | | | | |
| | ned Space Area (m²): | | Horizontal Opaque Envelope Area (m²): | | | | | |
| I otal Floo | or Surface Area (m²): | | Horizontal Fenestration Area (m²): | | | | | |
| | Vestibule(s) (Y/N): Climate Zone (HDD): | | Horizontal Fenestration (skylight) ratio (%): ASHRAE 62.1-2001 except addendum n (Y/N): | | | | | |
| | Climate Zone (HDD). | Compliance | · · | adendam m (17/14). | | | | |
| Compliance Summary Indicate the compliance path for each Part below. Please note that only one means of compliance is possible per part. | | | | | | | | |
| Part 3: Building Envelo | pe | | | | | | | |
| | Detailed Trade-0 | Off (refer to Part 8) | Trade-Off | Prescriptive | | | | |
| Part 4: Lighting | | | | | | | | |
| | | | Trade-Off | Prescriptive | | | | |
| Part 5: Heating, Ventila | tion and Air Condition | oning Systems | | | | | | |
| | | | Trade-Off | Prescriptive | | | | |
| Part 6: Service Water H | eating Systems | | | | | | | |
| Dest 7: Florida d Desse | . O | - | Trade-Off | Prescriptive | | | | |
| Part 7: Electrical Power | Systems and Motor | <u> </u> | (Trade Off not available) | Dragoriotivo | | | | |
| (Trade-Off not available) Prescriptive OR | | | | | | | | |
| Part 8: Performance En | ergy Model (S | | requirements with submission) | | | | | |
| | , | | | | | | | |
| Consultants | | | | | | | | |
| Please indicate the consultants and/or persons responsible for demonstrating compliance with the various Parts of the NECB | | | | | | | | |
| | | Consultant Name: | | | | | | |
| | | Representing Firm: Contact Information: | | 1 | | | | |
| Part 3: Building | Envelope | Address: | | tel: | | | | |
| | | , iddi ooo. | | | | | | |
| | | Consultant Name: | | | | | | |
| | | Representing Firm: | | | | | | |
| Part 4: Lig | Lighting | Contact Information: | | tel: | | | | |
| . GIV I. E | | Address: | | | | | | |
| | | Consultant Name: | | | | | | |
| Part 5: Heating, V Air-Conditioning | entilating and | Representing Firm: | | | | | | |
| | | Contact Information: | email: | tel: | | | | |

| Part 5: Heating, Ventilating and Air-Conditioning Systems | Address: | | |
|--|----------------------|--------|-------|
| | Consultant Name: | | |
| | Representing Firm: | | |
| Part 6: Service Water Heating | Contact Information: | email: | tel: |
| Systems | | | |
| | Address: | | |
| | Consultant Name: | | |
| | Representing Firm: | | |
| Part 7: Electrical Power Systems | Contact Information: | email: | tel: |
| and Motors | Address: | | |
| | Consultant Name: | | |
| | Representing Firm: | | |
| Part 8: Building Energy Performance (If Part 3 Detailed Trade-off or Part 8 | Contact Information: | email: | tel: |
| Performance Compliance selected) | Address: | | |
| | | | |
| Applicant: | | | Date: |
| Office use only Administration (received by): | | | Date: |
| Office use only Commercial Safety Codes: | | | Date: |
| | | | |

ALL ELEMENTS OF THE NECB SHALL BE ON THE DRAWINGS SUPPLIED FOR THE BUILDING PERMIT APPLICATION

Once complete, SAVE PDF and upload as part of your ePermit submission.

Planning & Development Services City of Medicine Hat 580 1st Street SE Medicine Hat, AB T1A 8E6

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