

This document outlines project compliance with National Energy Code for Building (NECB). The project summary, including NECB contact information, and the compliance report for the chosen path are to be submitted as part of the building and development permit application for new buildings and additions that require NECB compliance. See [NECB Compliance Handout](#) for application to buildings and [Framework Guide](#) for submission requirements.

Project Information				
<b>Project Address:</b> _____	_____ Application Number (Office use only)			
<b>Coordinating NECB Design Professional Information</b> (The coordinating NECB design professional will be responsible for coordinating the design work associated with energy compliance and the building and development permit process. The coordinating NECB Design Professional is required to sign the Project Summary and the associated compliance report).				
Name: _____				
Registered Business Name: _____				
Address: _____				
Unit Number	Street	City	Province	Postal Code
Email: _____		Phone/Cell # : _____		

Basic Building Information	
Building use: _____	
Type of construction:	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Tenant Fit - Out
If addition, NECB compliance for:	<input type="checkbox"/> Addition only <input type="checkbox"/> Addition & existing
Building information:	<input type="checkbox"/> Heated <input type="checkbox"/> Semi – heated
Vestibule:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fill out the following details, if applicable:	
_____ Building foot print area (m <sup>2</sup> )	_____ Semi-heated space (m <sup>2</sup> )
_____ Area of addition (m <sup>2</sup> )	_____ Unconditioned space (m <sup>2</sup> )
_____ Conditioned space (m <sup>2</sup> )	_____ FDWR (%)
<b>*Note: The prescriptive path for Part 3 is not permitted if FDWR exceeds 29.3% in a heated building or 35.3% in a semi-heated building for Regina.</b>	
<b>Climate Zone: #</b>	(HDD below 18°C ): _____ (HDD below 15°C ): _____

Compliance Path Summary	
Please indicate the compliance path for each Part below. The chosen compliance path requires the associated reports to be completed and submitted.	
Please note that only one means of compliance is possible per Part.	
Part 3: Building Envelope:	<input type="checkbox"/> <b>Prescriptive</b> or <input type="checkbox"/> <b>Trade-Off</b>
Part 4: Lighting:	<input type="checkbox"/> <b>Prescriptive</b> or <input type="checkbox"/> <b>Trade-Off</b>
Part 5: Heating, Ventilation and Air Conditioning Systems:	<input type="checkbox"/> <b>Prescriptive</b> or <input type="checkbox"/> <b>Trade-Off</b>
Part 6: Service Water Heating Systems:	<input type="checkbox"/> <b>Prescriptive</b> or <input type="checkbox"/> <b>Trade-Off</b>
Part 7: Electrical Power Systems and Motors:	<input type="checkbox"/> <b>Prescriptive</b>
<b>OR</b>	
Part 8: Performance Energy Model:	<input type="checkbox"/> <b>Performance</b>
Drawing requirements are detailed on the <a href="#">NECB Drawing Requirement Handout</a> .	

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

**NECB Contact Information**

**Part 3:  
Building Envelope**

Name: \_\_\_\_\_  
 Registered Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Unit Number Street City Province Postal Code  
 Email: \_\_\_\_\_ Phone/Cell#: \_\_\_\_\_

**Part 4:  
Lighting**

Name: \_\_\_\_\_  
 Registered Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Unit Number Street City Province Postal Code  
 Email: \_\_\_\_\_ Phone/Cell#: \_\_\_\_\_

**Part 5:  
Heating,  
Ventilation and  
Air-Conditioning  
Systems**

Name: \_\_\_\_\_  
 Registered Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Unit Number Street City Province Postal Code  
 Email: \_\_\_\_\_ Phone/Cell#: \_\_\_\_\_

**Part 6:  
Service Water  
Heating Systems**

Name: \_\_\_\_\_  
 Registered Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Unit Number Street City Province Postal Code  
 Email: \_\_\_\_\_ Phone/Cell#: \_\_\_\_\_

**Part 7:  
Electrical Power  
Systems and  
Motors**

Name: \_\_\_\_\_  
 Registered Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Unit Number Street City Province Postal Code  
 Email: \_\_\_\_\_ Phone/Cell#: \_\_\_\_\_

**Part 8:  
Building Energy  
Performance  
(if Performance  
Compliance  
Selected)**

Name: \_\_\_\_\_  
 Registered Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Unit Number Street City Province Postal Code  
 Email: \_\_\_\_\_ Phone/Cell#: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_  
 Registered Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Unit Number Street City Province Postal Code  
 Email: \_\_\_\_\_ Phone/Cell#: \_\_\_\_\_