

Point Pleasant Borough HVAC System Plan Review Checklist

2233 Bridge Ave., Point Pleasant, NJ 08742

One form is required for each new HVAC system

Contractor _____

HVACR license number _____

Project identification _____

Block _____ Lot _____

Address _____

Required attachments --

Manual J1 or NJ1AE form* yes ___ no ___

OEM performance data (heating, cooling, blower) yes ___ no ___

Manual D Friction Rate Worksheet yes ___ no ___

Duct Distribution Drawing yes ___ no ___

➤ Please explain why any item is checked off as no

HVAC Load Calculation (IRC 1401.3)

Design Conditions

Winter Design Conditions

Outdoor temperature _____ °F (6*lowest)

Indoor temperature _____ °F (70*highest)

Total heat loss _____ btu

Summer Design Conditions

Outdoor temperature _____ °F (90*highest)

Indoor temperature _____ °F (75*lowest)

Grains difference _____ @ _____ %RH

Sensible heat gain _____ btu

Latent heat gain _____ btu

Building Construction Information

Building

Orientation of front door _____

Number of bedrooms _____

Conditioned floor area _____ sq ft

Number of Occupants _____

Windows

Eave overhang depth _____ ft

Internal shade _____

Number of skylights _____

HVAC Equipment Selection (IRC 1401.3) Manual S is attached _____ yes _____ No – please explain why if not attached.

Heating Equipment Data

Equipment type _____

Model _____

Heating output _____

Aux heat output _____

Cooling Equipment Data

Equipment type _____

Model _____

Sensible cooling capacity _____ btu

Latent cooling capacity _____ btu

Total cooling capacity _____ btu

Blower Data

Heating CFM _____

Cooling CFM _____

Duct Distribution System Design (IRC 1601.1) Manual D is attached _____ yes _____ No – please explain why if not attached.

Design air flow _____ cfm

Longest supply duct _____ ft

Duct material types-

External Static Pressure _____ iwc

Longest return duct _____ ft

Trunk _____

Component Pressure Loss _____ iwc

Total Effective Length _____ ft

Branch _____

Available Static Pressure _____ iwc

Friction Rate _____ iwc

I declare that I have personally complete the load calculation, equipment selection, and duct system design; and that the calculations, equipment selection and duct design were performed based on the building plan listed above or actual conditions of the existing structure. I understand the claims made on this form are subject to review and verification.

Contractor's Printed Name _____ Date _____

Contractor's Signature _____

*If abridged version of Manual J is used for load calculation, then verify residence meets requirements.

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