



# Energy Diagnostics Inc.

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Valparaiso, IN. 46383

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Builder Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Plan # \_\_\_\_\_

Lot # \_\_\_\_\_ Development Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Jobsite Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Utility Companies: Gas \_\_\_\_\_ Electric \_\_\_\_\_

Services Requested: Code Compliance Package \_\_\_\_\_ HERS Rating Package \_\_\_\_\_ Manual J & S \_\_\_\_\_

### Efficiency Factors Needed:

Heating Equipment: size \_\_\_\_\_ efficiency \_\_\_\_\_ % Cooling Equipment: size \_\_\_\_\_ Seer \_\_\_\_\_

Water Heater: \_\_\_\_\_ gallon \_\_\_\_\_ % efficient ;

Programmable thermostat:

Mechanical Ventilation:

Any exposed duct work \_\_\_\_\_ If so, duct insulation R-value \_\_\_\_\_

Structure Orientation: (front of home)

Foundation: \_\_\_\_\_ other (specify) \_\_\_\_\_

Foundation Wall Height: \_\_\_\_\_

### Insulation R-values and types:

	Insulation Type	R-value
Foundation Insulation:	_____	
Foundation Insulation Location :		
Foundation Insulation :		
Exposed Frame Floor:	_____	
(cantilever/room over garage)		
Rim Joist:	_____	_____
Wall Cavity:	_____	_____
Wall Exterior Sheathing:	_____	_____
Window Type: U-value _____ solar heat gain coefficient _____		
Flat Ceiling:	_____	_____
Cathedral Ceiling:	_____	_____
Skylights: (yes or no) U Value: _____		

Blueprints are needed to calculate preliminary calculations (floor plan with dimensions, elevations, and clear window sizes)  
\*\*Our service will require an on-site visit to verify the above information, any additional information, and blower door and duct  
blasting (if applicable) near completion of the home\*\*