



**Residential Plans Examiner Review Form For  
HVAC Load Calculations and Duct System Design**

**City of Hampton, VA**

<b>REQUIRED ATTACHMENTS</b> Contractor or Engineer: _____ Master Mechanical Tradesman Number : _____ Project Address: _____	Manual J1 Form (with worksheets A & B) _____ Manual J1AE Form (with worksheets A & B) _____ Manual D Friction Rate Worksheet _____ Duct Distribution System Layout/sketch (cfm per diffuser size) _____ Proposed Equipment Model Numbers _____
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**HVAC System Design Criteria (ICC-IRC 1401.3)**

<b>Design Conditions</b>				
Winter Design	Degrees Farenheight	Summer Design	Degrees Farenheight	
Outdoor:	_____ ° F	Outdoor:	_____ ° F	
Indoor:	_____ ° F	Indoor:	_____ ° F	
Total Heat Loss	_____ Btu/h	Sensible Heat Gain	_____ Btu/h	
		Latent Heat Gain	_____ Btu/h	
		Total Heat Gain	_____ Btu/h	
<b>General Building Information</b>				
Orientation(front door faces) _____ <small>(North, East, West, South, Northeast, Northwest, Southeast, Southwest)</small>		Window Type	_____	
Number of Bedrooms:	_____	Insulation R-Values	Attic	Wall
Floor area (square feet)	_____	System Type:	RTU	Split
Number of Occupants:	_____	Eave Overhang Depth	_____ Ft.	
Envelope Tightness Estimate _____ <small>(Tight, Semi-tight, Average, Semi-loose, Loose)</small>		Number of Skylights:	_____	
SEER: _____ EER: _____ HSPF: _____		System Cooling Btu/h:	_____	
		System Heating Btu/h:	_____	
		COP: _____ AFUE: _____		

**HVAC DUCT DISTRIBUTION SYSTEM DESIGN (ICC-IRC 1601.1)**

Design Airflow \_\_\_\_\_ CFM    # Supply Air Grilles \_\_\_\_\_    #Return Air Grilles: \_\_\_\_\_

Equipment Design ESP _____ IWC	<b>Total Effective Length (TEL)</b>
OEM Blower tables _____ IWC	Supply _____ Ft.
Total Device Pressure Losses _____ IWC	Return _____ Ft.
Cumulative total of dampers, registers, filters, etc. _____ IWC	Total(TEL) _____ Ft.
Available Static Pressure(ASP) _____ IWC	
Equipment Design ESP-Total Device Pressure Losses _____ IWC	

Friction Rate (ASPx100) \_\_\_\_\_ = \_\_\_\_\_ IWC  
TEL

Duct Material: \_\_\_\_\_  
Sheetmetal, Lined metal, Ductboard, Flex (ducts marked by type)

I declare the load calculation, equipment selection and duct distribution design is accurate and rigorously performed to the best of my ability. I understand the claims made on these form will be subject to inspection and verification.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor'/Engineer's Signature \_\_\_\_\_