



API of NH / Delta T Load Calculation Input Form



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Contractor Name: _____ Phone #: _____
 Mailing Address: _____ Email: _____
 Homeowner Name: _____ Type of Load Calc requested:
 Street Address: _____ Block Load; Quickest Method but not great for system design
 State & Zip: _____ Room X Room: More time consuming but used for system design.
 Phone & Email: _____ HRV (Heat Recovery Ventilator) ← Circle Preference
 Direction Front of House Faces: _____ ERV (Energy Recovery Ventilator)
 (No Circle means no ventilator)

Structure Type: Stick Built Modular Manufactured
 Typical Ceiling Height Basement. 1st Fl _____ 2nd Fl _____ 3rd Fl _____

Exterior Wall: Framing: Wood Steel 2x4 2x6 Other _____
 Insulation: Type _____ R Value _____
 Exterior Sheathing: Yes No Type _____

Exposed Floor: Type: Slab Crawl Open Crawl Uncond. Basement Cond. Basement
 Insulation: Type _____ R Value _____

Attic: Flat Ceiling Insulation: Type _____ R Value _____
 Vaulted/Cathedral Insulation: Type _____ R Value _____
 Knee Wall Insulation: Type _____ R Value _____

Roof: Type _____ Color: Dark Med Light Radiant Barrier: Yes No

Encapsulated attic space Yes No

Windows: Type: Dbl Hung Sgl Hung Fixed Sash Insulated Low E U Value: _____
 External Screen Yes No Internal Shading: Blinds Drapes None Light Dark
 If Blinds and Drapes, will all windows/glass doors be included, if not, note windows/doors
 That will not have blinds/drapes: _____

External Doors: Wood: Hollow Solid Panel French Storm: Yes No
 Steel/Metal: Fiberglass Core Polystyrene Core Storm: Yes No

Construction Quality: Tight Semi-Tight Average Semi-Loose Loose

Fireplaces: Type: Gas Electric Wood Burning How Many Vented Nonvented



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Internal Loads

Appliances: Will assume 1 Refrigerator, 1 Stove, 1 Dishwasher, 1 Microwave in Kitchen and 1 Washer, 1 Dryer in Utility Room unless otherwise noted. Note additional appliances and location below.

Office Equipment: Please note number of computers, monitors, printers, etc. and location below

Occupants: Manual J 8th ed. Recommends 1 person per bedroom plus 1 (i.e. 3 bedroom house = 4 occupants) If there is any reason to modify this note below. Is there an Elderly person or two?

Garage Heating: None Gas or L.P Unit Heater Hot Water Fan Coil In Floor Radiant

Basement Heating: Yes No

HVAC

Ductwork: Insulation R Value _____ Type: Trunk & Branch Radial
Registers: Center of Room Perimeter
Heating Discharge Air Temperature: 100 120 130 140 Other _____

(Note: Heat Pumps 100 Furnaces 120-140)

Duct location: Note Floor under Location (i.e. 1st, 2nd, 3rd)

Crawl Space Cond. Basement Uncond. Basement

Cond. Space Non Encapsulated Attic Encapsulated Attic

Additional Notes:

API of NH
190 Zachary Rd.
Manchester, NH 03109
Phone: (603)668-7810
Fax: (603)668-6120

API of NH
50 Campus Drive
Portsmouth, NH 03801
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Fax: (603)430-7840

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Providence, RI 02904
P:401-861-1776
F: 401-861-1750

Delta T
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Phone: (978) 244-1475
Fax: (978) 244-1472

Delta T
40 Kenwood Circle Unit # 5
Franklin, MA 02038
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Fax: (508)528-6685

Delta T
301 Second Ave.
Waltham, MA 02453
Phone: (781)893-0800
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Bridgewater, MA 02324
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