Town of Sherborn
IECC Compliance Sheet

Completely fill out all information that applies, omissions will cause denial of application.

Owners Name: ___________________________ Permit Applicant Name ___________________________
Job Address: _____________________________ Applicant Phone #: ___________________________

Please check what applies to your project:
☐ New Home  ☐ Renovation or Repair
☐ Addition  ☐ Door & Window Replacements

For Doors and Window Replacement Only
(Table 402.1.1)

WINDOWS
# of windows: __________
U-Factor: __________

DOORS
# of Doors: __________
U-Factor: __________

Note: Please have window stickers or factory affidavit on site for inspection for compliance with U-Factor requirements.

New Homes, Additions, Alteration, Renovations or Repair Compliance Options

Submittal:
☐ Prescriptive (see below)
☐ ResCheck, ComCheck or other Computer Base Software

Field Compliance:
☐ Door Blower Test (Section 402.4.2.1)
☐ Visual Inspection Option (Section 402.4.2.2)
☐ Duct Testing (Section 403.2.2) - (required if ducts and air handler are not completely located within the conditioned space)

☐ Home Energy Rating Score (HERS) (Chapter 61 Amendment)

Prescriptive Option (Table 402.1.1):

Ceiling R-Values __________________________
Wood Frame Wall R-Values __________________________
Mass Wall R-Value __________________________
Floor R-Values __________________________

Basement Wall R-Value __________________________
Slab R-Value & Depth __________________________
Crawl Space Wall R-Value __________________________

Exceptions (Section 101.4.3) - I meet one of the following exceptions; please provide the number for the exception I meet in section 101.4.3: #________

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2009 IECC.

Name – Title ___________________________ Signature ___________________________ Date ___________________________