

# Residential Code of Ohio Mechanical Systems Description Form

Applicant/General Contractor: \_\_\_\_\_ Homeowner: \_\_\_\_\_

Office Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Homeowner Phone # \_\_\_\_\_

Project Description: \_\_\_\_\_

Address of Project: \_\_\_\_\_ City/Township: \_\_\_\_\_

## Electrical System Description a,b

<u>Service Size (Amps)</u>	<u>Size of Service Entrance Conductors</u>	<u>Panel Location(s)</u>	<u>Number of Sub-Panels</u>	<u>Location</u>
<input type="checkbox"/> 100 Amp <input type="checkbox"/> 200 Amp <input type="checkbox"/> Over 200 Amp				<input type="checkbox"/> Overhead <input type="checkbox"/> Underground

a. Provide a detailed electrical diagram for services over 200 amps for review and approval (see electrical fee schedule).

b. Provide detailed electrical and gas piping diagrams for generator installations (see electrical fee schedule).

## HVAC System Description

<u>Heating Equipment Type, Size &amp; Efficiency</u>	<u>Design Heat Loss (Btu/h)</u>	<u>Type of Fuel</u>	<u>Location of Equipment</u>
<input type="checkbox"/> Forced Air    Btu/h _____ Eff. _____ <input type="checkbox"/> Boiler            Btu/h _____ Eff. _____ <input type="checkbox"/> Heat Pump       Btu/h _____ Eff. _____ <input type="checkbox"/> Electric            kW _____ Eff. _____ <input type="checkbox"/> Geothermal       kW (Btu/h) _____ Eff. _____		<input type="checkbox"/> Natural Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other _____	<input type="checkbox"/> Basement <input type="checkbox"/> Attic <input type="checkbox"/> Closet <input type="checkbox"/> Crawl Space <input type="checkbox"/> Outdoor

<u>Cooling Equipment Type, Size &amp; Efficiency</u>	<u>Design Heat Gain (Btu/h)</u>	<u>Location of Equipment</u>
<input type="checkbox"/> AC                    Btu/h _____ Eff. _____ <input type="checkbox"/> Heat Pump        Btu/h _____ Eff. _____ <input type="checkbox"/> Geothermal       kW(Btu/h) _____ Eff. _____		<input type="checkbox"/> Outdoor <input type="checkbox"/> Other _____

<u>Area of Conditioned Space (sq. ft.)</u>	<u>Duct Size (Supply and Return)</u>

## Fuel Gas System Description

<u># Outlets &amp; Total Gas Load</u>	<u>Max Run &amp; Main Size</u>	<u>Piping Materials</u>
		<input type="checkbox"/> Steel Pipe Sch. 40 <input type="checkbox"/> CSST <input type="checkbox"/> Other _____