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ATSPACE

DELIVERING BEYOND COMPLIANCE

Version 1.0
April 2016

Extension SAP Checklist



Call us today on 0800 917 8922
to speak with an adviser or visit
atspaceltd.co.uk

Extension SAP Checklist

This checklist is split into three sections.

Section 1 Project/dwelling details.

Section 2 Construction details.

Section 3 Fixtures/fittings/miscellaneous.

To enable us to complete your energy assessment we will require:



A completed checklist. Please note that with multiple dwellings, if the construction details vary between plots, a separate checklist must be completed for each type.

Building Regulation plans with dimensions and construction notes (scale 1:100, 1:50).

Floor plans.

Sections.

Elevations.

Do you require the building plans to be returned? (Charge £8.00).

Window schedule.

Site layout and location plan showing orientation.

As Built DER Checklists / SAP Calculations (optional).

Registered postal address(es) of the property(ies).

PROJECT DETAILS

FLAT NUMBER/LETTER: _____ HOUSE NAME/NUMBER/PLOT: _____

ADDRESS: _____

POSTCODE: _____

CLIENT NAME: _____

ADDRESS: _____

YEAR OF ORIGINAL CONSTRUCTION: _____ POSTCODE: _____

AGENT NAME & ADDRESS: (if applicable) _____

CONTACT DETAILS

COMPANY NAME: _____ CONTACT NAME: _____

TEL NO: _____ EMAIL: _____

BUILDING REGULATIONSWHICH BUILDING REGULATIONS IS THIS BUILDING BEING ASSESSED UNDER?: 2010 Regs 2013 Regs*This is determined by when the application to Building Control was accepted –**Prior to 4th April 2014 is 2010 Regs and on or after 4th April 2014 is 2013 Regs.*IS AN EPC REQUIRED?: YES NO**MISC. DWELLING DETAILS**

PROPERTY TYPE (house, bungalow, flat or maisonette): _____

BUILT FORM (detached, semi-detached, mid or end terrace): _____

FLAT TYPE (top, middle or ground floor): _____ Orientation (of the front door): _____

1. EXTENSION FLOOR CONSTRUCTION:

FLOOR COVERING (e.g. screed): _____ COVERING THICKNESS: _____

INSULATION TYPE (Manufacturer): _____ λ (THERMAL CONDUCTIVITY), IF KNOWN: _____

INSULATION THICKNESS: _____ GROSS FLOOR AREA: _____ WALL THICKNESS: _____

FLOOR TYPE (e.g. block & beam or slab-on-ground floor): _____

SIZE OF UNDERFLOOR AIR GAP (if block & beam or suspended): _____

SLAB THICKNESS (if applicable): _____

TOTAL U-VALUE, IF KNOWN: _____

2. EXISTING/ORIGINAL FLOOR CONSTRUCTION:

FLOOR COVERING (e.g. screed):	COVERING THICKNESS:
INSULATION TYPE (Manufacturer):	λ (THERMAL CONDUCTIVITY), IF KNOWN:
INSULATION THICKNESS:	GROSS FLOOR AREA:
	WALL THICKNESS:
FLOOR TYPE (e.g. block & beam or slab-on-ground floor):	
SIZE OF UNDERFLOOR AIR GAP (if block & beam or suspended):	
SLAB THICKNESS (if applicable):	
GROUND TYPE (clay/silt, sand/gravel, rock):	
Please note that if this is left blank, a default value will be used for the thermal conductivity of the ground (default is λ 2.0, clay/silt is λ 1.5, sand/gravel is λ 2.0 and rock is λ 3.5)	
TOTAL U-VALUE, IF KNOWN:	

3. EXTENSION EXTERNAL WALL CONSTRUCTION:

WALL MATERIAL (e.g. Masonry, timber framed, steel framed, SIPs etc):	
WALL TYPE OR INSULATION LOCATION (Solid/cavity for masonry or between studs/between I-beams for frames):	
OUTER SKIN (e.g. brick or concrete block):	SKIN THICKNESS:
CAVITY SIZE (in mm if applicable):	FULL OR PARTIAL INSULATION FILL: <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
INSULATION TYPE (slabs or spray foam):	INSULATION THICKNESS:
INNER SKIN (e.g. brick, concrete block or timber):	SKIN THICKNESS:
FINISH (e.g. plasterboard/skim or other render, if applicable):	
FINISH THICKNESS:	TOTAL U-VALUE, IF KNOWN:

4. EXISTING/ORIGINAL WALL CONSTRUCTION:

WALL MATERIAL (e.g. Masonry, timber framed, steel framed, SIPs etc):	
WALL TYPE OR INSULATION LOCATION (Solid/cavity for masonry or between studs/between I-beams for frames):	
OUTER SKIN (e.g. brick or concrete block):	SKIN THICKNESS:
CAVITY SIZE (in mm if applicable):	FULL OR PARTIAL INSULATION FILL: <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
INSULATION TYPE (slabs or spray foam):	INSULATION THICKNESS:
INNER SKIN (e.g. brick, concrete block or timber):	SKIN THICKNESS:
FINISH (e.g. plasterboard/skim or other render, if applicable):	
FINISH THICKNESS:	TOTAL U-VALUE, IF KNOWN:

5. EXTENSION ROOF CONSTRUCTION:

WARM ROOF/COLD ROOF:

PITCHED/FLAT ROOF:

INSULATION TYPE (Manufacturer):

INSULATION THICKNESS:

INTERNAL FINISH (e.g. Plasterboard/skim or other render):

FINISH THICKNESS:

TOTAL U-VALUE, IF KNOWN:

6. EXISTING/ORIGINAL ROOF CONSTRUCTION:

WARM ROOF/COLD ROOF:

PITCHED/FLAT ROOF:

INSULATION TYPE (Manufacturer):

INSULATION THICKNESS:

INTERNAL FINISH (e.g. Plasterboard/skim or other render):

FINISH THICKNESS:

TOTAL U-VALUE, IF KNOWN:

7. EXTENSION GLAZING (please tick all that apply):AIR GAP: 6mm 12mm 16mm 16+mm DOUBLE GLAZED TRIPLE GLAZED ARGON FILLED LOW E 'soft coat' PVCu TIMBER METAL LOW E 'hard coat'

SPECIFICATIONS FROM MANUFACTURER: U-VALUE

G-VALUE

FRAME FACTOR

BFRC RATED

(Manufacturers evidence is required)

8. EXISTING/ORIGINAL GLAZING (please tick all that apply):AIR GAP: 6mm 12mm 16mm 16+mm DOUBLE GLAZED TRIPLE GLAZED ARGON FILLED LOW E 'soft coat' PVCu TIMBER METAL LOW E 'hard coat'

SPECIFICATIONS FROM MANUFACTURER: U-VALUE

G-VALUE

FRAME FACTOR

BFRC RATED

(Manufacturers evidence is required)

9. EXTENSION EXTERNAL DOORS:FRONT: SOLID HALF GLAZED FULLY GLAZEDSIDE: SOLID HALF GLAZED FULLY GLAZEDREAR: SOLID HALF GLAZED FULLY GLAZED**10. EXISTING/ORIGINAL EXTERNAL DOORS:**FRONT: SOLID HALF GLAZED FULLY GLAZEDSIDE: SOLID HALF GLAZED FULLY GLAZEDREAR: SOLID HALF GLAZED FULLY GLAZED

11. NEW VENTILATION:NUMBER OF EXTRACTION FANS: _____ MECHANICAL VENTILATION SYSTEM: YES NOHEAT RECOVERY SYSTEM: YES NO

IF YES, PLEASE PROVIDE MAKE AND MODEL OF YOUR VENTILATION SYSTEM: _____

12. EXISTING/ORIGINAL VENTILATION:NUMBER OF EXTRACTION FANS: _____ MECHANICAL VENTILATION SYSTEM: YES NOHEAT RECOVERY SYSTEM: YES NO

IF YES, PLEASE PROVIDE MAKE AND MODEL OF YOUR VENTILATION SYSTEM: _____

13. MAIN HEATING SYSTEM:

FUEL: _____ MODEL: _____ MANUFACTURER: _____

COMBI BOILER: YES NO % EFFICIENCY: _____ FLOOR MOUNTED: WALL MOUNTED: RADIATORS: UNDER FLOOR HEATING: GROUND/AIR SOURCE HEAT PUMP: YES NO IF YES, MAKE & MODEL _____FLUE GAS HEAT RECOVERY SYSTEM: YES NO IF YES, MAKE & MODEL _____**14. HEATING CONTROL DETAILS (please tick all that apply):** PROGRAMMER ROOM THERMOSTAT THERMOSTATIC RADIATOR VALVES LOAD COMPENSATOR BOILER INTERLOCK TIME & TEMPERATURE ZONE CONTROL**15. SECONDARY HEATING:**

TYPE: _____ FUEL: _____ HETAS APPROVED: _____

16. ELECTRICITY TARIFF: STANDARD ECONOMY 7 10 HOUR TARIFF 24 HOUR TARIFF OTHER: _____**17. HOT WATER:**IS IT SUPPLIED FROM THE CENTRAL HEATING BOILER: YES NO**18. CYLINDER:**

CAPACITY: _____ (litres) INSULATION TYPE: _____ INSULATION THICKNESS (mm): _____

DECLARED HEAT LOSS FACTOR (in kWh/day, or if unknown please enter make/model of cylinder): _____

19. LIGHTING:

TOTAL NUMBER OF STANDARD LIGHT FITTINGS: TOTAL NUMBER OF LOW 'E' LIGHTS:

TOTAL NUMBER OF EXTERNAL LIGHTS:

20. RENEWABLE TECHNOLOGIES:

SOLAR PANEL (HOT WATER) PRESENT: COLLECTOR TYPE: MANUFACTURER/MODEL:

AREA OF COLLECTOR (M²): TILT: ORIENTATION:

PHOTOVOLTAICS PRESENT: PEAK POWER KW: MANUFACTURER/MODEL:

AREA OF COLLECTOR (M²): TILT: ORIENTATION:

MICRO WIND TURBINE(S) PRESENT: NO OF TURBINES: ROTOR DIAMETER:

HEIGHT ABOVE RIDGE:

OTHER TECHNOLOGIES PRESENT: PLEASE GIVE DETAILS:

21. AIR PERMEABILITY RATE:

HAS AN AIR TEST BEEN REQUESTED: YES NO IF YES, MEASURED RATE m3/hm2

Please note that an air test certificate will be required as evidence. If you have not yet had an air test carried out, please contact our friendly sales team to learn more about this service.

I confirm that the above property has been built in accordance with the building plans and checklist specifications as submitted to ATSPACE Ltd.

Signed Date

Print Position

Should you require any assistance with this checklist, or would like to hear more about our other building regulation compliance services, please contact us at

info@atspaceltd.co.uk
0800 917 8922

When completed please send to:
ATSPACE, Unit 3 & 4, The Cokenach Estate, Barkway, Royston, Hertfordshire, SG8 8DL