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DELIVERING BEYOND COMPLIANCE

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New Dwelling SAP Checklist



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to speak with an adviser or visit
atspaceltd.co.uk

New Dwelling 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.

List of amendments (if changes from original design).

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

Window schedule (if available).

Site layout and location plan showing orientation.

Design stage DER checklists / SAP Calculations (if applicable).

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

Air pressure test certificate (if applicable).

Were Approved Construction Details (ACD) adopted for this build? YES NO

(If ACD's adopted, a copy of the Approved Construction Details Certificate must be provided).

Approved construction details (limiting thermal bridging and air leakage) fully adopted see www.planningportal.gov.uk for further information. Please note that by ticking yes, you are confirming that the dwelling has been constructed to this standard and that your EPCs cannot be issued if the signed sheets are not supplied as soon as they're available.

A statement from the developer or equivalent person that the building has been constructed correctly in accordance with the building plans.

PROJECT DETAILS

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

ADDRESS: _____

POSTCODE: _____

CLIENT NAME: _____

ADDRESS: _____

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.***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. 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. OTHER FLOOR TYPE(S) (FOR EXPOSED FLOORS OR BALCONIES):

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. MAIN 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: FULL 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. OTHER WALL TYPES:

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: FULL 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. 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. OTHER ROOF TYPE(S):

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. 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. EXTERNAL DOORS:FRONT: SOLID HALF GLAZED FULLY GLAZEDSIDE: SOLID HALF GLAZED FULLY GLAZEDREAR: SOLID HALF GLAZED FULLY GLAZED**9. 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:

10. 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 & MODELFLUE GAS HEAT RECOVERY SYSTEM: YES NO IF YES, MAKE & MODEL

11. HEATING CONTROL DETAILS (please tick all that apply):

PROGRAMMER ROOM THERMOSTAT THERMOSTATIC RADIATOR VALVES

LOAD COMPENSATOR BOILER INTERLOCK TIME & TEMPERATURE ZONE CONTROL

12. SECONDARY HEATING:

TYPE: _____

FUEL: _____

HETAS APPROVED: _____

13. ELECTRICITY TARIFF:

STANDARD ECONOMY 7 10 HOUR TARIFF 24 HOUR TARIFF OTHER: _____

14. HOT WATER:

IS IT SUPPLIED FROM THE CENTRAL HEATING BOILER: YES NO

15. CYLINDER:

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

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

16. WATER USE (BUILDING REGULATIONS PART G):

≤125 LITRES/PERSON/DAY: YES NO

If you are unsure about this, or have yet to have a water efficiency calculation carried out, please contact our sales team to see if we can provide this for you.

17. LIGHTING:

TOTAL NUMBER OF STANDARD LIGHT FITTINGS: _____

TOTAL NUMBER OF LOW 'E' LIGHTS: _____

TOTAL NUMBER OF EXTERNAL LIGHTS: _____

18. 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: _____

19. 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