Design Verification Report – Compliance Pathway

For BCBC Part 10 Requirement Verification



Instructions: 1. To be completed by the Coordinating Registered Professional.2. To be submitted prior to issuance of Building Permit.

Addressed to: Chief Building Official, City of New Westminster

I, ______, am the Coordinating Registered Professional for following project and have coordinated the design to substantially comply with the requirements of Part 10 of the 2012 BC Building Code, based on pursuing the Energy Regulation indicated in Section A below.

PROJECT DETAILS

Project Address: _____ Building Permit #: _____ Energy Standard: DECB-2011 (COMPLETE SECTION A) DASHRAE 90.1-2010 (COMPLETE SECTION B)

SECTION A: NECB-2011

The following compliance pathways were utilized for each Part of NECB-2011 and the responsible professionals for each Part are indicated and the Design Intent Letters are attached:

PART	COMPLIANCE PATHWAY (Please Check)	NAME OF RESPONSIBLE Registered Professional of Record
3 – Building Envelope	 Prescriptive Prescriptive + Simple Trade-off Prescriptive + Detailed Trade-off 	
4 – Lighting	PrescriptiveTrade-off	
5 – HVAC	□ Prescriptive□ Trade-off	
6 – Service Water Heating System	PrescriptiveTrade-off	
7 – Electrical Power Systems and Motors	□ Prescriptive	
8 – Building Energy Performance Compliance Path	Building Energy Performance Compliance	



SECTION B: ASHRAE 90.1-2010

The following compliance pathways were utilized for each Section of ASHRAE 90.1-2010 and the responsible professionals for each Section are indicated and the Design Intent Letters are attached:

PART	COMPLIANCE PATHWAY (Please Check)	NAME OF RESPONSIBLE Registered Professional of Record
5 – Building Envelope	 Mandatory + Prescriptive Mandatory + B.E. Trade-Off Mandatory + ECB 	
6 – HVAC	 Simplified Approach Mandatory + Prescriptive Mandatory + ECB 	
7 – Service Water	Mandatory + PrescriptiveMandatory + ECB	
8 – Power	□ Mandatory	
9 – Lighting	 Mandatory + Building Area Method Mandatory + Space by Space Method Mandatory + ECB 	
10 – Other Equipment	Mandatory	
11 – ECB Method	Energy Cost Budget	

SATISFACTION ACKNOWLEDGEMENT

Signature:		 AFFIX PROFESSIONAL SEAL
Full Name (Print):		
Date:	Phone:	
Email:		
Company Name:		
Company Address:		