

New Residential Energy Certificate (2021 VRC)

This certificate "shall be completed...and posted on a wall in the space where the furnace is located, a utility room on an approved location inside the building" per the 2021 Virginia Residential Code (VRC), §N1101.14 (R401.3).

Location

Address: _____

City: _____ State: _____ Zip: _____

Permit #: _____

Thermal Envelope:

Enter All Applicable Insulation U-Factor & R-Values (*Indicates required values)			
*Fenestration U-Factor		Mass Wall	
Skylight		Floor	
*Glazed Fenestration SHGC		Basement Wall	
*Ceiling		Slab R-Value & Depth	, ft
*Frame Wall		Crawl Space Wall	

Duct Leakage Results: _____ **Check** if additional systems (see attached documents)

HVAC System 1 - Date Tested: _____	HVAC System 2 - Date Tested: _____
Conditioned Floor Area: _____	ft ²
Total Leakage per 100 square ft: _____	CFM

Blower Door Test Results: _____ **Date Tested:** _____

Conditioned Volume of Dwelling	Habitable Square Footage	ACH50 Results	CFM50 Results

Equipment Efficiencies:

System Type & RATING	HVAC System 1 Ratings	HVAC System 2 Ratings
Heating (HSPF____/AFUE____)	_____ or N/A - *Ex #: _____	_____ or N/A - *Ex #: _____
Cooling (SEER)		
Water Heater (UEF)		

*Exemptions: #1) gas-fired unvented room heater, #2) electric furnace, #3) baseboard electric heater

Photovoltaic (Solar) Panel Systems (if applicable):

Array Capacity	Inverter Efficiency	Panel Tilt	Orientation
kW	%	°(degrees)	

Energy Rating Index (ERI) Score (if applicable):

Score with on-site generation _____	Score without on-site generation _____
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By signing below you confirm that you are the builder, or approved party, and have verified the above information as true and accurate. You understand that any false statements are in violations of the 2021 VRC, §N1101.14 (R401.3), and may result in denial of permit, fines, or other penalties deemed appropriate by the Building Official.

Date Verified: _____

Printed Name of Builder (or Approved Party) _____

Signature of Builder (or Approved Party) _____

Phone: _____ **Email:** _____