



NEW YORK DEPARTMENT OF STATE
 DIVISION OF CODE ENFORCEMENT AND ADMINISTRATION

Third Party Modular Review
Submission Development Worksheet
Based upon the 2010 Building Code of New York State

Manufacturer: _____

Project Name & Project Number: _____

Address: _____

City/Town/Village: _____ **Zip Code:** _____

This worksheet may be used to demonstrate compliance with the Building Code of New York State. This worksheet is offered as a mechanism to enhance the communication between the New York Department of State and the manufactured building design professional on matters of compliance with the BCNYS. This is not intended to serve as a complete checklist leading to compliance with the BCNYS.

Response Legend

- Completed
- N/A (Meaning that the requirement is not applicable to the project.)
- S (Meaning that the requirement is to be completed as part of the site construction as identified on the drawings)

Code Section	Submission Requirement	Response	Drawing sheet or page number where requirement is addressed
BC 302	Occupancy Classification		
BC 508.2	Incidental uses	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 508.3.1	Accessory occupancies	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 508.3.2 BC508.3.3	Nonseparated/Separated Occupancies <input type="checkbox"/> Separated Use <input type="checkbox"/> Nonseparated Use	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	

BC 602	Construction Type	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC Table 602	Identify minimum separation distance requirements on drawings	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 503	Height & Area Limitations Tabular Values Height = _____ ft. Height = _____ st. Area = _____ s.f.	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 506	Area increase? <input type="checkbox"/> Yes <input type="checkbox"/> No Submit separate calculation sheet if yes.	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 504	Height increase? <input type="checkbox"/> Yes <input type="checkbox"/> No Submit separate calculation sheet if yes.	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Project Values Height = _____ ft. Height = _____ st. Area = _____ s.f.	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 404	Atriums	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 404.3	Automatic sprinkler	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 404.4	Smoke control	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 404.5	Enclosure	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 404.6	Standby Power	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 404.7	Interior Finish	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 404.8	Travel Distance	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	

BC Ch. 12 BC 1208 BC 1203 BC 1205	Floor Plan(s) Show room dimensions and ceiling heights. Show natural light and ventilation on window schedule, or artificial light and ventilation data.	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Cross Sections	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC Ch.8 BC 1404 BC 1503 BC 1505 BC 1507	Finishes See also Fire-resistance rated construction listed in Section B3 of the submission instructions.	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 1209	Access to Unoccupied Spaces	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 704 BC Ch. 14	Exterior Finish	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
Table 1405.2	Coverings	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
Table 1406.2.1.2	Combustible finishes	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC Ch. 15	Roof Assemblies Identify material types.	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
ECCCNYS BC 1026 BC 1203 BC1205 BC 1609	Door and Window Schedule Note: Window pressure and Wind borne debris are separate requirements.	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC Ch. 30	Elevator and Escalator	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC Ch. 11	Accessibility	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1104.4	Multilevel Buildings	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1105	Entrance	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
Table 1107.6.1.1	Number of sleeping rooms = _____	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1107.6.2	Number of dwelling units = _____	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	

1109.2	Toilet facilities	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1109.12	Service facilities	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
App. E	Supplemental requirements	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC Ch. 7	Fire-resistance Rated Assemblies	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
705	Fire walls	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
706	Fire barrier	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
707	Shaft enclosure	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
708	Fire partition	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
709	Smoke barriers	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
710	Smoke partitions	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
711	Horizontal assemblies	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC Ch.10	Life Safety Plan This is a separate plan describing the means of egress.	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
Table 1019.2	Is one exit permitted?	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1005.1	Egress width per occupant	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1003.2	Ceiling height	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1011	Exit signs	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1006.1	Egress illumination	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	

1006.3	Illumination emergency power	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1008	Egress Components - Doors	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1008.1.1	Door size	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1008.1.2	Door swing	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1008.1.8.3	Locks / latches	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1008.1.9	Panic hardware	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1009	Stairs	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1009.1	Width	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1009.2	Headroom	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1009.3	Tread / Riser	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1009.6	Vertical rise	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1009.10	Handrails	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1015	Exit Access Exit Access Doorways	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1015.2.1	Remoteness	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1016.1	Travel distance	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1017	Corridors	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
Table 1017.1	Fire-rating	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	

1017.2	Width	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
1017.3	Dead ends	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC Ch. 8	Interior Finishes	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 717	Fireblocking & Draftstopping	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 715	Opening Protectives	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC Ch. 9 FC Ch. 9	Fire Protection Systems		
BC 903	Sprinkler systems	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 904	Extinguishing systems	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 905	Standpipe systems	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 906	Fire extinguishers	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 907	Fire alarm and detection systems	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC Table 907.9.1.3	Visible/Audible alarms	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 909	Smoke control	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 910	Smoke vents	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
BC 912	Fire Department Connections	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Structural design		
	Identify codes and referenced standards used in design on a separate sheet bound with the structural calculations	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	

	Dead Loads	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Live Loads	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Ground Snow Load	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Seismic Design Category and Assumed Soil Site Class	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Wind Speed and Exposure Category	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Engineered design	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Prescriptive design	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Specifications of materials	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Engineered roof details incorporated	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Truss specifications data sheet provided	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Truss (rafter) uplift connections provided	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Ice shield underlayment provided	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Attachment of roof covering and underlayment provided	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Braced wall lines identified on plans	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Specifications for shear walls provided	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Structural adequacy of shear walls confirmed	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Location and specifications for holddown devices provided	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	

	Column (post) schedule provided	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Header (beam) schedule provided	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Continuity of uplift resistance confirmed	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Details of module integration (at ridge, mating line, story-to-story) provided	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Wind-borne debris protection applicable	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Wind-borne debris protection addressed	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Location and specifications for holddown devices provided	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Location, size, and spacing of sillplate anchor bolts provided	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Location and spacing of lally columns provided	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Uniformly distributed loads identified	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Concentrated loads identified	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Horizontal loads vectors identified	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Complete Mechanical System Drawings		
	Mech. Systems calculations	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Manufacturer's information	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
MC 701	Combustion air supply	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
MC Table 403.3	Ventilation rates	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Make up air	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	

	Flues, vents & chimneys	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Fuel burning equipment information	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
MC 504	Dryer exhaust	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
MC 506	Kitchen exhaust	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
MC 507	Kitchen hoods	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
MC 508	Kitchen make-up air	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
MC Table 511.2	Chimney termination	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
MC 602	Air plenums	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
MC 607.5	Fire & smoke dampers	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
MC 202	Confined spaces (def.)	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Fuel Gas Code		
FG 303	Appliance location	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
FG 304	Combustion air	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
FG Table 308.2	Clearance to combustibles	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
FG 403	Pipe material	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
FG 409	Shut off valves	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
FG FIG. 503.5.4	Chimney termination	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
FG FIG. 503.6.6	Gas vent termination	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	

FG 503.8	Exit terminal location	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
FG 614.4	Clothes dryer exhaust	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
FG 621	Unvented room heater	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
Plumbing System Drawings			
PC Table 605.3, 605.4 605.5	Identify plumbing materials	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	drawings for equipment, appliances & controls	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Floor plans	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Fixture count	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
Water Supply			
PC 603	Service pipe size	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
PC 603.1	Fixture pipe size	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
ECCCNYS	Pipe insulation	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
PC 608.16.5	Lawn irrigation	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
PC 305.6	Pipe freezing	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
Sanitary Drainage			
PC Table 709.1	Drain pipe size	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
PC 702	Drain pipe material	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
PC Table 910.4	Vent size	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
PC Table 308.5	Pipe hangers	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	

PC 917	Air admittance valves	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Electric Service	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Means of grounding	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Load calculations	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Size of conductors	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Main disconnect & over current protection	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Locations of equipment	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Single line diagram	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Lighting plan	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Energy Code Identify Path of compliance	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	When using compliance software submit information listed on the checklist	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Identify building envelope	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Equipment efficiencies and controls	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
	Chapter 7		
	Chapter 8		
EC 502	Building envelope	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
EC 503	Mechanical system	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
EC 504	Service water heating	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	

EC 505	Electrical power and lighting	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	
EC 506	Total building performance	<input type="checkbox"/> Completed <input type="checkbox"/> N/A <input type="checkbox"/> Site Comment:	