

TERRY ENGINEERING

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TITLE 24 RESIDENTIAL CHECK LIST

Your Company: _____

Contact info for person to be billed: _____

JOB NAME & ADDRESS: _____

1. New House? _____ // Addition or Remodel? _____ // Redo Previous Job? _____

2. What Year was Existing House Built ? _____ Number of bedrooms of (E) house _____

3. What Direction is House facing? N NE E SE S SW W NW

4. Square Feet Living:	(E) Floor Area	(N) floor area	Total Area	Area of Attic Ceiling	Area of Rafter Ceiling
1 st Floor	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
2 nd Floor	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
3 rd Floor	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Totals	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

5. Water Heater

(E) Type and Size of WATER HEATERS (s) to be KEPT? _____/. Existing Recirculating Pump? _____

(N) Type and number of NEW WH(s)? Tank WH? _____/Tankless WH? _____/. New Recirculating Pump? _____

6. Heating and Air Conditioning (HVAC)

(E) Type and number of HVAC(s) to be KEPT: Central Gas Furnace? ___/. Split HP? ___/. Existing AC? _____

(N) Type and number of NEW HVAC unit(s): Central Gas Furnace? ___/. Split HP? ___/. New AC? _____

Heating capacity or furnace model number of existing HVAC units? _____

If a split system is used, how many air handlers will each split AC condensing units handle? _____

Will the air handlers be wall mounted or attic mounted? _____/

Will any new duct be added? _____/. Will **more than 25' of new HVAC duct** be added to existing duct ? _____

Will all **new HVAC duct** system be installed ? _____

Will whole house ventilation cooling fan be used? _____/ Can it be used if needed to comply with T24? _____

7. Floor: Slab Square Feet _____ Raised Wood Square Feet _____

Is floor carpeted or is it a hard surface such as Tile, Vynal, or Wood in contact with a concrete slab? _____

8. Window Information: (On plan show each window opening size and if New, Existing, Replaced or Removed.)

Existing to be kept: Glass Type: Single Pane? ___/. Low-E? ___/. Frame: Metal? ___/. Nonmetal? _____

New windows: Glass Type: Single Pane? ___/. Low-E? ___/. Frame: Metal? ___/. Nonmetal? _____

9. PLEASE PROVIDE SPECIFIC BUILDING CONSTRUCTION: SIZE AND SPACING (16' OR 24" ON CENTER)

Wall Framing; 2x4 or 2x6 or 2x8:? _____

Rafter Framing: 2x4 or 2x6 or 2x8 or 2x10 or 2x12:? _____

Ceiling Joists Framing 2x4 or 2x6 or 2x8 or 2x12 or 2x14:? _____

"Truss Heel" is distance between perimeter top plate and roof sheathing. Please provide _____

When converting an existing structure into an ADU. Will existing siding remain? _____.

10. Average Ceiling Height of Living Space _____ ft. 11. Truss Heel Height _____ in.

12. Please include floor plans with all fenestrations identified as Existing, New, and Removed, and with opening sizes called out on the plans or schedule; Also show all removed or altered construction. Provide both ACAD plans and PDF copies if available.

13. Additional comments: