



Manual J Information Room by Room Loads

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PLEASE FILL IN AS MUCH INFORMATION AS POSSIBLE, AS THE ACCURACY OF THE REPORTS ARE DEPENDENT ON THE INFORMATION PROVIDED

Your Name: _____ Phone # _____ Email _____

Company Name: _____ Phone # _____ Company Address: _____

Project: Address _____ City _____ State _____ Zip _____

1. Orientation: (Direction Front door Faces) **Check One** SE _____ SW _____ N _____ NE _____ NW _____ S _____ W _____

2. Total Square Footage of Conditioned Spaces: **(If known):** (Be sure to include basement if it will be conditioned) _____

3. Attic Style: **(If Known)** Vented _____ Non-vented _____ Ceiling Insulation R-Value _____ Foamed Roof Deck R-Value R-Value _____

4. Wall Type: **(If Known)** such as (frame, Concrete Block, Other) _____

Fill in here Please include the R-Value and type finish, such as (R-13 Stucco, R-19 Metal, R-21 Brick) _____

Average ceiling Height _____

5. Windows and Glass Doors Types: **(If Known)** such as Single or Double pane, Tinted or Clear, Low E _____

Please include the U-factors _____ SHGC-factors _____ (If Known)

6. Type of window **(If Known)** such as Single or Double pane, Tinted or Clear, Low E _____

Sq. footage & Direction the Windows and Glass Doors Face (Sliding or French) N _____ S _____ E _____ W _____ NE _____ NW _____ SE _____ SW _____

(Calculate by adding up how many windows facing each direction and multiply the # of windows by the square footage of each window for total)

7. Floor Type such as Slab on Grade, Raised with crawl space, Over unconditioned basement, **(If known)** _____

8. Location of ducts: **(If known)** such as Attic, Crawl Space, Basement _____

9. Location of furnace, air handler **(If Known)** such as Garage, Attic, Crawl Space, Basement, or Interior _____

10. If you prefer to have equipment Model numbers included in all reports, please indicate:

Brand preference: (circle one) Trane Carrier Goodman Mitsubishi Daikin York Other: _____

Desired Efficiency range such as 16.0 SEER2: _____

Types of heat source such as: Heat pump, A/C with Natural Gas, A/C with electric heat strip _____

(If known the AHRI certification number would be most helpful. _____)

REQUIREMENT- A legible copy in pdf format of the Floor Plan with dimensions or a legible hand sketch with dimensions.

Any pertinent information you feel will help us provide a more accurate calculation for your particular project enter below
