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April 2016

Extension SAP Checklist



Call us today on 0800 917 8922
to speak with an adviser or visit
atspaceltd.co.uk

Extension SAP Checklist

This checklist is split into three sections.

Section 1 Project/dwelling details.

Section 2 Construction details.

Section 3 Fixtures/fittings/miscellaneous.

To enable us to complete your energy assessment we will require:


☐

A completed checklist. Please note that with multiple dwellings, if the construction details vary between plots, a separate checklist must be completed for each type.

☐

Building Regulation plans with dimensions and construction notes (scale 1:100, 1:50).

☐

Floor plans.

☐

Sections.

☐

Elevations.

☐

Do you require the building plans to be returned? (Charge £8.00).

☐

Window schedule.

☐

Site layout and location plan showing orientation.

☐

As Built DER Checklists / SAP Calculations (optional).

☐

Registered postal address(es) of the property(ies).

PROJECT DETAILS

FLAT NUMBER/LETTER:	HOUSE NAME/NUMBER/PLOT:
ADDRESS:	
POSTCODE:	
CLIENT NAME:	
ADDRESS:	
YEAR OF ORIGINAL CONSTRUCTION:	POSTCODE:
AGENT NAME & ADDRESS: (if applicable)	

CONTACT DETAILS

COMPANY NAME:	CONTACT NAME:
TEL NO:	EMAIL:

BUILDING REGULATIONS

WHICH BUILDING REGULATIONS IS THIS BUILDING BEING ASSESSED UNDER?: ☐ 2010 Regs ☐ 2013 Regs
*This is determined by when the application to Building Control was accepted –
Prior to 4th April 2014 is 2010 Regs and on or after 4th April 2014 is 2013 Regs.*

IS AN EPC REQUIRED?: ☐ YES ☐ NO

MISC. DWELLING DETAILS

PROPERTY TYPE (house, bungalow, flat or maisonette):	
BUILT FORM (detached, semi-detached, mid or end terrace):	
FLAT TYPE (top, middle or ground floor):	Orientation (of the front door):

1. EXTENSION FLOOR CONSTRUCTION:

FLOOR COVERING (e.g. screed):	COVERING THICKNESS:	
INSULATION TYPE (Manufacturer):	λ (THERMAL CONDUCTIVITY), IF KNOWN:	
INSULATION THICKNESS:	GROSS FLOOR AREA:	WALL THICKNESS:
FLOOR TYPE (e.g. block & beam or slab-on-ground floor):		
SIZE OF UNDERFLOOR AIR GAP (if block & beam or suspended):		
SLAB THICKNESS (if applicable):		
TOTAL U-VALUE, IF KNOWN:		

2. EXISTING/ORIGINAL FLOOR CONSTRUCTION:

FLOOR COVERING (e.g. screed):		COVERING THICKNESS:
INSULATION TYPE (Manufacturer):		λ (THERMAL CONDUCTIVITY), IF KNOWN:
INSULATION THICKNESS:	GROSS FLOOR AREA:	WALL THICKNESS:
FLOOR TYPE (e.g. block & beam or slab-on-ground floor):		
SIZE OF UNDERFLOOR AIR GAP (if block & beam or suspended):		
SLAB THICKNESS (if applicable):		
GROUND TYPE (clay/silt, sand/gravel, rock):		
Please note that if this is left blank, a default value will be used for the thermal conductivity of the ground (default is λ 2.0, clay/silt is λ 1.5, sand/gravel is λ 2.0 and rock is λ 3.5)		
TOTAL U-VALUE, IF KNOWN:		

3. EXTENSION EXTERNAL WALL CONSTRUCTION:

WALL MATERIAL (e.g. Masonry, timber framed, steel framed, SIPs etc):	
WALL TYPE OR INSULATION LOCATION (Solid/cavity for masonry or between studs/between I-beams for frames):	
OUTER SKIN (e.g. brick or concrete block):	SKIN THICKNESS:
CAVITY SIZE (in mm if applicable):	FULL OR PARTIAL INSULATION FILL: <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
INSULATION TYPE (slabs or spray foam):	INSULATION THICKNESS:
INNER SKIN (e.g. brick, concrete block or timber):	SKIN THICKNESS:
FINISH (e.g. plasterboard/skim or other render, if applicable):	
FINISH THICKNESS:	TOTAL U-VALUE, IF KNOWN:

4. EXISTING/ORIGINAL WALL CONSTRUCTION:

WALL MATERIAL (e.g. Masonry, timber framed, steel framed, SIPs etc):	
WALL TYPE OR INSULATION LOCATION (Solid/cavity for masonry or between studs/between I-beams for frames):	
OUTER SKIN (e.g. brick or concrete block):	SKIN THICKNESS:
CAVITY SIZE (in mm if applicable):	FULL OR PARTIAL INSULATION FILL: <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
INSULATION TYPE (slabs or spray foam):	INSULATION THICKNESS:
INNER SKIN (e.g. brick, concrete block or timber):	SKIN THICKNESS:
FINISH (e.g. plasterboard/skim or other render, if applicable):	
FINISH THICKNESS:	TOTAL U-VALUE, IF KNOWN:

5. EXTENSION ROOF CONSTRUCTION:

WARM ROOF/COLD ROOF:

PITCHED/FLAT ROOF:

INSULATION TYPE (Manufacturer):

INSULATION THICKNESS:

INTERNAL FINISH (e.g. Plasterboard/skim or other render):

FINISH THICKNESS:

TOTAL U-VALUE, IF KNOWN:

6. EXISTING/ORIGINAL ROOF CONSTRUCTION:

WARM ROOF/COLD ROOF:

PITCHED/FLAT ROOF:

INSULATION TYPE (Manufacturer):

INSULATION THICKNESS:

INTERNAL FINISH (e.g. Plasterboard/skim or other render):

FINISH THICKNESS:

TOTAL U-VALUE, IF KNOWN:

7. EXTENSION GLAZING (please tick all that apply):AIR GAP: ☐ 6mm ☐ 12mm ☐ 16mm ☐ 16+mm☐ DOUBLE GLAZED ☐ TRIPLE GLAZED ☐ ARGON FILLED ☐ LOW E 'soft coat'☐ PVCu ☐ TIMBER ☐ METAL ☐ LOW E 'hard coat'

SPECIFICATIONS FROM MANUFACTURER: U-VALUE

G-VALUE

FRAME FACTOR

BFRC RATED

(Manufacturers evidence is required)

8. EXISTING/ORIGINAL GLAZING (please tick all that apply):AIR GAP: ☐ 6mm ☐ 12mm ☐ 16mm ☐ 16+mm☐ DOUBLE GLAZED ☐ TRIPLE GLAZED ☐ ARGON FILLED ☐ LOW E 'soft coat'☐ PVCu ☐ TIMBER ☐ METAL ☐ LOW E 'hard coat'

SPECIFICATIONS FROM MANUFACTURER: U-VALUE

G-VALUE

FRAME FACTOR

BFRC RATED

(Manufacturers evidence is required)

9. EXTENSION EXTERNAL DOORS:FRONT: ☐ SOLID ☐ HALF GLAZED ☐ FULLY GLAZEDSIDE: ☐ SOLID ☐ HALF GLAZED ☐ FULLY GLAZEDREAR: ☐ SOLID ☐ HALF GLAZED ☐ FULLY GLAZED**10. EXISTING/ORIGINAL EXTERNAL DOORS:**FRONT: ☐ SOLID ☐ HALF GLAZED ☐ FULLY GLAZEDSIDE: ☐ SOLID ☐ HALF GLAZED ☐ FULLY GLAZEDREAR: ☐ SOLID ☐ HALF GLAZED ☐ FULLY GLAZED

11. NEW VENTILATION:

NUMBER OF EXTRACTION FANS:

MECHANICAL VENTILATION SYSTEM: ☐ YES ☐ NOHEAT RECOVERY SYSTEM: ☐ YES ☐ NO

IF YES, PLEASE PROVIDE MAKE AND MODEL OF YOUR VENTILATION SYSTEM:

12. EXISTING/ORIGINAL VENTILATION:

NUMBER OF EXTRACTION FANS:

MECHANICAL VENTILATION SYSTEM: ☐ YES ☐ NOHEAT RECOVERY SYSTEM: ☐ YES ☐ NO

IF YES, PLEASE PROVIDE MAKE AND MODEL OF YOUR VENTILATION SYSTEM:

13. MAIN HEATING SYSTEM:

FUEL:

MODEL:

MANUFACTURER:

COMBI BOILER: ☐ YES ☐ NO

% EFFICIENCY:

FLOOR MOUNTED: ☐ WALL MOUNTED: ☐RADIATORS: ☐UNDER FLOOR HEATING: ☐GROUND/AIR SOURCE HEAT PUMP: ☐ YES ☐ NO

IF YES, MAKE & MODEL

FLUE GAS HEAT RECOVERY SYSTEM: ☐ YES ☐ NO

IF YES, MAKE & MODEL

14. HEATING CONTROL DETAILS (please tick all that apply):☐ PROGRAMMER ☐ ROOM THERMOSTAT ☐ THERMOSTATIC RADIATOR VALVES☐ LOAD COMPENSATOR ☐ BOILER INTERLOCK ☐ TIME & TEMPERATURE ZONE CONTROL**15. SECONDARY HEATING:**

TYPE:

FUEL:

HETAS APPROVED:

16. ELECTRICITY TARIFF:☐ STANDARD ☐ ECONOMY 7 ☐ 10 HOUR TARIFF ☐ 24 HOUR TARIFF OTHER:**17. HOT WATER:**IS IT SUPPLIED FROM THE CENTRAL HEATING BOILER: ☐ YES ☐ NO**18. CYLINDER:**

CAPACITY: (litres)

INSULATION TYPE:

INSULATION THICKNESS (mm):

DECLARED HEAT LOSS FACTOR (in kWh/day, or if unknown please enter make/model of cylinder):

19. LIGHTING:

TOTAL NUMBER OF STANDARD LIGHT FITTINGS:

TOTAL NUMBER OF LOW 'E' LIGHTS:

TOTAL NUMBER OF EXTERNAL LIGHTS:

20. RENEWABLE TECHNOLOGIES:SOLAR PANEL (HOT WATER) PRESENT: ☐ COLLECTOR TYPE: MANUFACTURER/MODEL:AREA OF COLLECTOR (M²): TILT: ORIENTATION:PHOTOVOLTAICS PRESENT: ☐ PEAK POWER KW: MANUFACTURER/MODEL:AREA OF COLLECTOR (M²): TILT: ORIENTATION:MICRO WIND TURBINE(S) PRESENT: ☐ NO OF TURBINES: ROTOR DIAMETER:

HEIGHT ABOVE RIDGE:

OTHER TECHNOLOGIES PRESENT: ☐ PLEASE GIVE DETAILS:**21. AIR PERMEABILITY RATE:**HAS AN AIR TEST BEEN REQUESTED: ☐ YES ☐ NO IF YES, MEASURED RATE m3/hm2

Please note that an air test certificate will be required as evidence. If you have not yet had an air test carried out, please contact our friendly sales team to learn more about this service.

I confirm that the above property has been built in accordance with the building plans and checklist specifications as submitted to ATSPACE Ltd.

Signed

Date

Print

Position

Should you require any assistance with this checklist, or would like to hear more about our other building regulation compliance services, please contact us at

info@atspaceltd.co.uk
0800 917 8922

When completed please send to:

ATSPACE, Unit 3 & 4, The Cokenach Estate, Barkway, Royston, Hertfordshire, SG8 8DL