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# ATSPACE

DELIVERING BEYOND COMPLIANCE

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## New Dwelling SAP Checklist



Call us today on 0800 917 8922  
to speak with an adviser or visit  
[atspaceltd.co.uk](http://atspaceltd.co.uk)

## New Dwelling SAP Checklist

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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.

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

Floor plans.

Sections.

Elevations.

List of amendments (if changes from original design).

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

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Window schedule (if available).

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Site layout and location plan showing orientation.

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Design stage DER checklists / SAP Calculations (if applicable).

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

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Air pressure test certificate (if applicable).

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Were Approved Construction Details (ACD) adopted for this build?  YES  NO

(If ACD's adopted, a copy of the Approved Construction Details Certificate must be provided).

Approved construction details (limiting thermal bridging and air leakage) fully adopted see [www.planningportal.gov.uk](http://www.planningportal.gov.uk) for further information. Please note that by ticking yes, you are confirming that the dwelling has been constructed to this standard and that your EPCs cannot be issued if the signed sheets are not supplied as soon as they're available.

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A statement from the developer or equivalent person that the building has been constructed correctly in accordance with the building plans.

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**PROJECT DETAILS**

FLAT NUMBER/LETTER: \_\_\_\_\_ HOUSE NAME/NUMBER/PLOT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

AGENT NAME &amp; 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.***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. FLOOR CONSTRUCTION:**

FLOOR COVERING (e.g. screed): \_\_\_\_\_ COVERING THICKNESS: \_\_\_\_\_

INSULATION TYPE (Manufacturer): \_\_\_\_\_  $\lambda$  (THERMAL CONDUCTIVITY), IF KNOWN: \_\_\_\_\_

INSULATION THICKNESS: \_\_\_\_\_ GROSS FLOOR AREA: \_\_\_\_\_ WALL THICKNESS: \_\_\_\_\_

FLOOR TYPE (e.g. block &amp; beam or slab-on-ground floor): \_\_\_\_\_

SIZE OF UNDERFLOOR AIR GAP (if block &amp; beam or suspended): \_\_\_\_\_

SLAB THICKNESS (if applicable): \_\_\_\_\_

TOTAL U-VALUE, IF KNOWN: \_\_\_\_\_

**2. OTHER FLOOR TYPE(S) (FOR EXPOSED FLOORS OR BALCONIES):**

FLOOR COVERING (e.g. screed): \_\_\_\_\_ COVERING THICKNESS: \_\_\_\_\_

INSULATION TYPE (Manufacturer): \_\_\_\_\_  $\lambda$  (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  $\lambda$  2.0, clay/silt is  $\lambda$  1.5, sand/gravel is  $\lambda$  2.0 and rock is  $\lambda$  3.5)

TOTAL U-VALUE, IF KNOWN: \_\_\_\_\_

**3. MAIN 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:  FULL  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. OTHER WALL TYPES:**

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:  FULL  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. 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. OTHER ROOF TYPE(S):**

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. 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. EXTERNAL DOORS:**FRONT:  SOLID  HALF GLAZED  FULLY GLAZEDSIDE:  SOLID  HALF GLAZED  FULLY GLAZEDREAR:  SOLID  HALF GLAZED  FULLY GLAZED**9. 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:

**10. 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 & MODELFLUE GAS HEAT RECOVERY SYSTEM:  YES  NO IF YES, MAKE & MODEL

**11. HEATING CONTROL DETAILS (please tick all that apply):**

PROGRAMMER    ROOM THERMOSTAT    THERMOSTATIC RADIATOR VALVES

LOAD COMPENSATOR    BOILER INTERLOCK    TIME & TEMPERATURE ZONE CONTROL

**12. SECONDARY HEATING:**

TYPE: \_\_\_\_\_

FUEL: \_\_\_\_\_

HETAS APPROVED: \_\_\_\_\_

**13. ELECTRICITY TARIFF:**

STANDARD    ECONOMY 7    10 HOUR TARIFF    24 HOUR TARIFF   OTHER: \_\_\_\_\_

**14. HOT WATER:**

IS IT SUPPLIED FROM THE CENTRAL HEATING BOILER:  YES    NO

**15. CYLINDER:**

CAPACITY: \_\_\_\_\_ (litres)   INSULATION TYPE: \_\_\_\_\_   INSULATION THICKNESS (mm): \_\_\_\_\_

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

**16. WATER USE (BUILDING REGULATIONS PART G):**

≤125 LITRES/PERSON/DAY:  YES    NO

If you are unsure about this, or have yet to have a water efficiency calculation carried out, please contact our sales team to see if we can provide this for you.

**17. LIGHTING:**

TOTAL NUMBER OF STANDARD LIGHT FITTINGS: \_\_\_\_\_

TOTAL NUMBER OF LOW 'E' LIGHTS: \_\_\_\_\_

TOTAL NUMBER OF EXTERNAL LIGHTS: \_\_\_\_\_

**18. RENEWABLE TECHNOLOGIES:**

SOLAR PANEL (HOT WATER) PRESENT:    COLLECTOR TYPE: \_\_\_\_\_   MANUFACTURER/MODEL: \_\_\_\_\_

AREA OF COLLECTOR (M<sup>2</sup>): \_\_\_\_\_   TILT: \_\_\_\_\_   ORIENTATION: \_\_\_\_\_

PHOTOVOLTAICS PRESENT:    PEAK POWER KW: \_\_\_\_\_   MANUFACTURER/MODEL: \_\_\_\_\_

AREA OF COLLECTOR (M<sup>2</sup>): \_\_\_\_\_   TILT: \_\_\_\_\_   ORIENTATION: \_\_\_\_\_

MICRO WIND TURBINE(S) PRESENT:    NO OF TURBINES: \_\_\_\_\_   ROTOR DIAMETER: \_\_\_\_\_

HEIGHT ABOVE RIDGE: \_\_\_\_\_

OTHER TECHNOLOGIES PRESENT:    PLEASE GIVE DETAILS: \_\_\_\_\_

## 19. 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