## SAP Checklist- New Build (as designed)

## PROJECT DETAILS:

Site address:							
Postcode:							
Client name:							
Address:							
Postcode:							
Agent's name:							
Address (if applicab	le):						
CONTACT DET Who should we con		estions?					
Company Name:			Contact Name:				
Telephone:			Email:				
TIMESCALE:							
Has this project already been submitted to Building Control?							
Yes No							
Date:							
Estimated completion build:	on date of						

## Please fill in the boxes to provide us with the following information:

1. Is the property built in accordance to accredited construction details?	No	Yes
2. Ground Floor:  Floor covering (e.g. screed)  Insulation type Insulation thickness Floor type (e.g. Block & Beam)		
3. Exposed Upper Floor e.g.		
between house and garage  ☐ Floor covering (e.g. screed)		
<ul><li>☐ Insulation type</li><li>☐ Insulation thickness</li></ul>		
☐ Floor type (e.g. Block & Beam)		
4. Exposed wall 1:  Outer Skin (e.g. brick) Cavity Insulation type Insulation thickness Inner skin (e.g. Celcon solar block) Plasterboard on dabs		
5. Exposed Wall 2 e.g. between house and garage		
□ Outer Skin (e.g. brick) □ Cavity		
□ Insulation type □ Insulation thickness		
☐ Inner skin (e.g. Celcon solar block) ☐ Plasterboard on dabs		
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6. Main Roof 1  □ Warm Roof / Cold Roof  □ Cavity  □ Insulation type  □ Insulation thickness			
7. Other Roof (if ap Warm Roof / Cold Roof Cavity Insulation type Insulation thickness	pplicable)		
8. Glazing: please tick	all the boxes that apply:		
	6mm	Double	PVCu
Air gap:	12mm	Triple	Timber
	16mm	Argon fill	Metal
	16mm +	Low E soft coat'	Low E hard coat
Fully draughtstripped as required			
Please specify roofl	ights if applicable		

9. External doors:									
Front:	solid	solid					fully	/ glazed	
Side:	solid	solid		half glazed fu			fully	/ glazed	
Rear:	solid			half glazed			fully glazed		
10. Vent	ilation:								
Number of lo	ow energy extraction fans:								
Number of s	tandard extraction fans:								
Mechanical ventilation system:			Yes No						
Heat recovery system:			Yes No						
11. Main	heating system:						1		
Fuel:		Model:			Manufacturer:				
Combi boiler:			Yes No						
% efficiency:			Floor m	ounted:	]		Wall mo	ounted:	
Radiators:			Underfloor Heating:						
Ground / Air Source heat pump:				Yes No					
If yes, please see section 18.									
12. Heating control details: please tick all the boxes that are applicable.									
Programmer:				Zone control: other:					
Room stat:				Load compensator:					
Thermostatic:						Inte	rlock:		
Radiator valves:									

13. Secondary heating:									
Type:			Fuel:				Hetas Approved:		
14. Electric tariff:									
Standard:			econo	omy 7:		10 hour tariff:			
	24 hour tariff:								
	Other:								
15. Ho	t water:								
Is it from the central hea				ng boiler:		Yes	No		
16. Cy	linder:								
Capacity:				litres)	Insulation thicknes	s:		(mm)	
17. Lig	hting:					L			
Total number of standard light fittings:		light fittings:							
Total number of low 'E' lights:									
Total number of external lights:									
18. Renewable Technology:									
Solar Thermal (Hot water)									
Photovoltaics:									
Solar Thermal (Hot water)									
Solar Thermal (Hot water)									

Thank you for completing the above form, please ensure that you also provide:

- Building Regulation floor plans, sections and elevations with dimensions and construction notes (scale 1:100, 1:50)
- Window schedule (if available)
- Site layout and location plan showing orientation

Should you require any assistance with this checklist please contact buildingcontrol@midsussex.gov.uk or phone on 01444 477570

When completed, please email to buildingcontrol@midsussex.gov.uk, or post to:

Building Control, Mid Sussex District Council, Oaklands Road, Haywards Heath, West Sussex, RH16 1SS.