



County of Josco

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DEPARTMENT OF BUILDING AND SAFETY INSPECTION
420 W. Lake Street, P.O. Box 88, Tawas City, Michigan 48764-0088

MICHIGAN 2003 ENERGY CODE

Section 8, Sub-section (10) of Act 230 of 1972, as amended, requires local jurisdictions to enforce the energy conservation provisions of the Michigan Sate Building Code.

Prescriptive Compliance Approach, Building Envelope Criteria:

Note: Systems Approach Method Requires an Energy Analysis Comparison Report

Total Square Footage of Gross Exterior Wall Area _____ R-Value _____

Total Square Footage of Door / Window Openings _____ R-Value _____

Divide Total Square Footage of Door / Window Area by Gross Exterior Wall Area.
(Square footage of Door, Window Openings Area / Total Square Footage of Gross Exterior Wall Area)

Enter Percentage Here _____%, If Door / Windows Openings Exceed 20% of Gross Wall Area,
Indicate the Specific Trade-Off Options that Will be Used for Compliance

Total Square Footage of Exposed Foundation Wall (Above Grade) _____

Divide Square Footage of Gross Foundation Wall by Exposed Foundation Wall Area.
(Total Square Footage of Exposed Foundation Wall / Total Square Footage of Gross Exterior Wall Area).

Enter Percentage Here _____%, If Amount Exceeds 7%, Indicate R-Value of Materials
Used to Insulate Area that Exceeds 7%.

Slab on Grade Floors (Garage / Walkout / Basement) Heated? _____? Un-Heated _____?

Concrete Floor System, Other _____ Total R-Value _____

Crawlspace Walls _____ Total R-Value _____

Insulation Material _____

Floors Over Un-Conditioned Spaces (Including Overhangs) _____ Total R-Value _____

Insulation Material _____

Finished 1 st & 2 nd Level Walls _____ Total R-Value _____

Insulation Material _____

Roof / Ceiling Assemblies _____ Total R-Value _____

Insulation Material _____

Windows / Glass Doors _____ Total R-Value _____

Skylights (Limited to 10% of Roof / Ceiling Area) _____ Total R-Value _____

The Proposed residential building Complies with Michigan Uniform Energy Code:

Checked by: _____ Date: _____

Signature _____ Date: _____