



ProCalcs, LLC  
Lic#:CAC1815254  
RTIN#0105474  
772.882.5700  
www.procalcs.net  
procalcs@gmail.com

## HVAC System Design Form

### CLIENT REQUESTING SERVICE INFORMATION

Name: Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_

### INSTRUCTIONS

Please complete this survey to the best you can. Skip any questions that you do not know the answer to. If you need any help, please do not hesitate to call or email us.

1. A complete set of drawings and specifications is required, or:
  - A. For New Construction, includes floor plan, elevations, wall sections, framing, electrical/reflected ceiling plans, and window and door schedules. On all floor plans, please indicate the North direction. Please indicate preferred location of HVAC equipment, air handler, air handler/blower, supply and return outlet locations, duct material preference, etc.
  - B. For Existing Construction, if a complete set of drawings and specifications are not available, an accurate exterior floor plan or sketch must be provided. Include and note any attached unconditioned areas (i.e., attached garages). Also, please include exterior window, skylight and door dimensions (rough openings) and note which rooms they are located in. Position dimensions of Windows and Door are not required. It is recommended to include pictures of the building exterior that shows the house color, wall covering, and roofing material. Record field dimensions for windows and doors to the nearest inch, and all other exterior perimeter dimensions to the nearest half foot. On all floor plans, please indicate the North direction. Interior wall dimensions are not required for buildings with existing ductwork. Also, please provide location and information on any existing HVAC equipment.
2. Complete this survey and email to: [procalcs@gmail.com](mailto:procalcs@gmail.com), with documents attached.
3. You will receive an formal estimate via email to confirm services and payment terms.
4. For first time clients please pay before services are rendered. After, all invoice will be NET 10 Days.

### SERVICES REQUESTED

Load Calculations (Room-by-Room) (House Block)  
Load Calcs & Equipment Selection Manual S Equipment Selection  
Load Calcs, Equipment Selection & Duct Design Manual S Equipment Selection  
Additional Zoning Designs  
Mechanical Ventilation System Design(Exhaust fans & Outside Air)  
Energy Calculations  
Material List &/or Additional Services: \_\_\_\_\_



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## HVAC System Design Form

Project Name:

Project Address:

City:

State:

Zip:

Orientation: House Faces

Total Conditioned Sq. Ft.:

House Stories:

If multiple Systems List locations of each System:

# Fireplaces:

Water Heater:

Size:

Location:

Roof Style: Pitch

Type:

Color:

Style:

Skylights:

Attic Style:

Insulation Type:

R-Value:

Overhang:

Ceiling Type:

Main Wall Type:

R

R-Value:

Garage Wall Type:

R-Value:

Int Finish:

Ext Finish:

Ceiling Height:

Notes:

Glass Type:

Frame Type:

U-Factors:

SHGC:

Door Types:

Location:

Door Type:

Location:

Floor Type:

R-Value (If not Slab on Grade):

Location of Air Handler:

Duct type:

Notes:

Cooling Equipment:

Heating Equipment:

Brand of Equipment:

SEER:

Model Numbers of Existing Equipment: Cond.

Air Handler:

Additional Information on Project:

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