H V A C REQUIREMENTS

PROJECT NAME	
LOCATION/AREA	
PIN NUMBER	
CONSULTANT NAME	
CONSULTANT DETAILS	
OWNER NAME :	
BUILDING TYPE	A. RESIDENTIAL ☐ B.COMMERCIAL ☐ C.INDUSTRIAL ☐

PROJECT DESCRIPTION : Brief description about mechanical system type, features and energy conservation measures	

EQUIPMENT SCHEDULE

PACKAGE AIR CONDITIONER SCHEDULE.

Equipment Tag No	Equipment Type	Rated Cooling Capacity (Btu /H)	Power input (Watts)	E E R (Btu/W h)	Minimum E E R required as per KM Regulation section 6.2Table 6.2	Test standard	Manufacturer and Model No