## HVAC REQUIREMENTS

PROJECT NA	AME							
LOCATION/AREA								
PIN NUMBER								
CONSULTANT NAME								
CONSULTANT DETAILS								
OWNER NAME :								
BUILDING TYPE		A. RESID	A. RESIDENTIAL □ B.COMMERCIAL □				C.IN	IDUSTRIAL
Brief descrip	system type, d energy							
EQUIPMENT SCHEDULE								
PACKAGE AIR CONDITIONER SCHEDULE.								
Equipment Tag No	Equipment	Туре	Rated Cooling Capacity (Btu /H)	Power input (Watts)	E E R (Btu/W h)	Minimum E E R required as per KM Regulation section 13.2 Table 13.2	Test standard	Manufacturer and Model No