

Permit #
Permit Date



**COMcheck Software Version 3.1 Release 1**  
**Envelope Compliance Certificate**

**Standard 90.1-2001**

Report Date: 11/16/06  
 Data filename: J:\2NDSTR~1\REVISE~1\2NDSTR~1.CCK

**Section 1: Project Information**

Project Title: Pre-Operative Holding

<b>Construction Site:</b> 180 W. Esplanada Ave. Kenner, LA	<b>Owner/Agent:</b> Eric Yancovich Ochsner Medical Center - Kenner 180 W. Esplanada Ave Kenner, LA 70065 (504) 464-8072 eric.yancovich@tenethealth.com	<b>Designer/Contractor:</b> David Dammon Dammon Engineering 1095 Florida Ave. Slidell, LA 70458 985-649-5832 dammoneng@bellsouth.net
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**Section 2: General Information**

Building Location (for weather data):	<b>Metairie, Louisiana</b>
Heating Degree Days (base 65 degrees F):	<b>1316</b>
Cooling Degree Days (base 50 degrees F):	<b>7343</b>
Building Type for Envelope Requirements:	<b>Residential</b>
Project Type:	<b>Alteration</b>
Glazing Area Percentage:	<b>0%</b>
Skylight / Roof Percentage:	<b>0%</b>
Percentage of replaced fenestration:	<b>0%</b>

**318778**

REVIEWED FOR  
 STATE FIRE MARSHAL  
 AS PER REVIEW LETTER  
 BY GENEM. BATES - ARCHITECT

<b>Activity Type(s)</b>	<b>Floor Area</b>
Hospital and Healthcare:Nurse Station	1250

**Section 3: Requirements Checklist**

**Envelope PASSES**

**Climate-Specific Requirements:**

Post-Alteration Assembly	R-Value		Proposed		Max. Allowed	
	Cavity	Cont.	U-Factor	SHGC	U-Factor	SHGC
Interior Wall 1: Wood-Framed, 24" o.c. Exemption: No cavity will be created.	---	---	---	---	---	---

**Insulation:**

- 1. Open-blown or poured loose-fill insulation has not been used in attic roof spaces with ceiling slope greater than 3 in 12.
- 2. Wherever vents occur, they are baffled to deflect incoming air above the insulation.
- 3. Recessed lights, equipment and ducts are not affecting insulation thickness.
- 4. No roof insulation is installed on a suspended ceiling with removable ceiling panels.
- 5. All exterior insulation is covered with protective material.
- 6. Cargo and loading dock doors are equipped with weather seals.

**Fenestration and Doors:**

- 7. Windows and skylights are labeled and certified by the manufacturer for U-factor and SHGC.
- 8. Fixed windows and skylights unlabeled by the manufacturer have been site labeled using the default U-factor and SHGC.
- 9. Other unlabeled vertical fenestration, operable and fixed, that are unlabeled by the manufacturer have been site labeled using the default U-factor and SHGC. No credit has been given for metal frames with thermal breaks, low-emissivity coatings, gas fillings, or insulating spacers.

**Air Leakage and Component Certification:**

- 10. All joints and penetrations are caulked, gasketed, weather-stripped, or otherwise sealed.
- 11. Windows, doors, and skylights certified as meeting leakage requirements.
- 12. Component R-values & U-factors labeled as certified.

**Section 4: Compliance Statement**

*Compliance Statement:* The proposed envelope alteration project represented in this document is consistent with the building plans, specifications and other calculations submitted with this permit application. The proposed envelope alteration project has been designed to meet the Standard 90.1-2001 requirements in COMcheck Version 3.1 Release 1 and to comply with the mandatory requirements in the Requirements Checklist.

David Demmon  
Principal Envelope Designer-Name

David Demmon  
Signature

11/16/06  
Date

**Project Notes:**

Ochsner Medical Center - Kenner

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COMcheck Software Version 3.1 Release 1

# Lighting and Power Compliance Certificate

## Standard 90.1-2001

Report Date: 11/16/06

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### Section 1: Project Information

Project Title: Pre-Operative Holding

Construction Site:

180 W. Esplanada Ave.  
Kenner, LA

Owner/Agent:

Eric Yancovich  
Ochsner Medical Center - Kenner  
180 W. Esplanade Ave  
Kenner, LA 70065  
(504) 464-8072  
eric.yancovich@tenethealth.com

Designer/Contractor:

David Dammon  
Dammon Engineering  
1095 Florida Ave.  
Slidell, LA 70458  
985-649-5832  
dammoneng@bellsouth.net

### Section 2: General Information

Building Use Description by: **Activity Type**  
Project Type: **Alteration**

#### Activity Area Compliance Exemption Qualifications

Activity Area	Total Wattage		Total Pre-Alt.	# Fixtures
	Pre-Alt.	Post-Alt.	Fixtures	Repl./Added
Hospital and Healthcare:Nurse Station (1250 sq.ft.): Compliance required.	---	---	---	---

### Section 3: Requirements Checklist

#### Interior Lighting:

1. Total actual watts must be less than or equal to total allowed watts.

Allowed Watts	Actual Watts	Complies
2250	672	Passes

#### Exterior Lighting:

2. Minimum efficacy of 60 lumen/watt for lamps greater than 100W.
3. Lighting power for canopies, entrances, and exits meets the following criteria (trade-offs allowed among these applications):
- (i) Lighting power for free-standing canopy areas or building entrances with canopies is less than or equal to 3 watts per square foot.
  - (ii) Lighting power for building entrances without a canopy is less than or equal to 33 watts per linear foot of door width.
  - (iii) Lighting power for building exits is less than or equal to 20 watts per linear foot of exit door width.
4. Lighting power for building facades is less than or equal to 0.25 watts per square foot of the illuminated area.

#### Exceptions:

Controlled by motion sensor, signal or advertising signage, highlighting features of historic monuments and buildings, or required for safety or security.

**Controls, Switching, and Wiring:**

- 5. Independent manual or occupancy sensing controls for each space (remote switch with indicator allowed for safety or security).
- 6. Automatic shutoff control for lighting in >5000 sq.ft buildings by time-of-day device, occupant sensor, or other automatic control.  
*Exceptions:*  
24 hour operation lighting.
- 7. Master switch at entry to hotel/motel guest room.
- 8. Separate control device for display/accent lighting, case lighting, task lighting, nonvisual lighting, lighting for sale, and demonstration lighting.
- 9. Photoceall/astronomical time switch on exterior lights.  
*Exceptions:*  
Covered vehicle entrance/exit areas requiring lighting for safety, security and eye adaptation.
- 10. Tandem wired one-lamp and three-lamp ballasted luminaires (No single-lamp ballasts).  
*Exceptions:*  
Electronic high-frequency ballasts;  
Luminaires not on same switch;  
Recessed luminaires 10 ft. apart or surface/pendant not continuous;  
Luminaires on emergency circuits.

**Voltage Drop:**

- 11. Feeder conductors have been designed for a maximum voltage drop of 2 percent.
- 12. Branch circuit conductors have been designed for a maximum voltage drop of 3 percent.
- 13 Voltage drop analysis must include the parts of the existing system extending to the point of electrical supply at the transformer or service equipment entrance.

**Section 4: Compliance Statement**

*Compliance Statement:* The proposed lighting alteration project represented in this document is consistent with the building plans, specifications and other calculations submitted with this permit application. The proposed lighting alteration project has been designed to meet the Standard 90.1-2001, Chapter 8, requirements in COMcheck Version 3.1 Release 1 and to comply with the mandatory requirements in the Requirements Checklist.

David Dammon                      David Dammon                      11/16/06  
 Principal Lighting Designer-Name      Signature                      Date

**Section 5: Post Construction Compliance Statement**

**Record Drawings and Operating and Maintenance Manuals**

Construction documents with record drawings and operating and maintenance manuals provided to the owner.

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**COMcheck Software Version 3.1 Release 1**

**Lighting Application Worksheet**

**Standard 90.1-2001**

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**Section 1: Allowed Lighting Power Calculation**

A Area Category	B Floor Area (ft <sup>2</sup> )	C Allowed Watts / ft <sup>2</sup>	D Allowed Watts (B x C)
Hospital and Healthcare:Nurse Station	1250	1.8	2250
Total Allowed Watts =			2250

**Section 2: Actual Lighting Power Calculation**

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
Hospital and Healthcare:Nurse Station (1250 sq.ft.) Linear Fluorescent 1: 48" T8 32W / Magnetic	4	21	32	672
Total Actual Watts =				672

**Section 3: Compliance Calculation**

If the Total Allowed Watts minus the Total Actual Watts is greater than or equal to zero, the building complies.

Total Allowed Watts = 2250  
 Total Actual Watts = 672  
 Project Compliance = 1578

**Lighting PASSES**

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## COMcheck Software Version 3.1 Release 1

# Mechanical Compliance Certificate

### Standard 90.1-2001

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### Section 1: Project Information

Project Title: Pre-Operative Holding

**Construction Site:**

180 W. Esplanada Ave.  
Kenner, LA

**Owner/Agent:**

Eric Yancovich  
Ochsner Medical Center - Kenner  
180 W. Esplanada Ave  
Kenner, LA 70065  
(504) 464-8072  
eric.yancovich@tenethealth.com

**Designer/Contractor:**

David Dammon  
Dammon Engineering  
1095 Florida Ave.  
Slidell, LA 70458  
985-649-5832  
dammoneng@bellsouth.net

### Section 2: General Information

Building Location (for weather data):

**Metairie, Louisiana**

Heating Degree Days (base 65 degrees F):

**1316**

Cooling Degree Days (base 50 degrees F):

**7343**

Project Type:

**Alteration**

### Section 3: Mechanical Systems List

**Quantity System Type & Description**

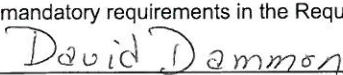
- |   |   |
|---|---|
| 1 | Plant 1: Heating: Hot Water Boiler, Capacity >=300 - <2500 kBtu/h, Gas / Cooling: Water Chiller, Capacity >=150 - <300 tons, Condenser Water-Cooled, with Waterloop Heatpump, Standard Centrifugal Chiller: leaving chilled water temperature = 44.0 deg. F, entering condenser water temperature = 85.0, condenser flow rate = 3 gpm/ton<br>Exemption: Modification or repair without energy use change. |
|---|---|

### Section 4: Requirements Checklist

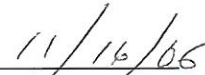
No Generic Requirements apply since there are no HVAC systems that require code compliance.

### Section 5: Compliance Statement

*Compliance Statement:* The proposed mechanical alteration project represented in this document is consistent with the building plans, specifications and other calculations submitted with this permit application. The proposed mechanical alteration project has been designed to meet the Standard 90.1-2001, Chapter 8, requirements in COMcheck Version 3.1 Release 1 and to comply with the mandatory requirements in the Requirements Checklist.

  
Principal Mechanical Designer-Name

  
Signature

  
Date

### Section 6: Post Construction Compliance Statement

- HVAC record drawings of the actual installation and performance data for each equipment provided to the owner within 90 days after system acceptance.
- HVAC O&M documents for all mechanical equipment and system provided to the owner within 90 days after system acceptance.

Written HVAC balancing report provided to the owner.

The above post construction requirements have been completed.

\_\_\_\_\_  
Principal Mechanical Designer-Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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# **Mechanical Requirements Description**

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No Generic Requirements apply since there are no HVAC systems that require code compliance.