Project Title		AL (Page 1 of 5) CF-1R
•	Date	Building Permit #
Project Address		
		Plan Check / Date
Documentation Author	Telephone	
Compliance Mathe 1 (Decoration)	Climate 7 and	Field Check / Date
Compliance Method (Prescriptive)	Climate Zone	Enforcement Agency Use Only
• For Package D Alternative see Appendix B Table GENERAL INFORMATION Total Conditioned Floor Area (CFA)ft² Average Ceiling Height: ft Check Applicable Boxes Building Type: (check one or more) Single Famil (If adding fenestration fill-out WS-4R, Fenestration for Additions and 8.3.3 for Alterations in the RCM.) • Maximum Allowed Total Fenestration Area • Maximum Allowed West Facing Fenestration Area • Number of Stories: Number of Dwellin • Floor Construction Type: Slab/Raisec • Front Orientation: North / South / E.	y Multifamily Maximum Allowed Are ft² (from WS- a ft² (fr ng Units: I Floor (circle one or bo	AdditionAlteration a Worksheet and see Section 8.3.2 4R) om WS-4R) th)
from True North and circle one). RADIANT BARRIER (check box if required in clim	nate zones 2, 4, 8-15)	

OPAQUE SURFACES INCLUDING OPAQUE DOORS

Component Type (Wall, Roof, Floor, Slab Edge, Doors)	Frame Type (Wood or Metal)	Cavity Insulation R-Value	Continuous Insulation R-Value	Assembly U- factor (for wood, metal frame and mass assemblies) 1	Joint Appendix IV Reference	Roof Radiant Barrier Installed ² Yes or No	Location Comments (attic, garage, typical, etc.)
			_		_	_	

¹⁾ See Joint Appendix IV in Section IV.2, IV.3, and IV.4, which is the basis for the U-factor criterion. U-factors can not exceed prescriptive value to show equivalence to R-values.

²⁾ This column is for the Inspector to verify installation of roof radiant barrier.

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		_
	·	

FENESTRATION PRODUCTS – U-FACTOR AND SHGC

✓ ☐ FENESTRATION MAXIMUM ALLOWED AREA WORKSHEET WS-4R – must be included for New Construction, Additions, and Alterations.

Fenestration #/Type/Pos. (Front,							Exterior Shading/Overhangs ^{6, 7}
Left, Rear, Right,	tation,	Area	2	U-factor		SHGC	✓ box if WS-3R is
Skylight)	N, S, E, W^1	(ft^2)	U-factor ²	Source ³	SHGC ⁴	Source ⁵	included

- 1) Skylights are now included in West-facing fenestration area if the skylights are tilted to the west or tilted in any direction when the pitch is less than 1:12. See §151(f)3C and in Section 3.2.3 of the Residential Manual.
- 2) Enter values in this column from either NFRC Certified Label or from Standards Default Table 116-A.
- 3) Indicate source either from NFRC or Table 116-A,
- 4) Enter values in this column from NFRC or from Standards Default Table 116B or adjusted SHGC from WS-3R.

Distribution

5) Indicate source either from NFRC, Table 116B or WS-3R

Minimum

- 6) Shading Devices are defined in Table 3-3 in the Residential Manual and see WS-3R to calculate Exterior Shading devices.
- 7) See Section 3.2.4 in the Residential Manual.

HVAC SYSTEMS

Heating Equipment

Type and Capacity (furnace, heat pump, boiler, etc.)	Efficiency (AFUE or HSPF)	Type and Location (ducts, attic, etc.)	Duct or Piping R-Value	Thermostat Type	Configuration (split or package)
Cooling Equipment Type and Capacity	Minimum Efficiency	Di vilati			
(A/C, heat pump, evap.	(SEER or EER)	Distribution Type and Location (ducts, attic, etc.)	Duct or Piping R-Value	Thermostat Type	Configuration (split or package)

CER	RTIFICATE O	F COMPLI	ANCE: R	<u>ESIDEN'</u>	TIAL_	(Page 3 o	f 5) (CF-1R			
Project	t Title					Date					
OE AT E		· AT4 4 . Th	•								
	D DUCTS and TXVs (I CF-4R Form must be p			nt for each ho	me for whic	h the followin	o are require	rd.			
√ Signet		provided to the ot	mamg acparame	it for each no	ine for wine	ii uic ionown	ig are require	Α.			
	Sealed Ducts (all climate zones) (Installer testing and certification and HERS rater field verification required.)										
	TXVs, readily accessi										
	(Installer testing and or Refrigerant Charge (c					ation and HED	OS Datar field	1			
	verification required.)		(IIIs	statier testing	and certifica	IIIOII AIIU FIEN	cs Katel Held	1			
0	PR	<u>, </u>									
	Alternative to Sealed					native Packag	ge Features fo	or			
	Project Climate Zone	in the RM Apper	ndix B Table 151	-C, Footnotes	7-14.						
<u>0</u>	No ducts installed.										
	New ducts from exist	ing space condition	oning equipment	not exceedin	a 40ft in lei	nath					
	For additions and alte						aled as confi	rmed			
_	through field verificat										
	Duct systems with mo										
	and duct insulation re	quirements of Pac	ckage D.								
VA TEI		TC.									
WATEI ✓	R HEATING SYSTEM	18									
	Check box if system 1	meets criteria of a	"Standard" syste	em. Standard	system is o	ne gas-fired w	ater heater p	er dwelling			
	unit. If the water heat	ter is a storage typ	e, 50 gallons is	the maximum	capacity an	d recirculation	n system is n	ot allowed.			
	Check box when usin						the Residen	tial			
	Manual. No water hea						- D	.1			
	Check box if system of Alternative Water He										
	submittal.	ating table. In thi	is case, the remo	imanee wieni	od must be t	isca ana musi	oc included	III tile			
	Check box to verify the	hat a time control	is required for a	recirculating	system pum	p for a system	n serving mu	Itiple units			
System	s serving single dwel										
				Rated		Energy		Tank			
	***		37 1	Input ¹	Tank	Factor ¹ or	a. 11 1	External			
	Water Heater	Distribution	Number	(kW or	Capacity	Thermal	Standby ¹	Insulation			
	Type/Fuel Type	Туре	in System	Btu/hr)	(gallons)	Efficiency	Loss (%)	R-Value			
System	serving multiple dw	velling units (See	e Residential Manu	al Section 5.3.3	3)						
				Rated		Energy		Tank			
				Input ¹	Tank	Factor ¹ or	1	External			
	Water Heater	Distribution	Number	(kW or	Capacity	Thermal	Standby ¹	Insulation			
	Туре	Type	in System	Btu/hr)	(gallons)	Efficiency	Loss (%)	R-Value			
	·	1	1	1	·	1	1	1			

<u>Pipe Insulation</u> (kitchen lines $\geq 3/4$ inches) All hot water pipes from the heating source to the kitchen fixtures that are $\frac{3}{4}$ inches or greater in diameter shall be thermally insulated as specified by Section 150 (j) 2 A or 150 (j) 2 B.

For small gas storage water heaters (rated inputs of less than or equal to 75,000 Btu/hr), electric resistance, and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Rated Input, Recovery Efficiency, Thermal Efficiency and Standby Loss. For instantaneous gas water heaters, list Rated Input and Thermal Efficiencies.

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SPECIAL FEATURES REQUIRING BUILDING OFFICAL or HERS RATER VERIFICATION

Indicate which special features are parts of this project. The list below only represents special features relevant to the prescriptive method. (Check Applicable boxes)

(Check Applica	Building Official Verification of	HERS Rater	HERS Rater Diagnostic	
Category	Special Features	Verification	Testing	Measure
Ducts				1
	Y			100% of ducts in crawlspace/basement
		Y		Buried ducts
		Y		Diagnostic supply duct location, surface area, and R-value
	Y			Duct increased R-value
			Υ	Duct leakage
	Y			Ducts in attic with radiant barriers
		Y		Less than 12 ft. of duct outside conditioned space
		Υ		Non-standard duct location
	Y			Supply registers within two ft of floor
Envelope				
	Y			Air retarding wrap
	Y			Cool roof
	Y			Exterior shades
	Y			High thermal mass
	Y			Inter-zone ventilation
	Y			Metal framed walls
	Y			Non-default vent heights
		Y		Quality insulation installation
	Y			Radiant barrier
			Υ	Reduced infiltration (blower door). May also require mechanical ventilation.
	Y			Solar gain targeting (for sunspaces)
	Y			Sunspace with interzone surfaces
	Y			Vent area greater than 10%
				, and the second
HVAC Equipm	ıent			
			Υ	Adequate air flow
		Y		Air conditioner size
			Y	Air handler fan power
		Y		High EER
	Y			Hydronic heating systems
		Y		Mechanical ventilation
			Υ	Refrigerant charge
		Y	•	Thermostatic expansion valve (TXV)
	Y	-		Zonal control
Water Heater				1
	Υ			Combined hydronic
	Y			High EF for existing water heaters
	Y			Non-NAECA water heater
	Y			Non-standard water heaters (wh/unit)
	Y			Water heater distribution credits
				Water fleater distribution electes

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oecial Remarks			
COMPLIANCE STATEMENT			
This certificate of compliance lists the building fer Parts 1 and 6 of the California Code of Regulation certificate has been signed by the individual with compliance using duct design, duct sealing, verific quality, and building envelope sealing require inst approved HERS rater.	s, and the administrative overall design responsib- cation of refrigerant char	e regulations to implifity. The undersigned ge and TXVs, insula	ement them. drecognizes thation installati
signer or Owner (per Business and Professions Code)	Documentation A	uthor	
Name:			
Fitle/Firm:	Title/Firm:		
Address:	Address:		
Γelephone:	Telephone:		
License #:	License #: (if applicable)		
signature) (date)	(signature)		(date)
aforcement Agency	,		
me:	Comments:		
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gnature / stamp) (date)			