



CERTIFICATE OF COMPLIANCE

This compliance document is only applicable to simple alterations that do not require HERS verification for compliance. When HERS verification is required, a CF1R-ALT-01 shall first be registered with a HERS Provider Data Registry.

Alterations to Space Conditioning Systems that are exempt from HERS verification requirements may use the CF1R-ALT-05 and CF2R-ALT-05 Compliance Documents. Possible exemptions from duct leakage testing include: less than 25 feet (ft) of ducts were added or replaced; or the existing duct system was insulated with asbestos; or the existing duct system was previously tested and passed by a HERS Rater. If space conditioning systems are altered and are not exempt from HERS verification, then a CF1R-ALT-02 must be completed and registered with a HERS Provider Data Registry.

Alterations that utilize closed cell Spray Polyurethane Foam (ccSPF) with a density of 1.5 to less than 2.5 pounds per cubic foot having an R-value greater than 5.8 per inch, or open cell Spray Polyurethane Foam (ocSPF) with a density of 0.4 to less than 1.5 pounds per cubic foot having an R-value of 3.6 per inch, shall complete and register a CF1R-ALT-01 with a HERS Provider Data Registry.

If more than one person has responsibility for installation of the items on this certificate, each person shall prepare and sign a certificate applicable to the portion of construction for which they are responsible. Alternatively, the person with chief responsibility for construction shall prepare and sign this certificate for the entire construction. All applicable Mandatory Measures shall be met. Temporary labels shall not be removed before verification by the building inspector.

Project Details

Field Name	Data Entry	Field Name	Data Entry
Project Name		Enforcement Agency	
Dwelling Address		Permit Number	
City and Zip Code		Date Permit Issued	



A. GENERAL INFORMATION

Field	Field Name	Data Entry
01	Project Name	
02	Date Prepared	
03	Project Location	
04	Building Front Orientation (deg or cardinal)	
05	CA City	
06	Number of Altered Dwelling Units	
07	Zip Code	
08	Fuel Type	
09	Climate Zone	
10	Total Conditioned Floor Area (ft ²)	
11	Building Type	
12	Slab Area (ft ²)	
13	Project Scope	



B. Building Insulation Details (Section 150.2(b)1)

Field	Field Name	Data Entry 1	Data Entry 2	Data Entry 3
01	Tag/ID			
02	Assembly Type			
03	Frame Type			
04	Frame Depth (inches)			
05	Frame Spacing (inches)			
06a	Proposed Cavity R-value			
06b	Proposed Continuous Insulation R-value			
07	Proposed U-Factor			
08	Proposed <i>Joint Appendix</i> <i>JA4 Reference</i> Table			
09	Proposed <i>Joint Appendix</i> <i>JA4 Reference</i> Cell			
10	Required U-Factor from Table 150.1-A			
11	Comments			



C. Roof Replacement (Section 150.2(b)1H)

NOTES:

- *Roof area covered by building integrated photovoltaic (PV) panels and solar thermal panels are exempt from the above Cool Roof requirements.*
- *Liquid field applied coatings must comply with installation criteria from Section 110.8(i)4.*

Field	Field Name	Data Entry 1	Data Entry 2	Data Entry 3
01	Method of Compliance			
02	Roof Pitch			
03	Exception			
04	CRRP Product ID Number			
05	Product Type			
06	R-value Deck Insulation			
07	Proposed Initial Solar Reflectance			
08	Proposed Aged Solar Reflectance			
09	Proposed Thermal Emittance			
10	Proposed SRI (Optional)			
11	Minimum Required Aged Solar Reflectance			
12	Minimum Required Thermal Emittance			
13	Minimum Required SRI (Optional)			



D. Fenestration/Glazing Allowed Areas and Efficiencies (Section 150.2(b)1)

Field	Field Name	Data Entry 1	Data Entry 2	Data Entry 3
01	Alteration Type			
02	Maximum Allowed Fenestration Area For All Orientations (ft ²)			
03	Maximum Allowed West-Facing Fenestration Area Only (ft ²)			
04a	Existing Fenestration Area for All Orientations (ft ²)			
04b	Existing West-Facing Fenestration Area (ft ²)			
05a	Maximum Allowed U-factor (Windows)			
05b	Maximum Allowed U-factor (Skylights)			
06a	Maximum Allowed SHGC (Windows)			
06b	Maximum Allowed SHGC (Skylights)			
07	Comments			



E. Fenestration Proposed Areas and Efficiencies – Add (Section 150.2(b)1A)

Note: Doors with greater than or equal to 25 percent glazed area are considered glazed doors and are treated as fenestration products.

Table E-1

Field	Field Name	Data Entry 1	Data Entry 2	Data Entry 3
01	Tag/ID			
02	Fenestration Type			
03	Frame Type			
04	Dynamic Glazing			
05	Orientation N, S, W, E			
06	Number of Panes			
07	Proposed Fenestration Area (ft ²) (N, S, E)			
08	Proposed West Facing Fenestration Area (ft ²)			
09	Proposed U-factor			
10	Proposed U-factor Source			
11	Proposed SHGC			
12	Proposed SHGC Source			
13	Exterior Shading Device			
14	Combined SHGC from CF1R-ENV-03			



Table E-2

Field	Field Name	Data Entry
15	Total Proposed Fenestration Area	
16	Maximum Allowed Fenestration Area	
17	Compliance Statement: Existing + Proposed Fenestration Area ≤ Maximum Allowed Fenestration Area	<input type="radio"/> Yes <input type="radio"/> No
18	Total Proposed West-Facing Fenestration Area	
19	Maximum Allowed West-Facing Fenestration Area	
20	Compliance Statement: Existing + Proposed West-Facing Fenestration Area ≤ Maximum Allowed West-Facing Fenestration Area	<input type="radio"/> Yes <input type="radio"/> No
21	Proposed Fenestration U-factor (Windows)	
22	Required Fenestration U-factor (Windows)	
23	Compliance Statement: Proposed Fenestration U-factor ≤ Required Fenestration U-factor	<input type="radio"/> Yes <input type="radio"/> No
24	Proposed Fenestration SHGC (Windows)	
25	Required Fenestration SHGC (Windows)	
26	Compliance Statement: Proposed Fenestration SHGC ≤ Required Fenestration SHGC	<input type="radio"/> Yes <input type="radio"/> No
27	Proposed Fenestration U-factor (Skylights)	
28	Required Fenestration U-factor (Skylights)	
29	Compliance Statement: Proposed Fenestration U-factor ≤ Required Fenestration U-factor	<input type="radio"/> Yes <input type="radio"/> No
30	Proposed Fenestration SHGC (Skylights)	
31	Required Fenestration SHGC (Skylights)	
32	Compliance Statement: Proposed Fenestration SHGC ≤ Required Fenestration SHGC	<input type="radio"/> Yes <input type="radio"/> No



F. Fenestration/Glazing Proposed Areas and Efficiencies – Replace (Section 150.2(b)1B)

Note: Doors with greater than or equal to 25 percent glazed area are considered glazed doors and are treated as fenestration products.

Table F-1

Field	Field Name	Data Entry 1	Data Entry 2	Data Entry 3
01	Tag/ID			
02	Fenestration Type			
03	Frame Type			
04	Dynamic Glazing			
05	Orientation N, S, W, E			
06	Area Removed (ft ²)			
07	Area Added (ft ²)			
08	Net Added Area (ft ²)			
09	Proposed U-factor			
10	Proposed U-factor Source			
11	Proposed SHGC			
12	Proposed SHGC Source			
13	Exterior Shading Device			
14	Combined SHGC from CF1R-ENV-03			



Table F-2

Field	Field Name	Data Entry
15	Net Added West-facing Fenestration Area	
16	Is Net Added Fenestration Area ≤ for west-facing fenestration?	<input type="radio"/> Yes <input type="radio"/> No
17	Net Added Fenestration Area (all orientations)	
18	Is Net Added Fenestration Area ≤ 0 for all orientations?	<input type="radio"/> Yes <input type="radio"/> No
19	Proposed Fenestration U-factor (Windows)	
20	Required Fenestration U-factor (Windows)	
21	Is the proposed Fenestration U-factor ≤ the Required Fenestration U-factor?	<input type="radio"/> Yes <input type="radio"/> No
22	Proposed Fenestration SHGC (Windows)	
23	Required Fenestration SHGC (Windows)	
24	Is the Proposed Fenestration SHGC ≤ the Required Fenestration SHGC?	<input type="radio"/> Yes <input type="radio"/> No
25	Proposed Fenestration U-factor (Skylights)	
26	Required Fenestration U-factor (Skylights)	
27	Is the proposed Fenestration U-factor ≤ the Required Fenestration U-factor?	<input type="radio"/> Yes <input type="radio"/> No
28	Proposed Fenestration SHGC (Skylights)	
29	Required Fenestration SHGC (Skylights)	
30	Is the Proposed Fenestration SHGC ≤ the Required Fenestration SHGC?	<input type="radio"/> Yes <input type="radio"/> No



G. Space Conditioning (SC) Systems – Heating/Cooling (Prescriptive Section 150.2(b))

Alterations to Space Conditioning Systems shall be exempt from HERS verification requirements as prerequisite for use of the CF1R-ALT-05 and CF2R-ALT-05 compliance documents. If new space conditioning systems are installed or existing systems are altered and are not exempt from HERS verification, then a CF1R-ALT-02 shall be completed and registered with a HERS Provider Data Registry. In each row below for each dwelling unit in the building, check the box that indicates the exemption from HERS verification compliance:

- a: space conditioning system was not altered;
- b: less than 25 ft of ducts were added or replaced;
- c: (exempt from duct leakage testing) if: the existing duct system was insulated with asbestos;
- d: (exempt from duct leakage testing) if: the existing duct system was previously tested and passed by a HERS Rater.

01	02	03
SC System Identification or Name	SC System Location or Area Served	Exemption from HERS Verification
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d
		<input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d



H. Water Heating Systems (Section 150.2(b)1H)

List water heaters and boilers for both domestic hot water (DHW) heaters and hydronic space heating.

Options:

1. Gas or propane water heating system; or
2. A single heat pump water heater. The storage tank shall not be located outdoors and shall be placed on an incompressible, rigid insulated surface with a minimum thermal resistance of R-10. The water heater shall be installed with a communication interface that meets either the requirements of Section 110.12(a) or has a ANSI/CTA-2045-B communication port; or
3. A single heat pump water heater that meets the requirements of NEEA Advanced Water Heater Specification Tier 3 or higher; or
4. If no natural gas is connected to the existing water heater location, a consumer electric water heater

Table H-1

Field	Field Name	Data Entry
01	Is natural gas connected to the existing water heater?	<input type="radio"/> Yes <input type="radio"/> No

Table H-2

Field	Field Name	Data Entry 1	Data Entry 2	Data Entry 3
02	Water Heating System ID or Name			
03	Water Heating System Type			
04	System Option (from §150.2(b)1Hiii)			
05	Water Heater Type			
06	Volume			
07	Fuel Type			
08	# of Water Heaters in System			

PRESCRIPTIVE RESIDENTIAL ALTERATIONS THAT DO NOT REQUIRE HERS FIELD VERIFICATION



Documentation Author's Declaration Statement

1. I certify that this Certificate of Compliance documentation is accurate and complete.

Documentation Author Name:	Documentation Author Signature:
Company:	Signature Date:
Address:	CEA/ HERS Certification Identification (if applicable):
City/State/Zip:	Phone:

Responsible Person's Declaration Statement

I certify the following under penalty of perjury, under the laws of the State of California:

1. The information provided on this Certificate of Compliance is true and correct.
2. I am eligible under Division 3 of the Business and Professions Code to accept responsibility for the building design or system design identified on this Certificate of Compliance (responsible designer).
3. The energy features and performance specifications, materials, components, and manufactured devices for the building design or system design identified on this Certificate of Compliance conform to the requirements of Title 24, Part 1 and Part 6 of the California Code of Regulations.
4. The building design features or system design features identified on this Certificate of Compliance are consistent with the information provided on other applicable compliance documents, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with this building permit application.
5. I understand that a registered copy of this Certificate of Compliance shall be made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections.

I understand that a registered copy of this Certificate of Compliance is required to be included with the documentation the builder provides to the building owner at occupancy.

Responsible Designer Name:	Responsible Designer Signature:
Company:	Date Signed:
Address:	License:
City/State/Zip:	Phone:

For assistance or questions regarding the Energy Standards, contact the Energy Hotline at: 1-800-772-3300