

**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 | |

**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 \leq 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 \leq 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 \leq 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 \leq 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 \leq 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 \leq 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 \leq 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 \leq 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 \leq 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 \leq 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 \leq the Required Fenestration SHGC? | <input type="radio"/> Yes <input type="radio"/> No |



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