

CERTIFICATE OF COMPLIANCE: RESIDENTIAL		(Page 1 of 5)	CF-1R
Project Title		Date	Building Permit #
Project Address			
			Plan Check / Date
Documentation Author		Telephone	Field Check / Date
Compliance Method (Prescriptive)		Climate Zone	Enforcement Agency Use Only



Alternative Component Package Method: (check one) ☐ C ☐ D ☐ D (Alternative)

- Package C and Package D choices require HERS rater field verification and/or diagnostic testing (see CF-1R page 3)
- For Package D Alternative see Appendix B Table 151-C Footnotes 8-14 in the Residential Compliance Manual (RCM)

## GENERAL INFORMATION

Total Conditioned Floor Area (CFA) \_\_\_\_\_ ft<sup>2</sup>

Average Ceiling Height: \_\_\_\_\_ ft

Check Applicable Boxes

Building Type: (check one or more) ☐ Single Family ☐ Multifamily ☐ Addition ☐ Alteration  
(If adding fenestration fill-out WS-4R, Fenestration Maximum Allowed Area Worksheet and see Section 8.3.2 for Additions and 8.3.3 for Alterations in the RCM.)



- Maximum Allowed Total Fenestration Area \_\_\_\_\_ ft<sup>2</sup> (from WS-4R)
- Maximum Allowed West Facing Fenestration Area \_\_\_\_\_ ft<sup>2</sup> (from WS-4R)
- Number of Stories: \_\_\_\_\_ Number of Dwelling Units: \_\_\_\_\_
- Floor Construction Type: \_\_\_\_\_ Slab/Raised Floor (circle one or both)
- Front Orientation: \_\_\_\_\_ North / South / East / West : All Orientations (input front orientation in degrees from True North and circle one).

☐ **RADIANT BARRIER** (check box if required in climate 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) <sup>1</sup>	Joint Appendix IV Reference	Roof Radiant Barrier Installed <sup>2</sup> 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.

*Project Title**Date***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, Left, Rear, Right, Skylight)	Orien- tation, N, S, E, W <sup>1</sup>	Area (ft <sup>2</sup> )	U-factor <sup>2</sup>	U-factor Source <sup>3</sup>	SHGC <sup>4</sup>	SHGC Source <sup>5</sup>	Exterior Shading/Overhangs <sup>6, 7</sup> ✓ box if WS-3R is included
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

- 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.
- 5) Indicate source either from NFRC, Table 116B or WS-3R
- 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.)	Minimum Efficiency (AFUE or HSPF)	Distribution Type and Location (ducts, attic, etc.)	Duct or Piping R-Value	Thermostat Type	Configuration (split or package)

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

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**SEALED DUCTS and TXVs (or Alternative Measures)**

A signed CF-4R Form must be provided to the building department for each home for which the following are required.

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Sealed Ducts (all climate zones) (Installer testing and certification and HERS rater field verification required.)
<input type="checkbox"/>	TXVs, readily accessible (climate zones 2 and 8-15 only) (Installer testing and certification and HERS Rater field verification required.)
<input type="checkbox"/>	Refrigerant Charge (climate zones 2 and 8-15 only) (Installer testing and certification and HERS Rater field verification required.)

**OR**

<input type="checkbox"/>	Alternative to Sealed Ducts and Refrigerant Charge /TXVs (See Package D Alternative Package Features for Project Climate Zone in the RM Appendix B Table 151-C, Footnotes 7-14.
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**OR**

<input type="checkbox"/>	No ducts installed.
<input type="checkbox"/>	New ducts from existing space conditioning equipment, not exceeding 40ft. in length.
<input type="checkbox"/>	For additions and alterations, duct systems that are not documented to have been previously sealed as confirmed through field verification and diagnostic testing in accordance with procedures in the Residential ACM Manual. Duct systems with more than 40 linear feet in unconditioned spaces shall meet the requirements of Section 150(m) and duct insulation requirements of Package D.

**WATER HEATING SYSTEMS**

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Check box if system meets criteria of a "Standard" system. Standard system is one gas-fired water heater per dwelling unit. If the water heater is a storage type, 50 gallons is the maximum capacity and recirculation system is not allowed.
<input type="checkbox"/>	Check box when using Preapproved Alternative Water Heating table, Table 5-4 in Chapter 5 in the Residential Manual. No water heating calculations are required, and the system complies automatically.
<input type="checkbox"/>	Check box if system does not meet criteria of "Standard" system, and does not comply with the Preapproved Alternative Water Heating table. In this case, the Performance Method must be used and must be included in the submittal.
<input type="checkbox"/>	Check box to verify that a time control is required for a recirculating system pump for a system serving multiple units.

**Systems serving single dwelling units** (See RM Table 5-4, Alternative Water Heating Systems for recirculation requirements)

Water Heater Type/Fuel Type	Distribution Type	Number in System	Rated Input <sup>1</sup> (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor <sup>1</sup> or Thermal Efficiency	Standby <sup>1</sup> Loss (%)	Tank External Insulation R-Value

**System serving multiple dwelling units** (See Residential Manual Section 5.3.3)

Water Heater Type	Distribution Type	Number in System	Rated Input <sup>1</sup> (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor <sup>1</sup> or Thermal Efficiency	Standby <sup>1</sup> Loss (%)	Tank External Insulation R-Value

- 1) 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.

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

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**SPECIAL FEATURES REQUIRING BUILDING OFFICIAL 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)

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

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**Special Remarks**




**COMPLIANCE STATEMENT**

This certificate of compliance lists the building features and specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility. The undersigned recognizes that compliance using duct design, duct sealing, verification of refrigerant charge and TXVs, insulation installation quality, and building envelope sealing require installer testing and certification and field verification by an approved HERS rater.

**Designer or Owner** (per Business and Professions Code)

**Documentation Author**

Name:	Name:
Title/Firm:	Title/Firm:
Address:	Address:
Telephone:	Telephone:
License #:	License #: (if applicable)
(signature) (date)	(signature) (date)



**Enforcement Agency**

Name: _____ Title _____ Agency: _____ Telephone: _____ _____ (signature / stamp) (date)	Comments: _____ _____ _____ _____ _____ _____
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