



| | | |
|--|------------------|----------------|
| CERTIFICATE OF COMPLIANCE | | CF1R-ALT-05-E |
| Prescriptive Residential Alterations That Do Not Require HERS Field Verification | | Page 1 of 3 |
| Project Name: | Project Address: | Date Prepared: |
| Enforcement Agency: City of Benicia | Permit Number: | |

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.

| | | | | |
|---|-------------------|----|----|--|
| A. General Information | | | | |
| 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: | 12 | 10 | Total Conditioned Floor Area (ft ²): |
| 11 | Building Type: | | 12 | Slab Area (ft ²): |
| 13 Project Scope (Select all that apply): | | | | |
| <input type="checkbox"/> B. Building Insulation <input type="checkbox"/> D.&E. Fenestration/Glazing – ADD <input type="checkbox"/> G. Space Conditioning System (Heating, Cooling, Duct System) | | | | |
| <input type="checkbox"/> C. Roof Replacement <input type="checkbox"/> D.&F. Fenestration/Glazing – Replace <input type="checkbox"/> H. Water Heating System | | | | |
| Include Mandatory Measures? _____ | | | | |

Prescriptive Residential Alterations That Do Not Require HERS Field Verification

CEC-CF1R-ALT-05-E (Revised 01/22)

CALIFORNIA ENERGY COMMISSION



| | | |
|--|------------------|----------------|
| CERTIFICATE OF COMPLIANCE | | CF1R-ALT-05-E |
| Prescriptive Residential Alterations That Do Not Require HERS Field Verification | | Page 2 of 3 |
| Project Name: | Project Address: | Date Prepared: |
| Enforcing Agency: City of Benicia | Permit Number: | |

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

| F. Fenestration/Glazing Proposed Areas and Efficiencies – Replace (Section 150.2(b)1B), Table F-1 & F-2 | | | |
|---|---|--|--|
| <i>Note: Doors with greater than or equal to 25 percent glazed area are considered glazed doors and are treated as fenestration products.</i> | | | |
| 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: |
| 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): |
| 21 | Is the proposed Fenestration U-factor ≤ the Required Fenestration U-factor? | <input type="radio"/> Yes <input type="radio"/> No | 20 Required Fenestration U-factor (Windows): |
| | | | 22 Proposed Fenestration SHGC (Windows): |
| 24 | Is the Proposed Fenestration SHGC ≤ the Required Fenestration SHGC? | <input type="radio"/> Yes <input type="radio"/> No | 23 Required Fenestration SHGC (Windows): |
| | | | 25 Proposed Fenestration U-factor (Skylights): |
| 27 | Is the proposed Fenestration U-factor ≤ the Required Fenestration U-factor? | <input type="radio"/> Yes <input type="radio"/> No | 26 Required Fenestration U-factor (Skylights): |
| | | | 28 Proposed Fenestration SHGC (Skylights): |
| 30 | Is the Proposed Fenestration SHGC ≤ the Required Fenestration SHGC? | <input type="radio"/> Yes <input type="radio"/> No | 29 Required Fenestration SHGC (Skylights): |

Prescriptive Residential Alterations That Do Not Require HERS Field Verification

CEC-CF1R-ALT-05-E (Revised 01/22)

CALIFORNIA ENERGY COMMISSION



| | | |
|--|------------------|----------------|
| CERTIFICATE OF COMPLIANCE | | CF1R-ALT-05-E |
| Prescriptive Residential Alterations That Do Not Require HERS Field Verification | | Page 3 of 3 |
| Project Name: | Project Address: | Date Prepared: |
| Enforcing Agency: City of Benicia | Permit Number: | |

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