

Prescriptive Certificate of Compliance: Residential		CF-1R-ALT
Residential Alterations	HVAC CHANGEOUT	(Page 1 of 2)
Project Name:	Climate Zone # 8	# of Stories

General Information		
Site Address:	Enforcement Agency: CITY OF ANAHEIM	Date:
Building Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family	Circle the Front Orientation: N, E, S, W, or degrees _____	
Conditioned Floor Area (CFA): _____	Project Type: <input type="checkbox"/> Alterations <input type="checkbox"/> Envelope <input type="checkbox"/> Fenestration <input type="checkbox"/> Roof <input type="checkbox"/> HVAC Replacement or Change Out <input type="checkbox"/> Duct Replacement <input type="checkbox"/> Water Heater	

HVAC SYSTEMS - HEATING					
Heating Equipment Type and Capacity ^{1,2,3}	Minimum Efficiency (AFUE or HSPF)	Distribution Type and Location ⁴	Duct or Piping Insulation R-Value	Thermostat Type	Configuration (Central, Split, Space, Package or Hydronic)
<p>1. Indicate Heating Type (Central Furnace, Wall Furnace, Heat pump, Boiler, Electric Resistance, etc.)</p> <p>2. Electric resistance heating is allowed only in Component Package C, or except where electric heating is supplemental (i.e., if total capacity ≤ 2 KW or 7,000 Btu/hr electric heating is controlled by a time-limiting device not exceeding 30 minutes). See §151(b)3 exception.</p> <p>3. Refer to the HERS Verification section on Page 4 of the CF-1R-ALT Form for additional requirements and check applicable boxes.</p> <p>4. Indicate Type or Location (Ducts, Hydronic in Floor, Radiators, etc.)</p>					

HVAC SYSTEMS - COOLING					
Cooling Equipment Type and Capacity ^{1,2}	Minimum Efficiency (SEER/EER or COP)	Distribution Type and Location ³	Duct or Piping Insulation R-Value	Thermostat Type	Configuration (Central, Split, Space, Package or Hydronic)
<p>1. Indicate Cooling Type (A/C, Heat pump, Evap. Cooling, etc)</p> <p>2. Refer to the HERS Verification section on Page 4 of the CF-1R-ALT Form for additional requirements and check applicable boxes.</p> <p>3. Indicate Type or Location (Ducts, Hydronic in Floor, Radiators, etc.)</p>					

HERS VERIFICATION SUMMARY The enforcement agency should pay special attention to the HERS Measures specified in this checklist below. A completed and signed CF-4R Form for all the measures specified shall be submitted to the building inspector before final inspection.

Refrigerant Charge - Split System HERS verification is required for this measure.

YES NO YES: In Climate Zones 2 and 8-15, when the existing HVAC equipment is replaced (including the replacement of the air handler, outdoor condensing unit of a split system A/C or heat pump, cooling or heating coil, or the furnace heat exchanger) a refrigerant charge measurement shall be verified per §152(b)1F.

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Contractor's, (Documentation Author's/Responsible Building Designer's/Owner's), Declaration Statement	
<ul style="list-style-type: none"> • I certify that this Certificate of Compliance is accurate and complete. • I am eligible under Division 3 of the California Business and Professions Code to accept responsibility for the building design identified on this Certificate of Compliance. • I certify that the energy features and performance specifications for the building design identified on this Certificate of Compliance conform to the requirements of Title 24, Parts 1 and 6 of the California Code of Regulations. • The building design features identified on this Certificate of Compliance are consistent with the information provided to document this building design on the other applicable compliance forms, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with this building permit application. 	
Name:	Signature:
Company:	Date:
Address:	License:
City/State/Zip:	Phone:

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