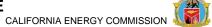
## REFRIGERATED WAREHOUSE INSTALLATION CERTIFICATE





| INSTALLATIO                                                                                                                                                                                                                                                             | N CER                                                                                                                                                                                           | ΓΙΓΙCATE                                                                                                                                                    |                                                                                                                                                     | (Part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 of 2)                                                                                        | RWH-INST                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROJECT NAME:                                                                                                                                                                                                                                                           |                                                                                                                                                                                                 |                                                                                                                                                             |                                                                                                                                                     | DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                                                                                            |
| PROJECT ADDRESS:                                                                                                                                                                                                                                                        |                                                                                                                                                                                                 |                                                                                                                                                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | Building Permit                                                                                                                                            |
|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                 |                                                                                                                                                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | Checked by/Date                                                                                                                                            |
| GENERAL INFORM                                                                                                                                                                                                                                                          | ATION                                                                                                                                                                                           |                                                                                                                                                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | Enforcement Agency Use                                                                                                                                     |
| DATE OF BUILDING PI                                                                                                                                                                                                                                                     |                                                                                                                                                                                                 | ERMIT #                                                                                                                                                     |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                                                                            |
| BUILDING TYPE                                                                                                                                                                                                                                                           | ☐ Refriger                                                                                                                                                                                      | ated Warehouse                                                                                                                                              |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                                                                            |
| PHASE OF<br>CONSTRUCTION                                                                                                                                                                                                                                                | ☐ New Co                                                                                                                                                                                        | nstruction                                                                                                                                                  | ☐ Addition                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Alterat                                                                                      | ion                                                                                                                                                        |
| If more than one person<br>Certificate document a<br>chief responsibility for<br>construction.                                                                                                                                                                          | pplicable to                                                                                                                                                                                    | the portion of construct                                                                                                                                    | on for which                                                                                                                                        | they are respons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | sible; alteri                                                                                  | natively, the person with                                                                                                                                  |
| <ul> <li>I am eligible under E representative of the</li> <li>I certify that the instaconforms to all applienforcement agency.</li> <li>I reviewed a copy of the installation. I certify is sued for the signed copy of this Information owner at occupancy.</li> </ul> | by of perjury, to<br>Division 3 of the<br>person respondiled features,<br>cable codes and<br>the Certificate<br>trify that the re-<br>completed, sign<br>he building, a<br>anstallation Certify | ne Business and Profession<br>isible for construction (response)<br>materials, components, or<br>and regulations, and the instead<br>of Compliance approved | ss Code to acceptionsible person manufactured callation is consible the enforcer of Certificate of a Certificate sharforcement age acluded with the | pt responsibility for the plate of the plate | on this certins and speci<br>dentifies the apply to the lade availabile inspectine builder pro | ficate (the installation) ifications approved by the e specific requirements for installation have been met. le with the building ons. I understand that a |
| Responsible Person's Nan                                                                                                                                                                                                                                                | ne:                                                                                                                                                                                             |                                                                                                                                                             | Responsible                                                                                                                                         | Person's Signatur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e:                                                                                             |                                                                                                                                                            |
| Lic.#                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                 | Date Signed:                                                                                                                                                | Position With                                                                                                                                       | n Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                                                                                            |
|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                 |                                                                                                                                                             | •                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                                                                            |
| SCOPE OF RESPON                                                                                                                                                                                                                                                         |                                                                                                                                                                                                 |                                                                                                                                                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | Ta                                                                                                                                                         |
| Enter the date of appro<br>the specifications for th<br>Installation Certificate.                                                                                                                                                                                       | ne energy effi                                                                                                                                                                                  |                                                                                                                                                             |                                                                                                                                                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                | Date:                                                                                                                                                      |
| In the table below identeresponsibility for this In                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                             | nents that spe                                                                                                                                      | cify the requirer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nents for the                                                                                  | ne scope of                                                                                                                                                |
| Document Title or                                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                             | eets or Pages.                                                                                                                                      | , Tables, Schedu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | iles, etc.                                                                                     | Date Approved By<br>the Enforcement<br>Agency                                                                                                              |
|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                 |                                                                                                                                                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                                                                            |
|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                 |                                                                                                                                                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                                                                            |

## REFRIGERATED WAREHOUSE INSTALLATION CERTIFICATE

CEC-RWH-INST (Revised 08/09)



## **INSTALLATION CERTIFICATE**

(Part 2 of 2)

**RWH-INST** 

| + |
|---|
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |