



INDOOR LIGHTING

CERTIFICATE OF INSTALLATION

This Certificate of Installation documents the installation of indoor lighting features, materials, components, and manufactured devices required to demonstrate compliance with Title 24, Part 6 per §10-103(a)3 for low-rise residential and low-rise mixed-use occupancies.

Project Name:	Enforcement Agency:
Dwelling Address:	Permit Number:
City and Zip Code:	Permit Application Date:

A. GENERAL INFORMATION

01	Project Location (city):		05	Authority Having Jurisdiction:	
02	Zip Code:		06	Building Permit #:	
03	Date of Permit Set used for construction:		07	Date of As-built Set:	
04	Name of Permit Set used for construction:		08	Name of As-built Set:	

Registration Number:

Registration Date/Time:

HERS Provider:



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B. INSTALLER SCOPE

This table indicates construction systems and materials documented on this Certificate of Installation.

01		02		03					
Luminaires		Space Types		Controls ¹					
<input type="checkbox"/>	General Lighting	<input type="checkbox"/>	Conditioned	<input type="checkbox"/>	Time-switch	<input type="checkbox"/>	Occupancy Sensors	<input type="checkbox"/>	Dimmers
				<input type="checkbox"/>	Daylighting	<input type="checkbox"/>	Interlocked Systems	<input type="checkbox"/>	Shut-off
<input type="checkbox"/>	Decorative/Accent	<input type="checkbox"/>	Unconditioned	<input type="checkbox"/>	Area Controls	<input type="checkbox"/>	Demand Response	<input type="checkbox"/>	Videoconferencing Studio Controls
				<input type="checkbox"/>	Multi-level	<input type="checkbox"/>	Institutional Tuning		

C. COMPLIANCE RESULTS

This table indicates whether the as-built conditions documented in this form are equal or better than what was documented on the permitted Certificate of Compliance. If the installation is not equal or better, Section 10-103(a)2B requires the Certificate of Compliance to be revised accordingly to demonstrate compliance.

01	INSTALLED FEATURES EXACTLY MATCH DESIGN ON PERMITTED CERTIFICATE OF COMPLIANCE
Documented as-built conditions should be verified by inspector from Authority Having Jurisdiction to comply.	

The Certificate of Compliance should be revised to confirm as-built conditions comply and this Certificate of Installation updated accordingly.

D. EXCEPTIONAL CONDITIONS

This table is auto-filled with uneditable comments because of field conditions noted by the installer that may impact mechanical controls requirements documented on the Certificate of Compliance.

E. INSTALLER NOTES

This table includes remarks made by the installer to the Authority Having Jurisdiction.



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F. INSTALLATION DETAILS

The following tables indicate performance requirements as documented on the permitted Certificate of Compliance for all systems and components included in Table B. Installer Scope. Also indicated are the as-built conditions documented by the installer/ documentation author.

Indoor Lighting Fixture Schedule for Spaces Other Than Dwelling Units/ Hotel Rooms/ Motel Rooms

01	02	03	04	05	06	07	08	09	10	11	12	13
Name or Item Tag	Fixture Within Scope?	Luminaire Description	Used in Conditioned or Unconditioned Space?	Fixture Type	Linear FT2 of Track	VA of Current Limiter	Voltage of Branch Circuit	Sum of Ampere Rating ¹	Maximum Rated Input Wattage	Rated Wattage per Luminaire	Total Number of Luminaires	Fixture Compliance
Per C of C												
As-built Conditions												



Residential Dwelling Unit or Hotel/ Motel Room Luminaire Efficacy Requirements

Residential dwelling unit and hotel/motel room lighting fixtures must be installed according to the following requirements.

The following light sources are considered high efficacy light sources and are not required to comply with Title 24, Part 6 Joint Appendix 8 requirements:

- A. Pin-based linear fluorescent or compact fluorescent light sources using electronic ballasts.
- B. Pulse-start metal halide light sources.
- C. High pressure sodium light sources.
- D. Have sunrise and sunset prediction accuracy within +/- 15 minutes and timekeeping accuracy within 5 min per year (astronomical only);
- E. Luminaires with hardwired high frequency generator and induction lamp.
- F. LED light sources installed outdoors.
- G. Inseparable solid-state LED (SSL) luminaires containing colored light sources that are installed to provide decorative lighting.

All other light sources shall be marked with "JA8-2019" or "JA8-2019-E" to qualify as high efficacy light sources. Light sources not marked with "JA8-2019" or "JA8-2019-E" do not meet the efficacy requirements.

Ceiling recessed downlight luminaires shall not have screw bases regardless of lamp type.

Indoor Lighting Controls

01	02	03	04	05	06	07	08	09	10
Area Description	Primary Function Area	Demand Response	Manual Area Controls	Multi-Level Controls	Shut-Off Controls	Primary/Skylit Daylighting	Secondary Daylighting	Interlocked Systems	Controls Compliance
Per C of C									
As-built Conditions									



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Controls for Additional Wattage Credit (Power Adjustment Factor)

Controls in spaces listed in this table were designed to allow additional wattage as part of the strategy to comply with the Energy Code.

01	02	03	04	05	06	07
Area Description	Control(s) for Wattage Credit	Luminaires Controlled				Controls for Credit Compliance
		Luminaire Name or Item Tag	Watts per Luminaire	Number of Luminaires	Lighting Controlled (Watts)	
Per C of C						
As-built Conditions						



DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

1. I certify that this Certificate of Installation documentation is accurate and complete.

Documentation Author Name:	Documentation Author Signature:
Documentation Author Company Name:	Date Signed:
Address:	CEA/HERS Certification Identification (If applicable):
City/State/Zip:	Phone:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

2. I certify the following under penalty of perjury, under the laws of the State of California:

1. The information provided on this Certificate of Installation is true and correct.
2. I am either: a) a responsible person eligible under Division 3 of the Business and Professions Code in the applicable classification to accept responsibility for the system design, construction, or installation of features, materials, components, or manufactured devices for the scope of work identified on this Certificate of Installation, and attest to the declarations in this statement, or b) I am an authorized representative of the responsible person and attest to the declarations in this statement on the responsible person's behalf.
3. The constructed or installed features, materials, components or manufactured devices (the installation) identified on this Certificate of Installation conforms to all applicable codes and regulations and the installation conforms to the requirements given on the Certificate of Compliance, plans, and specifications approved by the enforcement agency.
4. I understand that a registered copy of this Certificate of Installation shall be posted or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections, and I will take the necessary steps to ensure this requirement is accomplished.
5. I understand that a registered copy of this Certificate of Installation is required to be included with the documentation the builder provides to the building owner at occupancy, and I will take the necessary steps to ensure this requirement is accomplished.

Responsible Builder/Installer Name:	Responsible Builder/Installer Signature:	
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)	Position With Company (Title):	
Address:	CSLB License:	
City/State/Zip:	Phone:	Date Signed:

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

CERTIFICATE OF INSTALLATION – USER INSTRUCTIONS	LMCI-LTI-E
Indoor Lighting	(Page 1 of 3)

A. General Information

1. Enter the City the project is located in.
2. Enter the zip code.
3. Enter the Date of Permit Set used for construction.
4. Enter the Name of Permit Set used for construction.
5. Enter the Authority Having Jurisdiction.
6. Enter the Building Permit #.
7. Enter the Date of As-Built Set.
8. Enter the Name of As-Built Set.

B. Project Scope

1. Select applicable luminaires.
2. Select applicable space type.
3. Select applicable controls.

C. Compliance Results

1. This table is automatically filled with uneditable comments based on data entered in Section F.

D. Exceptional Conditions

1. This table is auto filled with uneditable comments because of selections made or data entered in tables throughout the form.

E. Installer Notes

1. This table is automatically filled with uneditable comments by the installer.

F. INSTALLATION DETAILS

Indoor Lighting Fixture Schedule

1. This field is filled out automatically.
2. Fixture Within Scope: Select from dropdown.
3. Enter luminaire description.
4. This field is filled out automatically.
5. Fixture type: Select from dropdown.

Registration Number:

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6. Enter linear FT2 of track.
7. Enter VA of current limiter.
8. Enter voltage of branch circuit.
9. Enter sum of Ampere rating.
10. Enter maximum rated input.
11. Enter rated wattage per luminaire.
12. Enter total number of luminaires.
13. This field is filled out automatically.

Residential Dwelling Unit or Hotel/Motel Room Luminaire Efficacy Requirements

1. This table covers the dwelling unit efficacy requirements for multifamily & hotel/motel projects.

Indoor Lighting Controls

1. This field is filled out automatically.
2. This field is filled out automatically.
3. Demand Response: Select from Dropdown.
4. Manual Area Controls: Select from Dropdown.
5. Multi Area Controls: Select from Dropdown.
6. Shut off Controls: Select from Dropdown.
7. Primary/skylit Daylighting: Select from Dropdown.
8. Secondary daylighting: Select from Dropdown.
9. Interlocked systems: Select from Dropdown.
10. This field is filled out automatically.

Controls for Additional Wattage Credit

1. This field is filled out automatically.
2. This field is filled out automatically.
3. Luminaire Item or Item Tag: Select from Dropdown.
4. This field is filled out automatically.
5. Enter number of luminaires.
6. This field is filled out automatically.

Registration Number:

Registration Date/Time:

HERS Provider:

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7. This field is filled out automatically.

Documentation Declaration Statements

1. The person who prepared the LMCI will sign and complete the fields for their name, company (if applicable), address, phone number, certification information (if applicable), date and signature.
2. The person who is assuming responsibility for the project being built to comply with Title 24, Part 6, will complete the fields for their name, company (if applicable), address, phone number, license number (if applicable), date and signature.

Registration Number:

Registration Date/Time:

HERS Provider: