



# PROCESS SYSTEM

## CERTIFICATE OF INSTALLATION

*This Certificate of Installation documents the installation of process system features, materials, components, and manufactured devices required to demonstrate compliance with Title 24, Part 6 per §10-103(a)3 for 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:



**B. INSTALLER SCOPE**

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

01			
<b>Electrical</b>			
<input type="checkbox"/>	Elevator Lighting		
<b>HVAC</b>			
<input type="checkbox"/>	Commercial Kitchen Ventilation	<input type="checkbox"/>	Parking Garage Exhaust
<input type="checkbox"/>		<input type="checkbox"/>	Elevator Ventilation Controls
<b>Specialty</b>			
<input type="checkbox"/>	Commercial Kitchen Hood	<input type="checkbox"/>	Pool/Spa

**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 form to be revised accordingly to demonstrate compliance.*

01	<b>INSTALLED FEATURES EXACTLY MATCH DESIGN ON PERMITTED CERTIFICATE OF COMPLIANCE</b>
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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 requirements documented on the Certificate of Compliance.*



E. INSTALLER NOTES

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

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.

Enclosed Parking Garage Exhaust Controls

	Per C of C	As-built	Exceptions
01	<input type="checkbox"/>	<input type="checkbox"/>	Garage is expected to have vehicles with non-gasoline combustion engines for > 20% of the parked vehicles per Exception 1 to §120.6©
02	<input type="checkbox"/>	<input type="checkbox"/>	Project scope includes an addition or alteration to an existing garage where < 10,000 cfm of new exhaust capacity is being added Exception 2 to §120.6©
			Requirements
03	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust fan control modulates airflow rates <= 50% design capacity when contaminant levels are maintained per §120.6©1
04	<input type="checkbox"/>	<input type="checkbox"/>	Fan control or device allows fan motor demand ≤ 30% design wattages at 50% of design airflow per §120.6©2
05	<input type="checkbox"/>	<input type="checkbox"/>	Design includes monitoring CO with a sensor density >= 1 per 5,000 ft2 per §120.6©3
06	<input type="checkbox"/>	<input type="checkbox"/>	CO sensors are located in the highest expected concentration locations, with at least two per proximity zone per §120.6©3
07	<input type="checkbox"/>	<input type="checkbox"/>	Design CO sensor setpoint <= 25 ppm per §120.6©4
08	<input type="checkbox"/>	<input type="checkbox"/>	Occupied garage design maintains negative pressurization per §120.6©6
09	<input type="checkbox"/>	<input type="checkbox"/>	Designed occupied total ventilation rate >= 0.15 CFM/ ft <sup>2</sup> §120.6©5



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#### Enclosed Parking Garage Exhaust

01	02	03	04
Fan Name or Item Tag	Parking Garage Area (ft2)	Ventilation Fan Rate (CFM)	Exhaust Compliance
Per C of C			
As-built Conditions			

#### Elevator Lighting and Ventilation

##### Lighting

01	02	03	04	05	06
Elevator Name or Item Tag	Fixture Name or Item Tag	Number of Fixtures	Watts per Fixture	Total Power	Elevator Lighting Compliance
Per C of C					
As-built Conditions					



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## Ventilation

07	08	09	10	11	12
Name or Item Tag	Fan Power (Watts)	Airflow (CFM)	Watts per CFM	Controls	Elevator Ventilation Compliance
Per C of C					
As-built Conditions					

## Commercial Kitchen Exhaust & Ventilation

### Kitchen Ventilation

The following ventilation requirements have been included on the permitted Certificate of Compliance to comply with Title 24, Part 6. Installed equipment shall meet these requirements or the Certificate of Compliance shall be modified to demonstrate compliance.

Providing replacement air directly to the hood(s) that does not exceed 10% of the hood(s) exhaust rate.

Not providing replacement air directly to the hood(s).

Mechanically cooled or heated makeup air delivered to any space with a kitchen hood does not exceed the supply flow required to meet the space heating and cooling load.

Mechanically cooled or heated makeup air delivered to any space with a kitchen hood does not exceed the hood exhaust flow minus the available transfer air from adjacent spaces.

The kitchen /dining facility has a total Type I and Type II kitchen hood exhaust airflow rate > 5000 cfm and at least 50% of all replacement air is transferred air that would otherwise be exhausted.

The kitchen /dining facility has a total Type I and Type II kitchen hood exhaust airflow rate > 5000 cfm and demand ventilation system(s) on at least 75% of the exhaust air.



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The kitchen /dining facility has a total Type I and Type II kitchen hood exhaust airflow rate > 5000 cfm and listed energy recovery devices with a sensible heat recovery effectiveness of > 40 on at least 50% of the total exhaust airflow.

The kitchen /dining facility has a total Type I and Type II kitchen hood exhaust airflow rate > 5000 cfm and a minimum of 75% of makeup air volume having a total of no more than 60°F and uncooled or cooled without the use of mechanical cooling.

#### Kitchen Hood

01	02	03	04	05	06	07
Name or Item Tag	Hood Type	Hood Style	Equipment Duty	Hood Length (ft)	Hood Exhaust Rate (CFM)	Kitchen Exhaust Compliance
Per C of C						
As-built Conditions						



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POOL & SPAS

01	02	03	04	05	06	07	08
Pool/Spa Description	Efficiency	On/Off Control	Instructions & Covers	Electric Resistance Heating	Piping	Directional Inlets & Pump Control	Pool/Spa Compliance
Per C of C	Equipment subject to State/federal appliance efficiency standards is in the CEC's directory of certified equipment	Includes on-off switch mounted on outside of heater allowing shutting off heater without adjusting thermostat					
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-PRC-E
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**A. General Information**

1. This field is filled out automatically.
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 electrical components.
2. Select applicable HVAC components.
3. Select applicable specialties.

**C. Compliance Results**

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

**D. Exceptional Conditions**

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

**E. Installer Notes**

Enter any notes or comments for the AHJ.

**F. Installation Details**

**Enclosed Parking Garage Exhaust Controls**

1. Select the As-built box if the Exception applies.
2. Select the As-built box if the Exception applies.
3. Select the As-built box if the Requirement is met.
4. Select the As-built box if the Requirement is met.
5. Select the As-built box if the Requirement is met.

Registration Number:

Registration Date/Time:

HERS Provider:



CERTIFICATE OF INSTALLATION – USER INSTRUCTIONS	LMCI-PRC-E
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3. Hood Style: Select the dropdown.
4. Equipment Duty: Select the dropdown.
5. Enter the Hood Length (ft).
6. Enter the Hood Exhaust Rate (CFM).
7. This field is filled out automatically.

**Pool & Spas**

1. This field is filled out automatically.
2. Efficiency
3. On/Off Control
4. Instructions & Covers: Select from dropdown.
5. Electric Resistance Heating: Select from dropdown.
6. Piping: Select from dropdown.
7. Directional Inlets & Pump Control: Select from dropdown.
8. This field is calculated 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.

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Registration Number:

Registration Date/Time:

HERS Provider: