



CERTIFICATE OF INSTALLATION

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

B. INSTALLER SCOPE

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

01							
<input type="checkbox"/>	Allocated Solar Zone	<input type="checkbox"/>	Photovoltaics	<input type="checkbox"/>	Solar Water Heater	<input type="checkbox"/>	Smart Thermostat
<input type="checkbox"/>	Home Automation System	<input type="checkbox"/>	Greywater Irrigation	<input type="checkbox"/>	Rainwater Catchment System	<input type="checkbox"/>	Electric Vehicle Charging Space
<input type="checkbox"/>	Battery Storage System						

Registration Number:

Registration Date/Time:

HERS Provider:



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	INSTALLED FEATURES EXACTLY MATCH DESIGN ON PERMITTED CERTIFICATE OF COMPLIANCE
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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.



Allocated Solar Zone on Roof for Future Use

01	02	03	04
Subarea Name	Building Plan Reference Showing Solar Zone	Solar Zone Free from Obstructions? ¹	Solar Zone Compliance
Per C of C			
As-built Conditions			

Permanently Installed Solar Photovoltaic (PV) System

01	02
Installed DC Power Rating (Watts)	PV Compliance
Per C of C	-
As-built Conditions	

Registration Number:

Registration Date/Time:

HERS Provider:



Battery Storage System

01	02	03
Rated Energy Capacity of Battery (kWh)	Rated Power Capacity of Battery (kW _{dc})	Battery Compliance
Per C of C -	-	
As-built Conditions		

Permanently Installed Solar Hot Water System

01	02	03	04	05	06
SRCC # or IAPMO File #	Certification Number	System Type	Solar Savings Fraction	Drainwater Heat Recovery	SHW Compliance
Per C of C					
As-built Conditions					

Registration Number:

Registration Date/Time:

HERS Provider:



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-SAB-E
Solar and Battery	(Page 1 of 2)

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 all applicable construction systems and materials documented.

C. Compliance Results

1. This table is auto filled based on selections made 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. Enter any notes or comments for the AHJ.

F. Installation Details

Allocated Solar Zone

1. This field is filled out automatically.
2. This field is filled out automatically.
3. Solar Zone Free of Obstructions: Select from dropdown.
4. This field is calculated automatically.

Registration Number:

Registration Date/Time:

HERS Provider:

CERTIFICATE OF INSTALLATION – USER INSTRUCTIONS	LMCI-SAB-E
Solar and Battery	(Page 2 of 2)

Permanently Installed Solar Photovoltaic (PV) System

1. Enter Installed DC Power Rating.
2. This field is calculated automatically.

Battery Storage System

1. Enter Rated Energy Capacity of Battery.
2. Enter Rated Power Capacity of Battery.
3. This field is calculated automatically.

Permanently Installed Solar Hot Water System

1. SRCC/IAPMO#: Select from Dropdown.
2. Enter Certification Number.
3. This table is auto filled with uneditable text.
4. Enter Solar Savings Fraction.
5. This field is filled out automatically.
6. 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.

Registration Number:

Registration Date/Time:

HERS Provider: