EXISTING CONDITIONS FOR RESIDENTIAL ALTERATIONS



CEC-LMCV-EXC-20-F

SAMPLE FORM – NOT VALID FOR SUBMISSION TO BUILDING DEPARTMENTS

CERTIFICATE OF VERIFICATION

Note: This table completed by HERS Registry.

Project Name:	LMCC-PRF Calculation Date/Time:
LMCC-PRF Calculation Description:	LMCC-PRF Input File Name:

A. General Information

01	Project Name				
02	Calculation Description		7	00.	
03	Project Location		N	, , , , ,	
04	CA City		05	Standard Version	
06	Zip Code		07	Software Version	
08	Climate Zone		09	Front Orientation (deg/Cardinal)	
10	Total Building Volume (ft ³)	0 0	11	Number of Dwelling Units	
12	Project Scope		13	Number of Bedrooms	
14	New Conditioned Floor Area(ft²)		15	Number of Stories	
16	Existing Conditioned Floor Area (ft ²)		17	Fenestration Average U-factor	
18	Total Conditioned Floor Area (ft²)		19	Glazing Percentage (%)	

B. Opaque Surfaces

- r		400	100		The state of the s					
	01	02	03	04	05	06	07	08		
	Name	Zone	Existing Conditions	Surface Type	Azimuth	Orientation	Total Cavity R-value	Verification		
	0.0	11		101						
	0.7		7							
09	Verification State	us:	Pass - all applicable requirements are met; or Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below							
10	Correction Notes	s: .		2070						

Registration Number: Registration Date/Time: HERS Provider:

CEDI	FICATE OF VERIF	TCATION!					-	LMCV-EXC-20-F
		r Residential Alterati	ons				. 0	(Page 2 of 6
C. Ro		residential Atterdit	0113				Chi	(ruge 2 or o
	01	02	03	04	05	06	07	08
	Name	Construction	Roof Rise	Roof Reflectance	Roof Emittance	Radiant Barrier	Cool Roof	Verification
						011		
	1			P. 11			- 8 LA	
09	Verification Sta	atus:		licable requirements are m more applicable requireme		eason for failure in correc	tions notes field helow	
10	Correction Not	:es:	- Tun one of t	nore applicable requireme	into are not met. Enter i	cason for fanare in correc	tions notes nela below	
D. W	/indows	1 00			9.0	19 ye	0.7	00
	01	02	03	04	05	06	07	08
	Name	Azimuth	Multiplier	Area (ft²)	U-factor	SHGC	Exterior Shading	Verification
				4/1/2				
09	Verification Sta	atus:		licable requirements are n		0 3		
10	Correction Not	.00.	☐ Fail - one or i	more applicable requireme	ents are not met. Enter r	eason for failure in correc	tions notes field below	
	oors		2,40	1, 3		ijo		
	01		02	0	3	04		05
Name Parent			Parent Surface	Area	(ft²)	U-factor	V	erification
		A **	77	0	-0,-			
06	Verification Sta	Charles St.		licable requirements are more applicable requireme		eason for failure in correc	tions notes field below	
07	Correction Not	es:	A 100 Teleforia					

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		OF VERIFICA											- 0		CV-EXC-20-H
Existir	ng Con	ditions for R	esidential A	lterations									- "4 %	(1	Page 3 of 6)
F. Ov	erha	ngs & Fins										(11/2	-	<u>_</u> _0
C)1	02	03	04	05	06	07	08	09	10	11	12	13	14	15
				Overhang				Left	Fin			Righ	t Fin	A The	
		Overhang			Right				Dist	Bottom	0	100	Dist	Botto	
Win	dow	Depth	Dist. Up	Left Ext.	Ext.	Flap Ht	Depth	n Top Up	(Left)	Up	Depth	Top Up	(Right)	m Up	Verificatio
										- 4	100	- 3	100		
	ı									-	The state of the s	- (N		
16	Verif	ication Statu	s:					ents are met; or requirements are	not mot	entor rosson fo	r failura in co	erroctions not	os fiold bolow		
17	Corre	ection Notes	•		□ Fall-t	one or more	аррисавіе	requirements are	not met. i	Litter reason to	i ialiule iii cc	irections not	es lielu below		
G. W	ater	Heaters						2	90	•.6	×6	, ``			
	01		02		03	C)4	05		06	0	7	08		09
	Nam		leater Elem Type		nk Type		/olume al)	Energy Factor Efficiency		nput Rating	Tank Ex Insula R-va	ation	Standby Los (Fraction)		Verification
							1	1.0	-		NA				
10	Verif	ication Statu	s:					ents are met; or requirements are	not met. I	Enter reason fo	r failure in co	orrections not	es field below		
11	Corre	ection Notes	•			9	- 6			- N.					
H. W	ater	Heating		2	0		10	<i>)</i> ,	10	0					
		01		11 11	02	111	J.	03	K		04			05	
		Name	00	Dist	ribution Typ	е	Nu	ımber of Heater	s	Solar S	avings Fract	ion	Ve	erification	
			M. P.		1.1			200							

	01	02	03	04	05			
	Name	Distribution Type	Number of Heaters	Solar Savings Fraction	Verification			
	2.6	1.0	- 22					
			. 6. 1 -					
06	Verification Status:	The state of the s	Pass - all applicable requirements are met; or Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below					
07	Correction Notes:	1 () ·						

CERTI	FICATE OF VERIFICATION					LMCV-EXC-20-H
Existii	ng Conditions for Residential Al	terations				(Page 4 of 6)
. HV	AC – Heating Systems					Ch. 2
	01	02		03		04
	Name	Туре		Efficie	ency	Verification
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05	Verification Status:		le requirements are met; or applicable requirements are	not met. Enter r	eason for failure in correctio	ons notes field helow
06	Correction Notes:	Tall one of more	applicable requirements are	Hot met. Enter 1	cuson for fundre in correction	instructed field below
. HV	AC – Cooling Systems			13,0	100	
	01	02	03		04	05
	Name	System Type	EER/EER2		SEER/SEER2	Verification
			~~~	- 6	\$ <b>\</b> ~	
06	Verification Status:		e requirements are met; or applicable requirements are	not met. Enter re	eason for failure in correction	ns notes field below
07	Correction Notes:		1.	1	16.	
ζ. <b>Η</b> \	VAC Distribution	10/	130		1100	
	01	02	03		04	05
	Name	Duct R-Value	Supply Duct Loca	tion	Return Duct Location	Verification
		177 171		0,-		
06	Verification Status:		le requirements are met; or applicable requirements are	not met. Enter r	eason for failure in correction	ons notes field below
07	Correction Notes:		100			
	110,	1 30	1/6,			

					.0		
CERTI	IFICATE OF VERIFICATION			_	LMCV-EXC-20-H		
xistii	ng Conditions for Residential Alte	erations			(Page 5 of 6)		
				2,4	0		
Inc	door Air Quality (IAQ) Fans			_(,	" LA "		
	01	02	03	04	05		
	Name	IAQ Fan Type	Airflow (CFM)	Fan Efficacy (W/CFM)	Verification		
					-11		
				-()-	-10		
06	Verification Status	☐ Pass - all applicable r	requirements are met; or	(.0	2		
00	verification status	☐ Fail - one or more ar	☐ Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below				
07	Correction Notes:		14		•		
M. D	Determination of HERS Veri	fication Compliance	7.3				
Αl	l applicable sections c	of this document shall i	ndicate compliance wi	ith the specified verificatio	n protocol		

requirements in order for this Certificate of Verification as a whole to be determined to be in compliance.

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CERTIFICATE OF VERIFICATION	LMCV-EXC-20-H
Existing Conditions for Residential Alterations	(Page 6 of 6)

#### DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

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

Documentation Author Name:	Documentation Author Signature:
Company:	Date Signed:
Address:	CEA/HERS Certification Information (if applicable):
	A ()
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 Verification is true and correct.
  - 2. I am the certified HERS Rater who performed the verification identified and reported on this Certificate of Verification (responsible rater).
  - 3. I field inspected the existing building features, materials, components, manufactured devices, or system performance characteristics proposed for compliance credit for energy efficiency improvement identified on this Certificate of Verification and determined these existing building features, materials, components, manufactured devices, or system performance characteristics qualify for the proposed existing conditions compliance credit unless reported as not qualified in verification status and correction notes fields on this Certificate of Verification.
  - 4. I understand that a registered copy of this Certificate of Verification 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. I understand that a registered copy of this Certificate of Verification 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.

### HERS RATER INFORMATION

HERS Rater Company Name:	
Responsible Rater Name:	Responsible Rater Signature:
Responsible Rater Certification Number w/ this HERS Provider:	Date Signed:

Registration Number: Registration Date/Time: HERS Provider:

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#### **LMCV-EXC-20-H User Instructions**

#### A. General Information

Rater should verify this information to the best of their ability. Any questions or deviations should be indicated in the Verification Status row.

### **B. Opaque Surfaces**

Existing roof type, R-value above deck, and R-value below deck should all be verified.

#### C. Roofs

Existing dwelling unit, frame type, area, U-factor, and R-values should all be verified.

#### D. Windows

Existing dwelling unit, surface type, frame type, area, u-factor, and R-values should all be verified.

### E. Doors

Existing wall type, frame type, area, U-factor, and R-values should all be verified.

# F. Overhangs & Fins

All columns of this section should be verified

### **G.** Water Heaters

All columns of this section should be verified.

# H. Water Heating

All columns of this section should be verified.

# I. HVAC – Heating Systems

All columns of this section should be verified.

## J. HVAC - Cooling Systems

All columns of this section should be verified.

CERTIFICATE OF VERIFICATION – USER INSTRUCTIONS	LMCV-EXC-20-H
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# **K. HVAC Distribution**

All columns of this section should be verified

# L. Indoor Air Quality (IAQ) Fans

All columns of this section should be verified.