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	(OO.)	
03	Project Location		N	7	
04	CA City	-0	05	Standard Version	
06	Zip Code	10	07	Software Version	
08	Climate Zone		09	Front Orientation (deg/Cardinal)	
10	Total Building Volume (ft ³)	200	11	Number of Dwelling Units	
12	Project Scope		13	Number of Bedrooms	
14	New Conditioned Floor Area(ft²)	. O . A.	15	Number of Stories	
16	Existing Conditioned Floor Area (ft²)	777	17	Fenestration Average U-factor	
18	Total Conditioned Floor Area (ft²)	3, ' ' ' ' '	19	Glazing Percentage (%)	

B. Opaque Surfaces

	01	02	03	04	05	06	07	08
	Name	Zone	Existing Conditions	Surface Type	Azimuth	Orientation	Total Cavity R-value	Verification
	0.4	10	. 3	101				
	0.		AC .					
09	O9 Verification Status: 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 Not	es:		207.00				

Registration Number: Registration Date/Time: HERS Provider:

CERT	FICATE OF VERIF	ICATION						LMCV-EXC-20-H
		Residential Alteration	ons				. 0	(Page 2 of 6)
C. Ro						200	-6670	2
	01	02	03	04	05	06	07	08
	Name	Construction	Roof Rise	Roof Reflectance	Roof Emittance	Radiant Barrier	Cool Roof	Verification
	T					~0/,	100	
09	Verification Sta	itus:		licable requirements are m more applicable requireme		eason for failure in correc	tions notes field below	
10	Correction Not	es:						
D. W	/indows	1 02	02		93.	e	0.7	
	01	02	03	04	05 U-factor	06	07	08 Verification
	Name	Azimuth	Multiplier	Area (ft²)	U-factor	SHGC	Exterior Shading	verification
				- 40				
00	Verification Sta	******	☐ Pass - all app	licable requirements are m	et; or	C 4		
09	verification Sta	itus:	☐ Fail - one or i	more applicable requireme	nts are not met. Enter re	eason for failure in correc	tions notes field below	
10	Correction Not	es:	2		- 1 n	AC		
E. Do	oors		1,0	100	(1)	110		
	01		02	0.		04		05
	Name		Parent Surface	Area	(ft ²)	U-factor	V	/erification
		54	1 13	0	0,			
06	Verification Sta	itus:		licable requirements are m nore applicable requireme		eason for failure in correc	tions notes field below	

Correction Notes:

														_	
		OF VERIFIC											- 0	. 100	CV-EXC-20-H
Existir	ng Con	ditions for R	esidential A	lterations										(F	Page 3 of 6)
F. Ov	/erha	ngs & Fins										- 0	11	9	~ 0
)1	02	03	04	05	06	07	08	09	10	11	12	13	14	15
			.	Overhang				Left Fi	า	•	1	Right	: Fin	4.76	9
Win	dow	Overhang Depth	Dist. Up	Left Ext.	Right Ext.	Flap Ht	Depth	ı Top Up	Dist (Left)	Bottom Up	Depth	Top Up	Dist (Right)	Botto m Up	Verificatio
		•					·		, ,	- 4			. 79		
											9	- 1			
16	Verif	ication Statu	is:					ents are met; or requirements are no	t met. Er	nter reason foi	failure in co	orrections note	es field below		
17	Corre	ection Notes	:					- 6.	13	W		(V			
G. W		Heaters		1	02		4	7/), "	000					
	01		02		03	0	4	05		06	Tank 5		08		09
	Nam		leater Eleme Type		nk Type	Tank V		Energy Factor or Efficiency	lnp	out Rating	Tank Ex Insula R-va	ation	Standby Los (Fraction)		/erification
						^	V		1		NV				
	ı					10	100	112		0,1	1				
10	Verification Status: 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														
11	Corre	ection Notes	:		-1	9	- 6	1 1		- W					
					0	3	(N), ,	12						
H. W	ater l	Heating	.0	12.	9		3.	40	20						
		01		1. 1.	02	1111	9	03			04			05	
		Name	10	Dist	ribution Typ	e	Nu	mber of Heaters	7	Solar Sa	avings Fract	ion	Ve	rification	
			W % J		36.72		100	On allow toll							

	01	02	03	04	05	
	Name	Distribution Type	Number of Heaters	Solar Savings Fraction	Verification	
	25	10	- 22			
	- 77		. 6. 7.			
06	Verification Status: 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
xistii	ng Conditions for Residential Alte	erations			(Page 4 of 6)
. HV	AC – Heating Systems	-		(C. 12 3
	01	02		03	04
	Name	Туре		Efficiency	Verification
05	Verification Status:		 ole requirements are met; or e applicable requirements are not met. I	Enter reason for failure in corrections no	otes field below
06	Correction Notes:		- 1pp		(C)
. HV	/AC – Cooling Systems		73	La "O'LE	
	01	02	03	04	05
	Name	System Type	EER/EER2	SEER/SEER2	Verification
			- ~ U°	4/-	
06	Verification Status:		le requirements are met; or applicable requirements. E	lnter reason for failure in corrections no	otes field below
07	Correction Notes:	- 1	1 1 1	10.	
ζ. Η \	/AC Distribution	,;O	25/11	ijo	
	01	02	03	04	05
	Name	Duct R-Value	Supply Duct Location	Return Duct Location	Verification
	7	A 1			
		1 1 1 1 1 1 1			
06	Verification Status:		ole requirements are met; or e applicable requirements are not met.	Enter reason for failure in corrections n	otes field below
07	Correction Notes:				
	110,	05, 1	YE.		

CERTI	IFICATE OF VERIFICATION				LMCV-EXC-20-H			
xistii	ng Conditions for Residential Alt	erations		90	(Page 5 of 6)			
				_3(
Ind	door Air Quality (IAQ) Fans	S		_()	P. 10 0			
	01	02	03	04	05			
	Name	IAQ Fan Type	Airflow (CFM)	Fan Efficacy (W/CFM)	Verification			
					-11			
				-()-	~ LOI .			
06	Verification Status	☐ Pass - all applicable	☐ Pass - all applicable requirements are met; or					
00	Verification Status	☐ Fail - one or more a	☐ Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below					
07	Correction Notes:				P			
				V				
M. D	etermination of HERS Ver	ification Compliance	7.3	10.				
Αl	applicable sections	of this document shall	indicate compliance wi	ith the specified verification	on 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
Existing Conditions for Residential Alterations	(Page 2 of 2)

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.