



EXISTING CONDITIONS FOR RESIDENTIAL ALTERATIONS

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			
03	Project Location			
04	CA City	05	Standard Version	
06	Zip Code	07	Software Version	
08	Climate Zone	09	Front Orientation (deg/Cardinal)	
10	Total Building Volume (ft³)	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 (ft²)	17	Fenestration Average U-factor	
18	Total Conditioned Floor Area (ft²)	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
09	Verification Status:	<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below					
10	Correction Notes:						

C. Roofs

01	02	03	04	05	06	07	08
Name	Construction	Roof Rise	Roof Reflectance	Roof Emittance	Radiant Barrier	Cool Roof	Verification
09	Verification Status:		<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below				
10	Correction Notes:						

D. Windows

01	02	03	04	05	06	07	08
Name	Azimuth	Multiplier	Area (ft ²)	U-factor	SHGC	Exterior Shading	Verification
09	Verification Status:		<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below				
10	Correction Notes:						

E. Doors

01	02	03	04	05
Name	Parent Surface	Area (ft ²)	U-factor	Verification
06	Verification Status:		<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below	
07	Correction Notes:			

F. Overhangs & Fins

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
	Overhang					Left Fin				Right Fin				
Window	Overhang Depth	Dist. Up	Left Ext.	Right Ext.	Flap Ht	Depth	Top Up	Dist (Left)	Bottom Up	Depth	Top Up	Dist (Right)	Bottom Up	Verification
16	Verification Status:			<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below										
17	Correction Notes:													

G. Water Heaters

01	02	03	04	05	06	07	08	09
Name	Heater Element Type	Tank Type	Tank Volume (gal)	Energy Factor or Efficiency	Input Rating	Tank Exterior Insulation R-value	Standby Loss (Fraction)	Verification
10	Verification Status:		<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below					
11	Correction Notes:							

H. Water Heating

01	02	03	04	05
Name	Distribution Type	Number of Heaters	Solar Savings Fraction	Verification
06	Verification Status:		<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below	
07	Correction Notes:			

I. HVAC – Heating Systems

01	02	03	04
Name	Type	Efficiency	Verification
05	Verification Status: <div style="margin-left: 20px;"> <input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below </div>		
06	Correction Notes:		

J. HVAC – Cooling Systems

01	02	03	04	05
Name	System Type	EER/EER2	SEER/SEER2	Verification
06	Verification Status: <div style="margin-left: 20px;"> <input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below </div>			
07	Correction Notes:			

K. HVAC Distribution

01	02	03	04	05
Name	Duct R-Value	Supply Duct Location	Return Duct Location	Verification
06	Verification Status: <div style="margin-left: 20px;"> <input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below </div>			
07	Correction Notes:			

L. Indoor Air Quality (IAQ) Fans

01	02	03	04	05
Name	IAQ Fan Type	Airflow (CFM)	Fan Efficacy (W/CFM)	Verification

06	Verification Status	<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below
07	Correction Notes:	

M. Determination of HERS Verification Compliance

All applicable sections of this document shall indicate compliance with the specified verification protocol requirements in order for this Certificate of Verification as a whole to be determined to be in compliance.	
01	

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):
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:

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.

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.