

**FOR PROJECTS THAT DO NOT REQUIRE FIELD VERIFICATION AND DIAGNOSTIC TESTING****CERTIFICATE OF COMPLIANCE**

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.

Note: This table completed by HERS Registry.

Project Name:	Enforcement Agency:
Dwelling Address:	Permit Number:
City and Zip Code:	Permit Application Date:

A. GENERAL INFORMATION

01	Project Location (city)			04	Total Conditioned Floor Area		
02	Climate Zone			05	Total-Unconditioned Floor Area		
03	Occupancy Types Within Project:			06	# of Stories (Habitable Above Grade)		
<input type="checkbox"/>	Office	<input type="checkbox"/>	Retail	<input type="checkbox"/>	Warehouse	<input type="checkbox"/>	Grocery
<input type="checkbox"/>	Hotel/ Motel	<input type="checkbox"/>	School or Classroom	<input type="checkbox"/>	Healthcare facility	<input type="checkbox"/>	Financial Institution
<input type="checkbox"/>	Low-Rise Residential	<input type="checkbox"/>	Relocatable Public School	<input type="checkbox"/>	All Other Occupancy Types	<input type="checkbox"/>	Unleased Tenant Space
<input type="checkbox"/>	Auditorium	<input type="checkbox"/>	Library	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Parking Garage
<input type="checkbox"/>	Convention Center	<input type="checkbox"/>	Medical Office Bldg/ Clinic	<input type="checkbox"/>	Theater	<input type="checkbox"/>	Religious Facility
<input type="checkbox"/>	Commercial Industrial	<input type="checkbox"/>	Data Center	<input type="checkbox"/>	Gymnasium	<input type="checkbox"/>	Support Area

Alert! Healthcare Facilities do not have to meet the elevator, commercial kitchen, or lab exhaust requirements under Title 24, Part 6 and therefore are not documented on the NRCC-PRC-E. The corresponding tables (K, N, O) say "This section does not apply" when healthcare facility has been chosen as an occupancy within Table A. Systems serving these spaces shall meet the requirements of the Appliance Efficiency Regulations for walk-in coolers or freezers contained in the Appliance Efficiency Regulations (California Code of Regulations, Title 20, Sections 1601 through 1608).

Registration Number:

Registration Date/Time:

HERS Provider:

**B. PROJECT SCOPE**

This table includes process systems that are within the scope of the permit application and are demonstrating compliance with mandatory requirements in §120.6/§160.7 for multifamily occupancies or prescriptive requirements in §140.9 for nonresidential occupancies in mixed-use buildings.

My project consists of (check all that apply):			
01		02	
<input type="checkbox"/>	Enclosed Parking Garage Exhaust \geq 10,000 cfm (mandatory §120.6(c))	<input type="checkbox"/>	Commercial Kitchen Ventilation/Exhaust (prescriptive §140.9(b)) ¹
<input type="checkbox"/>	Elevator Lighting & Ventilation Controls (mandatory §120.6(f)/§160.7)	<input type="checkbox"/>	Pool/Spa (mandatory §110.4/§160.7)
¹ FOOTNOTE: These building features can comply using the performance method. If using the performance method for these features, compliance should be demonstrated on the LMCC-PRF-E compliance document.			

¹ FOOTNOTE: These building features can comply using the performance method. If using the performance method for these features, compliance should be demonstrated on the LMCC-PRF-E compliance document.

Registration Number:

Registration Date/Time:

HERS Provider:

**C. COMPLIANCE RESULTS**

Results in this table are automatically calculated from data input and calculations in Tables F through R.

Note: If any cell on this table says "COMPLIES with Exceptional Conditions" refer to Table D. Exceptional Conditions for guidance or see the applicable Table referenced below.

01	02	03	04	05	06	07	08	09	10	11	12	13	14
Refrigerated Warehouse / Space §120.6(a)	Commercial Refrigeration §120.6(b)	Parking Garage Exhaust §120.6(c)	Process Boilers §120.6(d)	Compressed Air Systems §120.6(e)	Elevators §120.6(f)/ §160.7	Escalators & Moving Walkways §120.6(g)	Computer Rooms §140.9(a)	Commercial Kitchens §140.9(b)	Laboratory/ Factory Exhaust §140.9(c)	Controlled Environment Horticulture §120.6(h)	Steam Traps §120.6(i)	Multifamily Pool/Spa §160.7	Compliance Results
(See Table F)	(See Table G)	(See Table H)	(See Table I)	(See Table J)	(See Table K)	(See Table L)	(See Table M)	(See Table N)	(See Table O)	(See Table P)	(See Table Q)	(See Table R)	
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	COMPLIES or "COMPLIES WITH EXCEPTIONAL CONDITIONS" or DOES NOT COMPLY

Registration Number:

Registration Date/Time:

HERS Provider:



D. EXCEPTIONAL CONDITIONS

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

--

E. ADDITIONAL REMARKS

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

--

**H. ENCLOSED PARKING GARAGE EXHAUST**

This table includes all newly installed mechanical ventilation systems which serve parking garages and have a design exhaust rate greater than or equal to 10,000 cfm. The inputs of Table H are used to demonstrate compliance with the requirements of §120.6(c).

	Yes	Exceptions				
01	<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(c)				
02	<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(c)				
	Yes	Requirements				
03	<input type="checkbox"/>	Exhaust fan control modulates airflow rates \leq 50% design capacity when contaminant levels are maintained per §120.6(c)1				
04	<input type="checkbox"/>	Fan control or device allows fan motor demand \leq 30% design wattages at 50% of design airflow per §120.6(c)2				
05	<input type="checkbox"/>	Design includes monitoring CO with a sensor density \geq 1 per 5,000 ft ² per §120.6(c)3				
06	<input type="checkbox"/>	CO sensors are located in the highest expected concentration locations, with at least two per proximity zone per §120.6(c)3				
07	<input type="checkbox"/>	Design CO sensor setpoint \leq 25 ppm per §120.6(c)4				
08	<input type="checkbox"/>	Occupied garage design maintains negative pressurization per §120.6(c)6				
09	<input type="checkbox"/>	Designed occupied total ventilation rate \geq 0.15 CFM/ ft ² §120.6(c)5				
		10	11	12	13	14
		Fan Name	Parking Garage Area (ft ²)	Ventilation Fan Rate (CFM)	Minimum Ventilation Rate Required (CFM)	Compliant?
15	Indicate where in the construction documents these requirements can be verified					

Registration Number:

Registration Date/Time:

HERS Provider:

**K. ELEVATOR LIGHTING AND VENTILATION**

This table includes all elevator lighting and ventilation systems within the scope of the permit application to show compliance with the requirements of §120.6(f)/ §160.7

01	02	03	04	05	06	07	08
Lighting §120.6(f)1 & §120.6(f)3 / §160.7							
Elevator Name or Item Tag	Elevator Area (ft2)	Fixture Name or Item Tag	Watts per Fixture	Number of Fixtures	Power per Design (W)	Maximum Power Allowed ¹ (W)	Controls
		Total Design Watts					
09	10	11	12	13	14	15	
Name or Item Tag	Conditioned Cab?	Ventilation §120.6(f)2 & §120.6(f)3/ §160.7					
		Fan Power (Watts)	Design Airflow (CFM)	Design Watts per CFM	Maximum Watts per CFM Allowed	Controls	
16	Indicate where in the construction documents these requirements can be verified						

1 FOOTNOTE: 0.6 watts per ft2 allowed per §120.6(f)1. Interior signal lighting and display lighting not included in power density calculation.

Registration Number:

Registration Date/Time:

HERS Provider:

**N. COMMERCIAL KITCHEN EXHAUST AND VENTILATION**

This table contains all new or replacement hoods being installed within the scope of the permit application. The inputs within Table N are used to demonstrate compliance within §140.9(b).

Kitchen Ventilation §140.9(b)2

01	<input type="checkbox"/>	Existing kitchen hoods not being replaced as part of an addition or alteration (do not need to meet requirements)
Requirements		
02	Replacement Air to Hood Compliance Method §140.9(b)1A	
03	Mechanically cooled or heated makeup air delivered to any space with a kitchen hood is designed per 140.9(b)2A to not exceed the greater of:	
04	Location that is supplying transfer air:	
05	The kitchen /dining facility has a total Type I and Type II kitchen hood exhaust airflow rate > 5000 cfm and is designed to have one of the following per 140.9(b)2B:	

Registration Number:

Registration Date/Time:

HERS Provider:

**Kitchen Exhaust: Airflow Rate §140.9(b)1B**

01	Kitchen Name or Tag		Compliance Method per §140.9(b)1B				
02	03	04	05	06	07	08	
Name or Item Tag	Hood Type ¹	Hood Style	Hood Length (ft)	Equipment Duty	Design Hood Exhaust Rate (CFM)	Max Hood Exhaust Rate Allowed (CFM)	

¹ FOOTNOTE: Type II hoods do not have a max hood exhaust air rate per Part 6 §140.9(b)1B.

R. POOL & SPAs

This table documents compliance with mandatory pool/spa requirements in §110.4/§160.7.

01	02	03	04	05	06	07	08
Pool/ Spa Description	Pool/Spa Service Type	Efficiency ¹	On/Off Control	Instructions & Covers	Electric Resistance Heating	Piping	Pool Directional Inlets & Pump Control

¹ FOOTNOTE: CEC's appliance efficiency database, the Modernized Appliance Efficiency Database System (MAEDBS), is available online.

**Additional Requirements for Pool/ Spa Serving One Tenant §150.0(p)**

	Yes	Not Applicable	Requirement
09	<input type="checkbox"/>		All pump flow rates shall be calculated using $H = C \times F^2$ WHERE: H is the total system head in feet of water F is the flow rate in gallons per minute (gpm) C is a coefficient based on the volume of the pool (0.0167 for pools less than or equal to 17,000 gallons & 0.0082 for pools greater than 17,000 gallons)
10	<input type="checkbox"/>		Filtration pumps shall be sized, or if programmable, shall be programmed, so that the filtration flow rate is not greater than the rate needed to turn over the pool water volume in 6 hours or 36 gpm, whichever is greater.
11	<input type="checkbox"/>		Pump motors used for filtration shall meet the applicable federal standard in 10 CFR 431.465.
12	<input type="checkbox"/>	<input type="checkbox"/>	Each auxiliary pool load shall be served by either separate pumps or the system shall be served by a multispeed pump if pump hp ≥ 1 . - Multispeed pumps shall have controls which default to the filtration flow rate when no auxiliary pool loads are operating; and - For multispeed pumps, the controls shall default to the filtration flow rate setting within 24 hours and shall have an override capability for servicing.
13	<input type="checkbox"/>		System Piping must meet the following requirements: - A length of straight pipe that is greater than or equal to at least 4 pipe diameters shall be installed before the pump; and - Pool piping shall be sized so that the velocity of the water at maximum flow for auxiliary pool loads does not exceed 8 feet per second in the return line and 6 feet per second in the suction line; and - All elbows shall be sweep elbows or of an elbow-type that has a pressure drop of less than the pressure drop of straight pipe with a length of 30 pipe diameters.
14	<input type="checkbox"/>		Filters shall be at least the size specified in NSF/ANSI 50 for public pool intended applications.
15	<input type="checkbox"/>		Minimum diameter of backwash valves shall be 2 inches or the diameter of the return pipe, whichever is greater.

Registration Number:

Registration Date/Time:

HERS Provider:



S. DECLARATION OF REQUIRED CERTIFICATES OF INSTALLATION

Selections have been made based on information provided in this document. If any selections have been changed by the permit applicant, an explanation should be included in Table E. Additional Remarks. These documents must be provided to the building inspector during construction and can be found online.

YES	NO	Form/Title	Field Inspector	
			Pass	Fail
<input checked="" type="radio"/>	<input type="radio"/>	LMCI-PRC-01-E Covered Process	<input type="checkbox"/>	<input type="checkbox"/>

Registration Number:

Registration Date/Time:

HERS Provider:

**DOCUMENTATION AUTHOR'S DECLARATION STATEMENT**

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

Documentation Author Name:	Documentation Author Signature:
Company:	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 Compliance is true and correct.
2. I am eligible under Division 3 of the Business and Professions Code to accept responsibility for the building design or system design identified on this Certificate of Compliance (responsible designer).
3. The energy features and performance specifications, materials, components, and manufactured devices for the building design or system design identified on this Certificate of Compliance conform to the requirements of Title 24, Part 1 and Part 6 of the California Code of Regulations.
4. The building design features or system design features identified on this Certificate of Compliance are consistent with the information provided on other applicable compliance documents, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with this building permit application.
5. I understand that a registered copy of this Certificate of Compliance shall be 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 accomplish this requirement.
6. I understand that a registered copy of this Certificate of Compliance 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 accomplish these requirements.

Responsible Designer Name:	Responsible Designer Signature:
Company :	Date Signed:
Address:	License:
City/State/Zip:	Phone:

For assistance or questions regarding the Energy Standards, contact the Energy Hotline at: 1-800-772-3300

Registration Number:

Registration Date/Time:

HERS Provider:

CERTIFICATE OF COMPLIANCE – USER INSTRUCTIONS	LMCC-PRC-01-E
Process Systems	(Page 1 of 3)

A. General Information

1. Enter the City the project is located in.
2. Climate Zone: Select from dropdown.
3. Select the applicable Occupancy Types within the Project.
4. Enter the Total Conditioned Floor Area.
5. Enter the Total Unconditioned Floor Area.
6. Enter the Number of Stories Above Grade.

B. Project Scope

- 1-2. Select the process systems that are included in the project.

C. Compliance Results

1. Results in this table are automatically calculated from data input and calculations in Tables F through R.

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. Additional Remarks

1. Enter any notes or comments for the AHJ.

H. Enclosed Parking Garage Exhaust

- 1-9. Check Yes to verify your project meets the requirements.
10. Enter the Fan Name.
11. Enter the parking Garage Area.
12. Enter the Ventilation Fan Rate.
13. This field is filled out automatically.
14. This field is filled out automatically.

K. Elevator Lighting and Ventilation

1. Enter the Elevator Name or Item Tag.
2. Enter the Elevator Area.

Registration Number:

Registration Date/Time:

HERS Provider:

CERTIFICATE OF COMPLIANCE – USER INSTRUCTIONS	LMCC-PRC-01-E
Process Systems	(Page 2 of 3)

3. Enter the Fixture Name or Item Tag.
4. Enter the Watts per Fixture.
5. Enter the Number of Fixtures.
6. This field is filled out automatically.
7. This field is filled out automatically.
8. Controls: Select from dropdown.
9. This field is filled out automatically.
10. Conditioned Cab?: Select from dropdown.
11. Enter the Fan Power.
12. Enter the Design Airflow.
13. This field is filled out automatically.
14. This field is filled out automatically.
15. Controls: Select from dropdown.

N. Commercial Kitchen Exhaust and Ventilation

Kitchen Ventilation

1. Check if the existing kitchen hoods are not being replaced as part of an addition or alteration.
2. Replacement Air to Hood Compliance Method: Select from dropdown.
3. Mechanically cooled or heated makeup air delivered to any space with a kitchen hood is designed: Select from dropdown.
4. Enter the Location that is Supplying Transfer Air.
5. The kitchen /dining facility has a total Type I and Type II kitchen hood exhaust airflow rate > 5000 cfm and is designed to have one of the following: Select from dropdown.

Kitchen Exhaust: Airflow Rate

1. Enter the Kitchen Name or Tag.
Compliance Method: Select from dropdown.
2. Enter the Name or Item Tag.
3. Hood Type: Select from dropdown.
4. Hood Style: Select from dropdown.

Registration Number:

Registration Date/Time:

HERS Provider:

CERTIFICATE OF COMPLIANCE – USER INSTRUCTIONS	LMCC-PRC-01-E
Process Systems	(Page 3 of 3)

5. Enter the Hood Length.
6. Equipment Duty: Select from dropdown.
7. Enter the Design Hood Exhaust Rate.
8. This field is filled out automatically.

R. Pool and Spas

1. Enter the Pool/Spa Description.
2. Pool/Spa Service Type: Select from dropdown.
3. Efficiency: Select from dropdown.
4. On/Off Control: Select from dropdown.
5. Instructions & Covers: Select from dropdown.
6. Electric Resistance Heating: Select from dropdown.
7. Piping: Select from dropdown.
8. Pool Directional Inlets & Pump Control: Select from dropdown.

Additional Requirements for Pool/ Spa Serving One Tenant

9-15. Select if the project meets the listed requirements.

S. Declaration of Required Certificates of Installation

1. Selections have been automatically made based on information provided in this document. If any selections have been changed by the permit applicant, an explanation should be included in Table E. Additional Remarks.

Documentation Declaration Statements

1. The person who prepared the LMCC 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: