

**CERTIFICATE OF COMPLIANCE**

*This document is used to demonstrate compliance with requirements in §110.9, §110.12(c), §130.0, §130.1, §140.6, and §141.0(b)2 for indoor lighting scopes using the prescriptive path for nonresidential and hotel/motel occupancies. It is also used to document compliance with requirements in §160.5, §170.2(e) and §180.2(b)4 for indoor lighting scopes using the prescriptive path for multifamily occupancies. Multifamily includes dormitory and senior living facilities.*

|                    |                          |
|--------------------|--------------------------|
| 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 (ft <sup>2</sup> )   |                                                         |
| 02                       | Climate Zone                                                                                   |                                                 | 05                       | Total Unconditioned Floor Area (ft <sup>2</sup> ) |                                                         |
| 03                       | Occupancy Types Within Project (select all that apply):                                        |                                                 | 06                       | # of Stories (Habitable Above Grade)              |                                                         |
| <input type="checkbox"/> | Office                                                                                         | <input type="checkbox"/> Retail                 | <input type="checkbox"/> | Warehouse                                         | <input type="checkbox"/> Hotel/ Motel                   |
| <input type="checkbox"/> | Low-Rise Residential Multifamily/ MF Mixed-use < 4 stories (includes dormitory, senior living) | <input type="checkbox"/> Healthcare Facilities  | <input type="checkbox"/> | Parking Garage                                    | <input type="checkbox"/> School                         |
|                          |                                                                                                | <input type="checkbox"/> Relocatable            | <input type="checkbox"/> | All Others                                        | <input type="checkbox"/> Theater                        |
| <input type="checkbox"/> | Auditorium                                                                                     | <input type="checkbox"/> Commercial/ Industrial | <input type="checkbox"/> | Grocery Store                                     | <input type="checkbox"/> Religious Facility             |
| <input type="checkbox"/> | Classroom                                                                                      | <input type="checkbox"/> Library                | <input type="checkbox"/> | Gymnasium                                         | <input type="checkbox"/> Restaurant/ Commercial Kitchen |
|                          |                                                                                                |                                                 |                          |                                                   | <input type="checkbox"/> Support Areas                  |
|                          |                                                                                                |                                                 |                          |                                                   | <input type="checkbox"/> Sports Arena                   |
|                          |                                                                                                |                                                 |                          |                                                   | <input type="checkbox"/> Convention Center              |
|                          |                                                                                                |                                                 |                          |                                                   | <input type="checkbox"/> Medical Clinic                 |

**B. PROJECT SCOPE**

*This table includes any lighting systems that are within the scope of the permit application and are demonstrating compliance using the prescriptive path outlined in §140.6/§170.2(e) or §141.0(b)2/§180.2(b)4 for alterations.*

| Scope of Work                                                     | Conditioned Spaces |                         | Unconditioned Spaces |                         |
|-------------------------------------------------------------------|--------------------|-------------------------|----------------------|-------------------------|
| 01                                                                | 02                 | 03                      | 04                   | 05                      |
| My Project Consists of (check all that apply):                    | Calculation Method | Area (ft <sup>2</sup> ) | Calculation Method   | Area (ft <sup>2</sup> ) |
| <input type="checkbox"/> New Lighting System                      |                    |                         |                      |                         |
| <input type="checkbox"/> New Lighting System- Parking Garage      |                    |                         |                      |                         |
| <input type="checkbox"/> Altered Lighting System                  |                    |                         |                      |                         |
| <input type="checkbox"/> Altered Lighting System – Parking Garage |                    |                         |                      |                         |
| Total Area of Work (ft <sup>2</sup> )                             |                    |                         |                      |                         |

*ALERT! The One-for-One Luminaire Alteration Method for alterations may only be used for one-for-one luminaire alterations within a building or tenant space of 5,000 ft<sup>2</sup> or less per §141.0(b)2liii/§180.2(b)4.*

**C. COMPLIANCE RESULTS**

Lighting in conditioned and unconditioned spaces must not be combined for compliance per §140.6(b)1/§170.2(e).

If any cell on this table says "DOES NOT COMPLY" or "COMPLIES with Exceptional Conditions" refer to Table D. for guidance.

| Allowed Lighting Power per §140.6(b)/§170.2(e) (Watts)                 |                                            |                                                                 |   |                          |  |                           | $\geq$                                                            | Adjusted Lighting Power per §140.6(a)/§170.2(e) (Watts) |                                                    |                                                                                                                                       | Compliance Results |
|------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------|---|--------------------------|--|---------------------------|-------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 01                                                                     | 02                                         | 03                                                              |   | 04                       |  | 05                        | 06                                                                |                                                         | 07                                                 | 08                                                                                                                                    |                    |
| Complete Building<br>§140.6(c)1                                        | Area Category<br>§140.6(c)2/<br>§170.2(e)4 | Area Category Additional<br>§140.6(c)2G/<br>§170.2(e)4Av<br>(+) | = | Total Allowed<br>(Watts) |  | Total Designed<br>(Watts) | Adjustments                                                       | =                                                       | Total Adjusted<br>(Watts)<br>*Includes Adjustments | 05 Must be $\geq$ 08<br>§140.6/§170.2(e)                                                                                              |                    |
|                                                                        |                                            |                                                                 |   |                          |  |                           | PAF Lighting Control Credits<br>§140.6(a)2/<br>§170.2(e)1B<br>(-) |                                                         |                                                    |                                                                                                                                       |                    |
|                                                                        |                                            |                                                                 |   |                          |  |                           | (See Table F)                                                     |                                                         |                                                    |                                                                                                                                       | (See Table P)      |
| (See Table I)                                                          | (See Table I)                              | (See Table J)                                                   |   |                          |  |                           |                                                                   |                                                         |                                                    |                                                                                                                                       |                    |
| Conditioned:                                                           |                                            |                                                                 |   |                          |  |                           |                                                                   |                                                         |                                                    |                                                                                                                                       |                    |
| Unconditioned:                                                         |                                            |                                                                 |   |                          |  |                           |                                                                   |                                                         |                                                    |                                                                                                                                       |                    |
| Controls Compliance (See Table H for Details)                          |                                            |                                                                 |   |                          |  |                           |                                                                   |                                                         |                                                    | <input type="radio"/> COMPLIES<br><input type="radio"/> DOES NOT COMPLY<br><input type="radio"/> COMPLIES with Exceptional Conditions |                    |
| One-for-One Luminaire Alterations Compliance (See Table Q for Details) |                                            |                                                                 |   |                          |  |                           |                                                                   |                                                         |                                                    | <input type="radio"/> COMPLIES<br><input type="radio"/> DOES NOT COMPLY<br><input type="radio"/> NOT APPLICABLE                       |                    |

**D. EXCEPTIONAL CONDITIONS**

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

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**E. ADDITIONAL REMARKS**

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

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**F. INDOOR LIGHTING FIXTURE SCHEDULE**

*This table includes all planned permanent and portable lighting other than dwelling unit/ hotel/ motel room lighting. Multifamily dwelling unit and hotel/motel room lighting is documented in Table T. If using Table T to document lighting in multifamily common use areas providing shared provisions for living, eating, cooking or sanitation, those luminaires are not included here.*

**Designed Wattage: Conditioned Spaces**

| 01                                       | 02                                | 03                            | 04                                                  | 05                        | 06                              | 07                            | 08                                         | 09                                                                   | 10              | 11                                                |
|------------------------------------------|-----------------------------------|-------------------------------|-----------------------------------------------------|---------------------------|---------------------------------|-------------------------------|--------------------------------------------|----------------------------------------------------------------------|-----------------|---------------------------------------------------|
| Name<br>or Item<br>Tag                   | Complete Luminaire<br>Description | Modular<br>(Track)<br>Fixture | Small<br>Aperture<br>& Color<br>Change <sup>1</sup> | Watts<br>per<br>luminaire | How<br>Wattage is<br>Determined | Total<br>Number<br>Luminaires | Excluded per<br>§140.6(a)3/<br>§170.2(e)2C | Excluded per<br>Exception 2<br>to §<br>141.0(b)2I /<br>§180.2(b)4Biv | Design<br>Watts | Field<br>Inspector                                |
|                                          |                                   |                               |                                                     |                           |                                 |                               |                                            |                                                                      |                 | Pass Fail                                         |
|                                          |                                   | <input type="checkbox"/>      |                                                     |                           |                                 |                               | <input type="checkbox"/>                   | <input type="checkbox"/>                                             |                 | <input type="checkbox"/> <input type="checkbox"/> |
| Total Designed Watts CONDITIONED SPACES: |                                   |                               |                                                     |                           |                                 |                               |                                            |                                                                      |                 |                                                   |

**Designed Wattage: Unconditioned Spaces**

| 01                                         | 02                                | 03                            | 04                                                  | 05                        | 06                              | 07                            | 08                                         | 09                                                                   | 10              | 11                                                |
|--------------------------------------------|-----------------------------------|-------------------------------|-----------------------------------------------------|---------------------------|---------------------------------|-------------------------------|--------------------------------------------|----------------------------------------------------------------------|-----------------|---------------------------------------------------|
| Name<br>or Item<br>Tag                     | Complete Luminaire<br>Description | Modular<br>(Track)<br>Fixture | Small<br>Aperture<br>& Color<br>Change <sup>1</sup> | Watts<br>per<br>luminaire | How<br>Wattage is<br>Determined | Total<br>Number<br>Luminaires | Excluded per<br>§140.6(a)3/<br>§170.2(e)2C | Excluded per<br>Exception 2<br>to §<br>141.0(b)2I /<br>§180.2(b)4Biv | Design<br>Watts | Field<br>Inspector                                |
|                                            |                                   |                               |                                                     |                           |                                 |                               |                                            |                                                                      |                 | Pass Fail                                         |
|                                            |                                   | <input type="checkbox"/>      |                                                     |                           |                                 |                               | <input type="checkbox"/>                   | <input type="checkbox"/>                                             |                 | <input type="checkbox"/> <input type="checkbox"/> |
| Total Designed Watts UNCONDITIONED SPACES: |                                   |                               |                                                     |                           |                                 |                               |                                            |                                                                      |                 |                                                   |

<sup>1</sup> FOOTNOTE: Design Watts for small aperture and color changing luminaires which qualify per §140.6(a)4B/§170.2(e)2D is adjusted to be 75%/80% of their rated wattage. Table F automatically makes this adjustment, the permit applicant should enter full rated wattage in column 05.

<sup>2</sup> Authority Having Jurisdiction may ask for Luminaire cut sheets to confirm wattage used for compliance per §130.0(c)/§160.5(b). Wattage used must be the maximum rated for the luminaire, not the lamp.

**G. MODULAR LIGHTING SYSTEMS**

*This table calculates wattage for modular lighting systems/ track lighting fixtures indicated on Table F and transfers the wattage to Table F.*

| 01               | 02                         | 03                                           |   |                                                  |                                 |    |                    |                          |     |                                                 |                                    |                                                   |                                                                                | 04              |   |                |  |  |
|------------------|----------------------------|----------------------------------------------|---|--------------------------------------------------|---------------------------------|----|--------------------|--------------------------|-----|-------------------------------------------------|------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------|-----------------|---|----------------|--|--|
| Name or Item Tag | Complete Track Description | Calculation Method per §130.0(c)6            |   |                                                  |                                 |    |                    |                          |     |                                                 |                                    |                                                   |                                                                                | Track Wattage   |   |                |  |  |
|                  |                            | <input type="checkbox"/>                     | i | Installed<br>Luminaires<br>vs Default<br>30 W/ft | <input type="checkbox"/>        | ii | Current<br>Limiter | <input type="checkbox"/> | iii | Overcurrent<br>Protection<br>Panel <sup>2</sup> | <input type="checkbox"/>           | iv                                                | Power<br>supplied by<br>driver, power<br>supply or<br>transformer <sup>1</sup> |                 |   |                |  |  |
|                  |                            | Number of<br>luminaires in<br>system         |   | x                                                | Rated Watts<br>per<br>luminaire |    | =                  | Total<br>Watts           |     | OR                                              | Linear ft of<br>track or<br>busway |                                                   | x                                                                              | Default<br>W/LF | = | Total<br>Watts |  |  |
|                  |                            |                                              |   |                                                  |                                 |    |                    |                          |     |                                                 |                                    |                                                   |                                                                                |                 |   |                |  |  |
|                  |                            | VA of current limiter                        |   |                                                  |                                 |    |                    |                          |     |                                                 |                                    |                                                   |                                                                                |                 |   |                |  |  |
|                  |                            |                                              |   |                                                  |                                 |    |                    |                          |     |                                                 |                                    |                                                   |                                                                                |                 |   |                |  |  |
|                  |                            | Voltage of branch circuit                    |   |                                                  |                                 |    |                    |                          |     |                                                 | x                                  | Sum of Ampere ratings for all devices<br>on panel |                                                                                |                 |   |                |  |  |
|                  |                            |                                              |   |                                                  |                                 |    |                    |                          |     |                                                 |                                    |                                                   |                                                                                |                 |   |                |  |  |
|                  |                            | Maximum rated input wattage per manufacturer |   |                                                  |                                 |    |                    |                          |     |                                                 |                                    |                                                   |                                                                                |                 |   |                |  |  |
|                  |                            |                                              |   |                                                  |                                 |    |                    |                          |     |                                                 |                                    |                                                   |                                                                                |                 |   |                |  |  |

<sup>1</sup> FOOTNOTE: For power-over-Ethernet lighting systems, power provided to installed non-lighting devices may be subtracted from the total power rating of the power-over-Ethernet system.

**H. INDOOR LIGHTING CONTROLS (Not Including PAFs)**

*This table includes lighting controls for conditioned and unconditioned spaces. When a control having a \* is shown, the notes section of this table provides more detail on how compliance is achieved. The lighting controls section of the Compliance Summary Table on the first page will show "DOES NOT COMPLY" if the notes are left blank.*

**Building Level Controls**

| 01                                      | 02                                         | 03                       |                          |
|-----------------------------------------|--------------------------------------------|--------------------------|--------------------------|
| Mandatory Demand Response<br>§110.12(c) | Shut-off Controls<br>§130.1(c)/§160.5(b)4C | Field Inspector          |                          |
|                                         |                                            | Pass                     | Fail                     |
|                                         |                                            | <input type="checkbox"/> | <input type="checkbox"/> |

**Area Level Controls**

| 04               | 05                                                       | 06                                               | 07                                                | 08                                             | 09                                                   | 10                                             | 11                                                | 12                       |                          |
|------------------|----------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|------------------------------------------------|------------------------------------------------------|------------------------------------------------|---------------------------------------------------|--------------------------|--------------------------|
| Area Description | Complete Building or Area Category Primary Function Area | Manual Controls<br>§130.1(a)/<br>§160.5(b)4<br>A | Multi-Level Controls<br>§130.1(b)/<br>§160.5(b)4B | Shut-Off Controls<br>§130.1(c)/<br>§160.5(b)4C | Primary/Skylit Daylighting<br>§130.1(d)/ §160.5(b)4D | Secondary Daylighting<br>§130.1(d)/§160.5(b)4D | Interlocked Systems<br>§140.6(a)1/§170.2<br>(e)2A | Field Inspector          |                          |
|                  |                                                          |                                                  |                                                   |                                                |                                                      |                                                |                                                   | Pass                     | Fail                     |
|                  |                                                          |                                                  |                                                   |                                                |                                                      |                                                | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |
|                  |                                                          |                                                  |                                                   |                                                | 13                                                   |                                                |                                                   |                          |                          |
|                  |                                                          |                                                  |                                                   |                                                | Plan Sheet Showing Daylit Zones:                     |                                                |                                                   |                          |                          |
|                  |                                                          |                                                  |                                                   |                                                |                                                      |                                                |                                                   |                          |                          |

**I. LIGHTING POWER ALLOWANCE: COMPLETE BUILDING OR AREA CATEGORY METHODS**

*Each area complying using the Complete Building or Area Category Methods per §140.6(b) are included in this table. Column 06 indicates if additional lighting power allowances per §140.6(c) or adjustments per §140.6(a) are being used.*

**Conditioned Spaces**

| 01               | 02                                                       | 03                                   | 04                      | 05                      | 06                               |                          |
|------------------|----------------------------------------------------------|--------------------------------------|-------------------------|-------------------------|----------------------------------|--------------------------|
| Area Description | Complete Building or Area Category Primary Function Area | Allowed Density (W/ft <sup>2</sup> ) | Area (ft <sup>2</sup> ) | Allowed Wattage (watts) | Additional Allowance/ Adjustment |                          |
|                  |                                                          |                                      |                         |                         | Area Category                    | PAF                      |
|                  |                                                          |                                      |                         |                         | <input type="checkbox"/>         | <input type="checkbox"/> |
| TOTALS:          |                                                          |                                      |                         |                         |                                  |                          |

**Unconditioned Spaces**

| 01               | 02                                                       | 03                                   | 04                      | 05                      | 06                               |                          |
|------------------|----------------------------------------------------------|--------------------------------------|-------------------------|-------------------------|----------------------------------|--------------------------|
| Area Description | Complete Building or Area Category Primary Function Area | Allowed Density (W/ft <sup>2</sup> ) | Area (ft <sup>2</sup> ) | Allowed Wattage (watts) | Additional Allowance/ Adjustment |                          |
|                  |                                                          |                                      |                         |                         | Area Category                    | PAF                      |
|                  |                                                          |                                      |                         |                         | <input type="checkbox"/>         | <input type="checkbox"/> |
| TOTALS:          |                                                          |                                      |                         |                         |                                  |                          |

**J. ADDITIONAL LIGHTING ALLOWANCE: AREA CATEGORY METHOD QUALIFYING LIGHTING SYSTEM**

All areas indicated in Table I as using an additional allowance using the Area Category Method have been included in this table to calculate the additional allowance per Table 140.6-C / 170.2-M.

**Conditioned Spaces**

| 01                                                        | 02                            | 03                                                       | 04                                             | 05                                                          | 06                      | 07                         | 08                  | 09                   | 10                 |
|-----------------------------------------------------------|-------------------------------|----------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------|-------------------------|----------------------------|---------------------|----------------------|--------------------|
| Area Description                                          | Primary Function Area         | Applicable Qualifying Lighting System from Table 140.6-C | Allowed Density (W/ft <sup>2</sup> ) or (W/lf) | Ltg Area, Length or ATM/ Mirror (ft <sup>2</sup> , lf or #) | Extra Allowance (Watts) | Luminaire Name or Item Tag | Watts per Luminaire | Number of Luminaires | Total Design Watts |
|                                                           |                               |                                                          |                                                |                                                             |                         |                            |                     |                      |                    |
| Total Design Watts:                                       | Calculated Allowance (Watts): | Total Additional Allowance for this area:                |                                                |                                                             |                         |                            |                     |                      |                    |
|                                                           |                               |                                                          |                                                |                                                             |                         |                            |                     |                      |                    |
| 11                                                        |                               |                                                          |                                                |                                                             |                         |                            |                     |                      |                    |
| Total Additional Allowance (Watts)<br>CONDITIONED SPACES: |                               |                                                          |                                                |                                                             |                         |                            |                     |                      |                    |

**Unconditioned Spaces**

| 01                                                          | 02                            | 03                                                       | 04                                             | 05                                                          | 06                      | 07                         | 08                  | 09                   | 10                 |
|-------------------------------------------------------------|-------------------------------|----------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------|-------------------------|----------------------------|---------------------|----------------------|--------------------|
| Area Description                                            | Primary Function Area         | Applicable Qualifying Lighting System from Table 140.6-C | Allowed Density (W/ft <sup>2</sup> ) or (W/lf) | Ltg Area, Length or ATM/ Mirror (ft <sup>2</sup> , lf or #) | Extra Allowance (Watts) | Luminaire Name or Item Tag | Watts per Luminaire | Number of Luminaires | Total Design Watts |
|                                                             |                               |                                                          |                                                |                                                             |                         |                            |                     |                      |                    |
| Total Design Watts:                                         | Calculated Allowance (Watts): | Total Additional Allowance for this area:                |                                                |                                                             |                         |                            |                     |                      |                    |
|                                                             |                               |                                                          |                                                |                                                             |                         |                            |                     |                      |                    |
| 11                                                          |                               |                                                          |                                                |                                                             |                         |                            |                     |                      |                    |
| Total Additional Allowance (Watts)<br>UNCONDITIONED SPACES: |                               |                                                          |                                                |                                                             |                         |                            |                     |                      |                    |



**K. POWER ADJUSTMENT: LIGHTING CONTROL CREDIT (POWER ADJUSTMENT FACTOR (PAF))**

*This table includes all areas indicated in Table I or Table K as using a PAF credit described in §140.6(a)2/§170.2(e)2B.*

**Conditioned Spaces**

| 01                       | 02                                                                                                          |    |   |                |     |    |                             |    |    | 03                                                 | 04                     | 05                      | 06                                | 07                                                      |
|--------------------------|-------------------------------------------------------------------------------------------------------------|----|---|----------------|-----|----|-----------------------------|----|----|----------------------------------------------------|------------------------|-------------------------|-----------------------------------|---------------------------------------------------------|
| Area Description         | PAF per §140.6(a)2/§170.2(e)2B <sup>1</sup><br>(*Can be used in conjunction with other PAF'S)               |    |   |                |     |    |                             |    |    | Luminaires Controlled for PAF Credit               |                        |                         |                                   | Additional<br>Control<br>Credit<br>Allowance<br>(Watts) |
|                          | 1                                                                                                           | 2A | 3 | 4A*            | 4B* | 5* | 6*                          | 7* | 8* | Luminaire<br>Name or<br>Item Tag                   | Watts per<br>Luminaire | Number of<br>Luminaires | Lighting<br>Controlled<br>(Watts) |                                                         |
|                          | Pick up to one                                                                                              |    |   | Pick up to one |     |    | Pick up to one <sup>2</sup> |    |    |                                                    |                        |                         |                                   |                                                         |
|                          |                                                                                                             |    |   |                |     |    |                             |    |    |                                                    |                        |                         |                                   |                                                         |
| 08                       |                                                                                                             |    |   |                |     |    |                             |    |    | 09                                                 |                        |                         |                                   |                                                         |
| <input type="checkbox"/> | All spaces applying PAF 5, 6, or 7 include a daylight design meeting requirement in §140.3(d). See Table S. |    |   |                |     |    |                             |    |    | Total Power Adjustment (Watts) CONDITIONED SPACES: |                        |                         |                                   |                                                         |

**Unconditioned Spaces**

| 01                       | 02                                                                                                          |    |   |                |     |    |                             |    |    | 03                                                    | 04                     | 05                      | 06                                | 07                                                   |
|--------------------------|-------------------------------------------------------------------------------------------------------------|----|---|----------------|-----|----|-----------------------------|----|----|-------------------------------------------------------|------------------------|-------------------------|-----------------------------------|------------------------------------------------------|
| Area Description         | PAF per §140.6(a)2/§170.2(e)2B <sup>1</sup><br>(*Can be used in conjunction with other PAF'S)               |    |   |                |     |    |                             |    |    | Luminaires Controlled for PAF Credit                  |                        |                         |                                   | Additional<br>Control Credit<br>Allowance<br>(Watts) |
|                          | 1                                                                                                           | 2A | 3 | 4A*            | 4B* | 5* | 6*                          | 7* | 8* | Luminaire<br>Name or<br>Item Tag                      | Watts per<br>Luminaire | Number of<br>Luminaires | Lighting<br>Controlled<br>(Watts) |                                                      |
|                          | Pick up to one                                                                                              |    |   | Pick up to one |     |    | Pick up to one <sup>2</sup> |    |    |                                                       |                        |                         |                                   |                                                      |
|                          |                                                                                                             |    |   |                |     |    |                             |    |    |                                                       |                        |                         |                                   |                                                      |
| 08                       |                                                                                                             |    |   |                |     |    |                             |    |    | 09                                                    |                        |                         |                                   |                                                      |
| <input type="checkbox"/> | All spaces applying PAF 5, 6, or 7 include a daylight design meeting requirement in §140.3(d). See Table S. |    |   |                |     |    |                             |    |    | Total Power Adjustments (Watts) UNCONDITIONED SPACES: |                        |                         |                                   |                                                      |



<sup>1</sup> FOOTNOTES: PAFs outlined in Table 140.6-A/170.2-L include 1) Daylight continuous dimming plus OFF; 2) Occupant sensors in offices with one sensor per  $\leq 125 \text{ ft}^2$ ; 3) Occupant sensors in offices with one sensor per 126 - 250  $\text{ft}^2$ ; 4A) Institutional tuning, non-daylit areas; 4B) Institutional tuning, daylit areas; 5) Demand response; 6) Clerestory fenestration; 7) Horizontal slats; 8) Light shelves.

<sup>2</sup> Luminaires that qualify for PAF 5, 6, or 7 can be used in conjunction with PAF 1.

## L. ONE-FOR-ONE LUMINAIRE ALTERATIONS

Indoor lighting alterations complying prescriptively with §141.0(b)2I(iii)/§180.2(b)4biv are documented in this table. Any control options having a \* will include a note in the Notes section of this table detailing how compliance is achieved, otherwise the compliance status in Table C will say "DOES NOT COMPLY".

|    |                          |                                                                                                                                                                                                                                                                                                          |                   |    |                          |                                                                 |
|----|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----|--------------------------|-----------------------------------------------------------------|
| 01 | <input type="checkbox"/> | Alteration scope includes a one-for-one luminaire alteration within a building or tenant space of 5,000 ft <sup>2</sup> or less per §141.0(b)2I(iii)/§180.2(b)4biv.                                                                                                                                      |                   |    |                          |                                                                 |
| 02 | <input type="checkbox"/> | At least one complete floor or complete tenant space includes a one-for-one luminaire alteration of 50 or less luminaires, per annum. These spaces do not need to comply with Part 6 requirements and therefore do not need to be included in tables below per Exception 6 to §141.0(b)2I/§180.2(b)4biv. | Applicable Spaces | OR | <input type="checkbox"/> | Exception 6 applies to all spaces within the permit application |
|    |                          |                                                                                                                                                                                                                                                                                                          |                   |    |                          |                                                                 |

## Fixture Schedule (Include all luminaires being altered in the project)

| 03                                   | 04                                   | 05                               | 06                           | 07                         | 08          | 09                                    | 10                             | 11                               | 12                        | 13                         | 14          |
|--------------------------------------|--------------------------------------|----------------------------------|------------------------------|----------------------------|-------------|---------------------------------------|--------------------------------|----------------------------------|---------------------------|----------------------------|-------------|
| Pre-alteration Luminaire Information |                                      |                                  |                              |                            |             | Post-alteration Luminaire Information |                                |                                  |                           |                            |             |
| Name or Item Tag                     | Complete Luminaire Description       | Watts per luminaire <sup>1</sup> | How Wattage is Determined    | Total number of Luminaires | Total Watts | Name or Item Tag                      | Complete Luminaire Description | Watts per luminaire <sup>1</sup> | How Wattage is Determined | Total number of Luminaires | Total Watts |
|                                      |                                      |                                  |                              |                            |             |                                       |                                |                                  |                           |                            |             |
|                                      | Percent Power Reduction <sup>2</sup> |                                  | Total Pre-alteration Wattage |                            |             | Total Post-alteration Wattage         |                                |                                  |                           |                            |             |

<sup>1</sup> FOOTNOTE: Authority Having Jurisdiction may ask for Luminaire cut sheets to confirm wattage used for compliance per §130.0(c)/§160.5(b)1

<sup>2</sup> Must be at least 40% to comply with §141.0(b)2I(iii)/§180.2(b)4biv

**Mandatory Controls**

| 15               | 16                    | 17                                       | 18                                         | 19                                                                                                 |
|------------------|-----------------------|------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------|
| Area Description | Primary Function Area | Manual Controls<br>§130.1(a)/§160.5(b)4A | Shut-Off Controls<br>§130.1(c)/§160.5(b)4C | * NOTES: Controls with a * require a note in the space below explaining how compliance is achieved |
|                  |                       |                                          |                                            |                                                                                                    |

**M. 80% LIGHTING POWER FOR ALTERATIONS- CONTROLS EXCEPTIONS**

*Indoor lighting alteration spaces complying prescriptively with §141.0(b)2I(ii)/§180.2(b)4Bivb are included in this table to document the power reduction. If the Percent of Indoor Lighting Power Allowance exceeds 80%, the compliance status in Table C for Controls will say "DOES NOT COMPLY".*

| 01                                          | 02                                                                | 03                           | 04                            | 05                   | 06                                | 07                     | 08                 | 09                 |
|---------------------------------------------|-------------------------------------------------------------------|------------------------------|-------------------------------|----------------------|-----------------------------------|------------------------|--------------------|--------------------|
| Area Description                            | Complete Building<br>or Area Category<br>Primary Function<br>Area | CALCULATED ALLOWANCE (Watts) |                               |                      | DESIGN WATTS                      |                        |                    |                    |
|                                             |                                                                   | Area (ft²)                   | Allowed<br>Density<br>(W/ft²) | Allowance<br>(Watts) | Luminaire<br>Name or<br>Item Tag  | Watts per<br>Luminaire | # of<br>Luminaires | Total Design Watts |
|                                             |                                                                   |                              |                               |                      |                                   |                        |                    |                    |
| Total Allowance (Watts) for all Areas:      |                                                                   |                              |                               |                      | Total Design Watts for all Areas: |                        |                    |                    |
| Percent of Indoor Lighting Power Allowance: |                                                                   |                              |                               |                      |                                   |                        |                    |                    |

**N. DAYLIGHT DESIGN POWER ADJUSTMENT FACTOR (PAF)**

*This table documents clerestories, horizontal slats or light shelves meet the requirements in §140.3(d)/§170.2(e)2B if a Power Adjustment Factor was claimed on Table P. These features must be documented on the architectural plans or where appropriate within the construction documents. This PAF also must be verified in the field with an acceptance test per Table U.*

|    |                     |  |
|----|---------------------|--|
| 01 | Compliance Strategy |  |
|----|---------------------|--|

**Clerestory Fenestration**

|    | Yes                      | Not Applicable           | Requirement                                                                |
|----|--------------------------|--------------------------|----------------------------------------------------------------------------|
| 02 | <input type="checkbox"/> |                          | Installed on East, West or South façade                                    |
| 03 | <input type="checkbox"/> |                          | Head height $\geq$ 10ft above finished floor                               |
| 04 | <input type="checkbox"/> |                          | Glazing height $\geq$ 0.10 x head height                                   |
| 05 | <input type="checkbox"/> | <input type="checkbox"/> | Operable shading on clerestory is controlled separately from other shading |

**Interior and Exterior Horizontal Slats**

|    | Yes                                                | Not Applicable           | Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----|----------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 06 | <input type="checkbox"/>                           |                          | Installed on East or West façade with 20-30% WWR                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 07 | <input type="checkbox"/>                           |                          | Exterior slats level or sloped downward from fenestration. Interior slats level or sloped upward from fenestration. Slats are permanently mounted and not adjustable.                                                                                                                                                                                                                                                                                                                     |
| 08 | <input type="checkbox"/>                           |                          | Slats have a Projection Factor per Table 140.3-E/170.2-N Daylighting Devices and extend the entire height of the vertical fenestration and beyond each side of the window jamb by a distance $\geq$ their horizontal projection. Slats do not need to extend beyond the jamb if they are located entirely within the fenestration rough opening or a fin is located at the jamb and extends vertically the entire height of the jamb and horizontally the entire depth of the projection. |
| 09 | <input type="checkbox"/>                           | <input type="checkbox"/> | Slats have a minimum Distance Factor of 0.3 calculated per §140.3(d)/§170.2(e)2Bxii                                                                                                                                                                                                                                                                                                                                                                                                       |
| 10 | <input type="checkbox"/>                           |                          | Slats have a minimum Visible Reflectance of 0.50 tested in accordance with ASTM E903, and are either opaque or have a maximum Visible Transmittance of 0.03 tested in accordance with ASTM E1175                                                                                                                                                                                                                                                                                          |
| 11 | Location of slat design in construction documents: |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

**Interior and Exterior Light Shelves**

|    | Yes                                                       | Not Applicable           | Requirement                                                                                                                                                                      |
|----|-----------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12 | <input type="checkbox"/>                                  | <input type="checkbox"/> | Where there is vertical fenestration area below the light shelf, both interior and exterior light shelves shall be installed.                                                    |
| 13 | <input type="checkbox"/>                                  |                          | Light shelves installed adjacent to clerestory fenestration on south façade with > 30% WWR and with a head height $\leq$ 1ft below the finished ceiling.                         |
| 14 | <input type="checkbox"/>                                  |                          | Exterior shelves level or sloped downward from fenestration. Interior shelves level or sloped upward from fenestration.                                                          |
| 15 | <input type="checkbox"/>                                  |                          | Shelves have a Projection Factor per Table 140.3-D Daylighting Devices and extend beyond each side of the window jamb by a distance $\geq$ their horizontal projection.          |
| 16 | <input type="checkbox"/>                                  | <input type="checkbox"/> | Shelves have a minimum Distance Factor of 0.3 calculated per §140.3(d)/§170.2(e)2Bxii                                                                                            |
| 17 | <input type="checkbox"/>                                  |                          | Shelves have a top surface with a minimum Visible Reflectance of 0.50 tested in accordance with ASTM E903, or an exterior light shelf installed > 2ft below the clerestory sill. |
| 18 | Location of light shelf design in construction documents: |                          |                                                                                                                                                                                  |

**O. DWELLING UNIT LIGHTING**

*This table documents compliance with mandatory requirements for dwelling unit indoor lighting per §160.5(a) and §180.2(b)4A for alterations. Lighting systems in common use areas providing shared provisions for living, eating, cooking, or sanitation to dwelling units that would otherwise lack these provisions may document compliance with §160.5(a) in this table or may document compliance with lighting for nonresidential occupancies in other tables of this form.*

|    |                                                                                     |                                     |                                                 |
|----|-------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|
| 01 | Indicate lighting and electrical components included in multifamily dwelling units: | <input type="checkbox"/> Luminaires | <input type="checkbox"/> Blank Electrical Boxes |
|----|-------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|

**Luminaires**

|    | Yes                      | Not Applicable           | Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 02 | <input type="checkbox"/> |                          | <p>All installed luminaires and light sources shall comply with Reference Joint Appendix JA8 and shall be certified and marked as required by JA8 EXCEPT lighting integral to exhaust fans, kitchen range hoods, bath vanity mirrors, garage door openers, and ceiling fan kits that are subject to the DOE's Appliance and Equipment Standards Program; lighting with an efficacy of 45 lumens per watt or greater and located internal to drawers, cabinetry, and linen closets ; or light sources below:</p> <ul style="list-style-type: none"> <li>- LED light sources installed outdoors</li> <li>- inseparable solid state lighting (SSL) luminaires containing colored light sources that are installed to provide decorative lighting</li> <li>- high intensity discharge (HID) light sources including pulse start metal halide and high pressure sodium light sources</li> <li>- luminaires with hardwired high frequency generator and induction lamp</li> </ul>                                                                   |
| 03 | <input type="checkbox"/> | <input type="checkbox"/> | <p>Recessed Downlight Luminaires other than those marked for use in fire-rated installations and other than recessed luminaires installed in non-insulated ceilings shall meet all of the following requirements:</p> <ul style="list-style-type: none"> <li>- Shall not contain screw base lamp sockets; and</li> <li>- Have a label that certifies the luminaire is airtight with air leakage less than 2.0 cfm at 75 Pascals when tested in accordance with ASTM E283. An exhaust fan housing with integral light shall not be required to be certified airtight; and</li> <li>- Be sealed with a gasket or caulk between the luminaire housing and ceiling, and have all air leak paths between conditioned and unconditioned spaces sealed with a gasket or caulk, or be installed per manufacturer's instructions to maintain airtightness between the luminaire housing and ceiling; and</li> <li>- Meet the clearance and installation requirements of California Electrical Code Article 410.116 for recessed luminaires.</li> </ul> |
| 04 | <input type="checkbox"/> | <input type="checkbox"/> | <p>Light Sources in Enclosed or Recessed Luminaires. Lamps and other separable light sources in enclosed or recessed luminaires shall be in compliance with the JA8 elevated temperature requirements, including marking requirements.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**Lighting Controls**

|    | Yes                      | Not Applicable           | Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 05 | <input type="checkbox"/> |                          | Lighting shall have readily accessible wall-mounted controls that allow the lighting to be manually turned ON and OFF. Ceiling fans may provide control of integrated lighting via a remote control.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 06 | <input type="checkbox"/> |                          | Lighting controls shall comply with the applicable requirements of Section 110.9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 07 | <input type="checkbox"/> | <input type="checkbox"/> | An Energy Management Control System (EMCS) or a multiscene programmable controller may be used to comply with dimming, occupancy, and lighting control requirements in Section 160.5(a)2 if it provides the functionality of the specified controls in accordance with Section 110.9, and the physical controls specified in in Section 160.5(a)2A. No controls shall bypass control functions of a dimmer, occupant sensor, or vacancy sensor where the dimmer or sensor has been installed to comply with Section 160.5(a)2.                                                                                                                                                                                                                                   |
| 08 | <input type="checkbox"/> |                          | In bathrooms, garages, laundry rooms, utility rooms, and walk-in closets, at least one installed luminaire shall be controlled by an occupancy or vacancy sensor providing automatic-off functionality.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 09 | <input type="checkbox"/> | <input type="checkbox"/> | For lighting internal to drawers and cabinetry with opaque fronts or doors, controls that turn light off when the drawer or door is closed shall be provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 10 | <input type="checkbox"/> |                          | Lighting in habitable spaces, including living rooms, dining rooms, kitchens, and bedrooms, EXCEPT lighting integral to kitchen range hoods and bathroom exhaust fans, shall have readily accessible wall-mounted dimming controls that allow the lighting to be manually adjusted up and down OR luminaires must be controlled by an occupancy or vacancy sensor providing automatic-off functionality. Forward phase cut dimmers controlling LED light sources shall comply with NEMA SSL 7A. Ceiling fans may provide control of integrated lighting via a remote control.<br>Lighting controlled by automatic-off controls and located internal to drawers, cabinetry with opaque fronts, or cabinetry with doors does not need to provide dimming controls. |
| 11 | <input type="checkbox"/> |                          | Lighting integrated with the exhaust fans shall be controlled independently from the fans. The following shall be controlled separately from ceiling-installed lighting such that one can be turned on without turning on the other: <ul style="list-style-type: none"> <li>- Undercabinet lighting</li> <li>- Undershelf lighting</li> <li>- Interior lighting of display cabinets</li> <li>- Switched outlets</li> </ul>                                                                                                                                                                                                                                                                                                                                       |

**Blank Electrical Boxes**

|    | Yes                      | Not Applicable | Requirement                                                                                                                                                                                                                                                                                           |
|----|--------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12 | <input type="checkbox"/> |                | The number of electrical boxes that are more than 5 feet above the finished floor and do not contain a luminaire or other device shall be no greater than the number of bedrooms. These electrical boxes must be served by a dimmer, vacancy sensor control, low voltage wiring or fan speed control. |

**P. 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 type="radio"/> | <input type="radio"/> | NRCI-LTI-01-E - Must be submitted for all buildings | <input type="checkbox"/> | <input type="checkbox"/> |

**Q. DECLARATION OF REQUIRED CERTIFICATES OF ACCEPTANCE**

*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 any with "-A" in the form name must be completed through an Acceptance Test Technician Certification Provider (ATTCP). For more information visit: <http://www.energy.ca.gov/title24/attcp/providers.html>.*

| Yes                   | No                    | Form/Title                                                                                  | Field Inspector          |                          |
|-----------------------|-----------------------|---------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                       |                       |                                                                                             | Pass                     | Fail                     |
| <input type="radio"/> | <input type="radio"/> | NRCA-LTI-02-A - Must be submitted for occupancy sensors and automatic time switch controls. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> | <input type="radio"/> | NRCA-LTI-03-A - Must be submitted for daylight responsive controls.                         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> | <input type="radio"/> | NRCA-LTI-04-A - Must be submitted for demand responsive lighting controls.                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> | <input type="radio"/> | NRCA-LTI-05-A - Must be submitted for institutional tuning power adjustment factor (PAF).   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> | <input type="radio"/> | NRCA-ENV-03-F - Must be submitted for daylighting design power adjustment factors (PAF).    | <input type="checkbox"/> | <input type="checkbox"/> |



**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:                   | Signature Date:                                           |
| Address:                   | CEA/AEA/ECC Certification Identification (if applicable): |
| City/State/Zip:            | Phone:                                                    |

**RESPONSIBLE PERSON'S DECLARATION STATEMENT**

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 completed signed copy of this Certificate of Compliance shall be made available with the building permit(s) issued for the building and shall be made available to the enforcement agency for all applicable inspections. I will take the necessary steps to fulfill this requirement.
6. I understand that a completed signed copy of this Certificate of Compliance is required to be included with the documentation the builder provides to the building owner at occupancy. I will take the necessary steps to fulfill this requirement.

|                            |                                 |
|----------------------------|---------------------------------|
| Responsible Designer Name: | Responsible Designer Signature: |
| Company :                  | Date Signed:                    |
| Responsible Person Scope:  |                                 |
| Address:                   | License:                        |
| City/State/Zip:            | Phone:                          |

|                                               |               |
|-----------------------------------------------|---------------|
| CERTIFICATE OF COMPLIANCE – USER INSTRUCTIONS | NRCC-LTI-E    |
| Indoor Lighting                               | (Page 1 of 7) |

#### **A. GENERAL INFORMATION**

1. Enter the City the project is located in.
2. Enter the Climate Zone.
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. Select the Scope of Work.
2. Calculation Method: Select from dropdown.
3. Enter the Area.
4. Calculation Method: Select from dropdown.
5. Enter the Area.

#### **C. COMPLIANCE RESULTS**

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

#### **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.

#### **F. INDOOR LIGHTING FIXTURE SCHEDULE**

1. Enter the Name or Item Tag.
2. Enter the Complete Luminaire Description.
3. Check if it is a Modular (Track) Fixture.
4. Small Aperture & Color Change: Select from dropdown.
5. Enter the Watts per Luminaire.
6. How Wattage is Determined: Select from dropdown.

|                                               |               |
|-----------------------------------------------|---------------|
| CERTIFICATE OF COMPLIANCE – USER INSTRUCTIONS | NRCC-LTI-E    |
| Indoor Lighting                               | (Page 2 of 7) |

7. Enter the Total Number of Luminaires.
8. Check if the Luminaire is Excluded per §140.6(a)3/§170.2(e)2C.
9. This field is filled out automatically.
10. This is a Pass or Fail checkbox for the field inspector.

#### **G. MODULAR LIGHTING SYSTEMS**

1. This field is filled out automatically.
2. This field is filled out automatically.
3. Check the applicable Calculation Method.

#### **H. INDOOR LIGHTING CONTROLS**

1. Mandatory Demand Response: Select from dropdown.
2. Shut-off Controls: Select from dropdown.
3. This is a Pass or Fail checkbox for the field inspector.
4. Enter the Area Description.
5. Complete Building or Area Category Primary Function Area: Select from dropdown.
6. Manual Area Controls: Select from dropdown.
7. Multi-Level Controls: Select from dropdown.
8. Shut-off Controls: Select from dropdown.
9. Primary/Skylit Daylighting: Select from dropdown.
10. Secondary Daylighting: Select from dropdown.
11. Check if using Interlocked Systems.
12. This is a Pass or Fail checkbox for the field inspector.
13. Enter the Plan Sheet Showing Daylit Zones.

#### **I. LIGHTING POWER ALLOWANCE: COMPLETE BUILDING OR AREA CATEGORY METHODS**

1. Enter the Area Description.
2. Complete Building or Area Category Primary Function Area: Select from dropdown.
3. This field is filled out automatically.
4. Enter the Area.
5. This field is filled out automatically.

|                                               |               |
|-----------------------------------------------|---------------|
| CERTIFICATE OF COMPLIANCE – USER INSTRUCTIONS | NRCC-LTI-E    |
| Indoor Lighting                               | (Page 3 of 7) |

6. Select if this area is taking any Additional Allowance/Adjustments.

#### **J. ADDITIONAL LIGHTING ALLOWANCE: AREA CATEGORY METHOD QUALIFYING LIGHTING SYSTEM**

1. This field is filled out automatically.
2. This field is filled out automatically.
3. Applicable Qualifying Lighting System: Select from dropdown.
4. This field is filled out automatically.
5. Enter the Lighting Area, Length or ATM/ Mirror.
6. This field is filled out automatically.
7. Luminaire Name or Item Tag: Select from dropdown.
8. This field is filled out automatically.
9. Enter the Number of luminaires.
10. This field is filled out automatically.
11. This field is filled out automatically.

#### **K. TAILORED METHOD GENERAL LIGHTING POWER ALLOWANCE**

Check which Use it or Lose it Allowances are being used.

1. This field is filled out automatically.
2. Enter the Area Description.
3. Primary Function Area: Select from dropdown.
4. This field is filled out automatically.
5. Room Configuration: Select from dropdown.
6. This field is filled out automatically.
7. Enter the Area.
8. This field is filled out automatically.
9. Check if area is using a PAF.

#### **L. ADDITIONAL LIGHTING ALLOWANCE: TAILORED WALL DISPLAY**

1. Area Description: Select from dropdown.
2. Enter the Wall Display Length.

|                                               |               |
|-----------------------------------------------|---------------|
| CERTIFICATE OF COMPLIANCE – USER INSTRUCTIONS | NRCC-LTI-E    |
| Indoor Lighting                               | (Page 4 of 7) |

3. This field is filled out automatically.
4. This field is filled out automatically.
5. Luminaire Name or Item Tag: Select from dropdown.
6. Mounting Height: Select from dropdown.
7. This field is filled out automatically.
8. This field is filled out automatically.
9. Enter the Number of luminaires.
10. This field is filled out automatically.
11. This field is filled out automatically.

#### **M. ADDITIONAL LIGHTING ALLOWANCE: TAILORED FLOOR AND TASK LIGHTING**

1. Area Description: Select from dropdown.
2. Enter the Area.
3. This field is filled out automatically.
4. This field is filled out automatically.
5. Luminaire Name or Item Tag: Select from dropdown.
6. Mounting Height: Select from dropdown.
7. This field is filled out automatically.
8. This field is filled out automatically.
9. Enter the Number of luminaires.
10. This field is filled out automatically.
11. This field is filled out automatically.

#### **N. ADDITIONAL LIGHTING ALLOWANCE: TAILORED DECORATIVE/SPECIAL EFFECTS**

1. Area Description: Select from dropdown.
2. Enter the Area.
3. This field is filled out automatically.
4. This field is filled out automatically.
5. Luminaire Name or Item Tag: Select from dropdown.
6. This field is filled out automatically.
7. Enter the Number of luminaires.

|                                               |               |
|-----------------------------------------------|---------------|
| CERTIFICATE OF COMPLIANCE – USER INSTRUCTIONS | NRCC-LTI-E    |
| Indoor Lighting                               | (Page 5 of 7) |

8. This field is filled out automatically.
9. This field is filled out automatically.

#### **O. ADDITIONAL LIGHTING ALLOWANCE: TAILORED VERY VALUABLE MERCHANDISE**

1. Area Description: Select from dropdown.
2. Enter the Description of Display Case.
3. Enter the Area.
4. This field is filled out automatically.
5. This field is filled out automatically.
6. Enter the Area of Display Case.
7. This field is filled out automatically.
8. This field is filled out automatically.
9. Luminaire Name or Item Tag: Select from dropdown.
10. This field is filled out automatically.
11. Enter the Number of Luminaires.
12. This field is filled out automatically.
13. This field is filled out automatically.

#### **P. Power Adjustment: Lighting Control Credit (PAF)**

1. This field is filled out automatically.
2. Select the applicable PAF's.
3. Luminaire Name or Item Tag: Select from dropdown.
4. This field is filled out automatically.
5. Enter the Number of Luminaires.
6. This field is filled out automatically.
7. This field is filled out automatically.
8. Check that spaces applying PAF 5, 6, or 7 include a daylight design meeting requirement in §140.3(d).
9. This field is filled out automatically.

#### **Q. RATED POWER REDUCTION COMPLIANCE FOR ONE-FOR-ONE ALTERATIONS**

|                                               |               |
|-----------------------------------------------|---------------|
| CERTIFICATE OF COMPLIANCE – USER INSTRUCTIONS | NRCC-LTI-E    |
| Indoor Lighting                               | (Page 6 of 7) |

1. Check that the alteration scope includes a one-for-one luminaire alteration within a building or tenant space of 5,000 ft<sup>2</sup> or less.
2. Check that at least one complete floor or complete tenant space includes a one-for-one luminaire alteration of 50 or less luminaires, per annum. Enter the applicable spaces.
3. Enter the Name or Item Tag
4. Enter the Complete Luminaire Description.
5. Enter the Watts per luminaire.
6. How Wattage is Determined: Select from dropdown.
7. Enter the Total Number of Luminaires.
8. This field is filled out automatically.
9. Enter the Name or Item Tag.
10. Enter the Complete Luminaire Description.
11. Enter the Watts per Luminaires
12. How Wattage is Determined: Select from dropdown.
13. This field is filled out automatically.
14. This field is filled out automatically.
15. Enter the Area Description.
16. Primary Function Area: Select from dropdown.
17. Manual Area Controls: Select from dropdown.
18. Shut-Off Controls: Select from dropdown.
19. Enter any Notes for Controls with an asterisk.

#### **R. 80% LIGHTING POWER FOR ALTERATIONS – CONTROLS EXCEPTIONS**

1. Enter the Area Description.
2. Complete Building or Area Category Primary Function Area: Select from dropdown.
3. Enter the Area
4. This field is filled out automatically.
5. This field is filled out automatically.
6. Luminaire Name or Item Tag: Select from dropdown.
7. This field is filled out automatically.
8. Enter the Number of Luminaires.
9. This field is filled out automatically.

|                                               |               |
|-----------------------------------------------|---------------|
| CERTIFICATE OF COMPLIANCE – USER INSTRUCTIONS | NRCC-LTI-E    |
| Indoor Lighting                               | (Page 7 of 7) |

#### **S. DAYLIGHT DESIGN POWER ADJUSTMENT FACTOR**

1. Compliance Strategy: Select from dropdown.
- 2-10. Select if the project meets the listed requirements.
11. Enter the Location of slat design in construction documents.
- 12-17. Select if the project meets the listed requirements.
18. Enter the Location of light shelf design in construction documents.

#### **T. DWELLING UNIT LIGHTING**

1. Select lighting and electrical components included in multifamily dwelling units.
- 2-14. Select if the project meets the listed requirements.

#### **U. 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.

#### **V. DECLARATION OF REQUIRED CERTIFICATES OF ACCEPTANCE**

1. 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.

#### **Documentation Declaration Statements**

1. The person who prepared the NRCC 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.