



City of Larkspur
400 Magnolia Avenue, Larkspur CA 94939
(415) 927-5038

Prescriptive Certificate of Compliance: Residential Alterations **CF-1R-ALT HVAC**

Do not use for New Construction or Additions **1 of 2 Pages**

Project Name: _____ Climate Zone #: _____ Number of Stories: _____

General Information

Site Address:

Building Type: Single Family Multi Family Circle the front orientation: N, E, S,W, or degrees:

Conditioned Floor Area (CFA): _____

HVAC SYSTEMS - HEATING

Heating Equipment Type and Capacity ^{1,2,3}	Minimum Efficiency (AFUE or HSPF)	Distribution Type and Location ⁴	Duct or Piping Insulation R-Value	Thermostat Type	Configuration (Central, Split, Space, Package or Hydronic)

1. Indicate Heating Type (Central Furnace, Wall Furnace, Heat pump, Boiler, Electric Resistance, etc.)
2. Electric resistance heating is allowed only in Component Package C, or except where electric heating is supplemental (i.e. if total capacity ≤ 2KW or 7,000 Btu/hr electric heating is controlled by a time-limiting device not exceeding 30 minutes). See §151(b)3 exception.
3. Refer to the HERS Verification section on this page for additional requirements and check applicable boxes.
4. Indicate Type or Location (Ducts, Hydronic in Floor, Radiators, etc.)

HVAC SYSTEMS - COOLING

Cooling Equipment Type and Capacity ^{1,2}	Minimum Efficiency (SEER/EER or COP)	Distribution Type and Location ³	Duct or Piping Insulation R-Value	Thermostat Type	Configuration (Central, Split, Space, Package or Hydronic)

1. Indicate Cooling Type (A/C, Heat pump, Evap. Cooling, etc.)
2. Refer to the HERS Verification on this page for additional requirements and check applicable boxes.
3. Indicate Type or Location, (Ducts, Hydronic in Floor, Radiators, etc)

HERS VERIFICATION SUMMARY *The enforcement agency should pay special attention to the HERS Measures specified in this checklist below. A completed and signed CF-4R Form for all the measures specified shall be submitted to the building inspector before final inspection.*

Duct Sealing and Testing HERS verification is required for this measure	
<input type="checkbox"/> Yes	<input type="checkbox"/> No Yes: In Climate Zone 2, if more than 40 linear feet of new or replacement ducts are installed in unconditioned space, the ducts are to be sealed per §152(b)1Dii and the newly installed ducts are to be insulated per §151(f)10. <input type="checkbox"/> EXCEPTION: Existing duct systems that are extended, which are constructed, insulated or sealed with asbestos.
<input type="checkbox"/> Yes	<input type="checkbox"/> No Yes: In Climate Zone 2, if the existing space-conditioning system (HVAC equipment and ducting) is replaced, the ducts are to be sealed per §152(b)1Di
<input type="checkbox"/> Yes	<input type="checkbox"/> No Yes: In Climate Zone 2, if the existing HVAC equipment is replaced (including the replacement of the air handler, outdoor condensing unit of a split system, cooling or heating coil, or the furnace heat exchanger) the ducts are to be sealed per §152(b)1E. <input type="checkbox"/> EXCEPTION: Duct systems that are documented to have been previously sealed confirmed through HERS verification in accordance with procedures in the Reference Residential Appendix RA3. <input type="checkbox"/> EXCEPTION: Duct systems with less than 40 linear feet in unconditioned space. <input type="checkbox"/> EXCEPTION: Existing duct systems constructed, insulated or sealed with asbestos.

Refrigerant Charge – Split System HERS verification is required for this measure	
<input type="checkbox"/> Yes	<input type="checkbox"/> No Yes: In Climate Zone 2 when the existing HVAC equipment is replaced (including the replacement of the air handler, outdoor condensing unit of a split system A/C or heat pump, cooling or heating coil, or the furnace heat exchanger) a refrigerant charge measurement shall be verified per §152(b)1F.

Central Fan Integrated (CFI) Ventilation System and Fan Watt Draw
 The ventilation requirements of §150(o) do not apply to existing residential homes

Ducted Split Systems – Air Conditioners and Heat Pumps: Airflow HERS verification is required for this measure	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Responsible Building Designer’s Declaration Statement	
<ul style="list-style-type: none"> I am eligible under Division 3 of the California Business and Professions Code to accept responsibility for the building design identified on this Certificate of Compliance. I certify that the energy features and performance specifications for the building design identified on this Certificate of Compliance conform to the requirements of Title 24, Parts 1 and 6 of the California Code of Regulations. The building design features identified on this Certificate of Compliance are consistent with the information provided to document this building design on the other applicable compliance forms, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with this building permit application. 	
Name:	Signature:
Company:	Date:
Address:	License:
City/State/Zip:	Phone:

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