
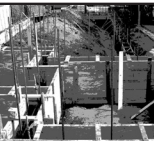
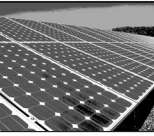


Project Address:
PROJECT CONTACTS

Permit Applicant:	Phone:
General Contractor:	Phone:
Plans Examiner:	Phone:
HERS Rater:	Phone:
HERS Provider:	HERS Registration Number:

	OVERALL REQUIREMENTS	DATE: <input type="text"/>
		YES NO
Is the installing contractor(s) available to meet you at site, and aware of required paperwork?	<input type="checkbox"/>	<input type="checkbox"/>
Is Plan Examiner's checklist available?	<input type="checkbox"/>	<input type="checkbox"/>
All compliance documents completed, signed and registered, if required (HERS verification triggers registration.)	<input type="checkbox"/>	<input type="checkbox"/>
CF1R (Certificate of Compliance – most current, if revised from plan review)	<input type="checkbox"/>	<input type="checkbox"/>
CF2R (Certificates of Installation)	<input type="checkbox"/>	<input type="checkbox"/>
CF3R (Certificates of Verification – HERS)	<input type="checkbox"/>	<input type="checkbox"/>

	FOOTING/FOUNDATION INSPECTION	DATE: <input type="text"/>
	Does installed measure and/or HERS-verified data match CF1R and meet all mandatory requirements?	YES NO
Building Front Orientation (degrees from North)	<input type="checkbox"/>	<input type="checkbox"/>
Total Conditioned Floor Area (ft ²)	<input type="checkbox"/>	<input type="checkbox"/>
Floor types (i.e., slab on grade, raised floor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Slab on Grade: Perimeter insulation (heated slab or special feature in CF1R)	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Type (natural gas, propane, electricity)	<input type="checkbox"/>	<input type="checkbox"/>

	SOLAR READY REQUIREMENTS	DATE: <input type="text"/>
	Does project meet all mandatory requirements?	YES NO
Single family subdivisions >10 residences, and low-rise multifamily buildings (§100.10)	Form CF1R-SRA-01-E	<input type="checkbox"/>
Solar Zone: Minimum individual and total areas and dimensions (see form for exceptions)		
SF: ≥250 ft ²		<input type="checkbox"/>
MF: ≥15% of roof area, excluding skylights (on building, another structure within 250 ft ² , or associated covered parking)		<input type="checkbox"/>
Orientation: If slope >2:12, 110-270 degrees from true North		<input type="checkbox"/>
Shading: No obstructions within solar zone. Obstructions outside zone: ratio of horizontal distance to height ≥2:1		<input type="checkbox"/>
Interconnection Pathways from solar zone for routing electrical service and plumbing		<input type="checkbox"/>
Main Electrical Service Panel (single family only): Minimum busbar rating ≥200 amps. Reserved space for future installation.		<input type="checkbox"/>

Permit Number:




ROUGH INSPECTION(S)

DATE:

Does installed measure and/or HERS-verified data match CF1R and meet all mandatory requirements?

Measure	Required Forms			Notes	YES	NO
	Form Name	CF2R	CF3R			
ENVELOPE						
All sill plates sealed					<input type="checkbox"/>	<input type="checkbox"/>
Confirm exterior and demising wall areas by type	CF1R				<input type="checkbox"/>	<input type="checkbox"/>
Confirm roof areas by type					<input type="checkbox"/>	<input type="checkbox"/>
Confirm floor areas by type					<input type="checkbox"/>	<input type="checkbox"/>
All envelope penetrations sealed (caulk, etc.)	ENV-02	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Special Features from CF1R (i.e., radiant barrier)	ENV-04	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Fenestration, by type:	ENV-01	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Area at each orientation <CF1R		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
U-factor (NFRC, site built, default)		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
SHGC (NFRC, site built, default)		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Exterior shading (i.e., overhangs, ext. shades)		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
HERS measures (if required)	ENV-21a/b	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Quality Insulation Installation (QII):	ENV-22	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Air Infiltration Sealing	ENV-23	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
HVAC						
Confirm duct location(s): ducts and plenums properly sealed and insulated	MCH-01	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Return Ducts properly sized (per Table 150.0-C or HERS verified)		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Refrigerant suction line insulated and protected		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Air Filtration Device		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Whole-building ventilation and local exhaust fans and ducting sized per ASHRAE 62.2-2010	MCH-27a-d	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Certified HVAC Equipment (if required)						
Low Leakage Air Handler	MCH-20c	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Packaged Unit (factory-certified refig. charge)	MCH-25g	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
HERS measures (if required)						
Return duct verified	MCH-28	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Duct design credit	MCH-29	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Duct location credit	MCH-21	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING						
Water Heating mandatory measures 150.0(n):	PLB-02				<input type="checkbox"/>	<input type="checkbox"/>
120 V electrical receptacle		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Vent with straight pipe to outside		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Condensate drain to outside		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Gas supply capacity 200 kBTuh		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Permit Number:

Measure	Required Forms			Notes	YES	NO
	Form Name	CF2R	CF3R			
PLUMBING <i>continued</i>						
Water Heating Distribution Type (i.e., standard, all pipes insulated, point of use)	PLB-01 (MF)	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Pipe Insulation Values (Including Hydronic Systems) (Mandatory)	PLB-02 (SF)	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
HERS (if required) Hot water distribution Multifamily Central Distribution Single Dwelling Unit	PLB-21 (MF)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	PLB-22 (SF)	<input type="checkbox"/>	<input type="checkbox"/>			
 INSULATION INSPECTION DATE: <input type="text"/>						
Does installed measure and/or HERS-verified data match CF1R and meet all mandatory requirements?						
ENVELOPE						
Roof details (i.e., cavity and continuous insulation, vapor retarder CZ 14 and 16)	ENV-03	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Wall details (i.e., cavity and continuous insulation, vapor retarder CZ 14 and 16)		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Floor details (i.e., cavity and continuous insulation, vapor retarder unvented crawlspace)		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Insulation installed properly (no gaps, etc.)		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
HERS measures (if required) Quality Insulation Installation (QII)	ENV-21a/b	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	ENV-22	<input type="checkbox"/>	<input type="checkbox"/>			
	ENV-23	<input type="checkbox"/>	<input type="checkbox"/>			
Building Envelope Air Leakage	ENV-20 a-e	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
HVAC						
HERS measures (if required) Buried ducts	MCH-29	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
LIGHTING						
Indoor lighting	LTG-01 (SF) LTG-02 (MF)	<input type="checkbox"/>				
Switching Devices and Controls (§150.0(k)2):						
High and low efficacy luminaires switched separately					<input type="checkbox"/>	<input type="checkbox"/>
Exhaust fans switched separately from lighting					<input type="checkbox"/>	<input type="checkbox"/>
Manual on/off controls readily accessible					<input type="checkbox"/>	<input type="checkbox"/>
Required controls not bypassed					<input type="checkbox"/>	<input type="checkbox"/>
Recessed Luminaires in Ceilings (§150.0(k)8):						
Zero-clearance IC listed and certified airtight (IC/AT)					<input type="checkbox"/>	<input type="checkbox"/>
Sealed with caulk or gasket between luminaire housing and ceiling, and at all air leak paths between conditioned and unconditioned space					<input type="checkbox"/>	<input type="checkbox"/>
Compact fluorescent ballasts in recessed luminaires must be certified to the CEC to comply with §110.9 to be high efficacy					<input type="checkbox"/>	<input type="checkbox"/>
Ballasts readily accessible for maintenance and replacement					<input type="checkbox"/>	<input type="checkbox"/>

Permit Number:



FINAL INSPECTION

DATE:

Does installed measure and/or HERS-verified data match CF1R and meet all mandatory requirements?

Measure	Required Forms		Notes	YES	NO
	Form Name	CF2R			
Complete compliance, operating, maintenance, and ventilation documentation for owner					
ENVELOPE					
Exterior doors weather-stripped	ENV-02	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Drywall sealed to all fixtures that penetrate drywall/air barrier:		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
HVAC Boots		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Attic Access		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Lighting Cans		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
HVAC					
Heating equipment efficiency and CEC-certified	MCH-01	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Cooling equipment efficiency and CEC-certified		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Whole house fan (if required)	MCH-02	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Evaporative coolers (if required)	MCH-04	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Ice storage AC (if required)	MCH-05	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mandatory HERS measures:					
Duct leakage	MCH-20a-e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forced air system fan efficacy (Watt/cfm) and airflow rate (cfm/ton)	MCH-22, MCH-23a-c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical ventilation per ASHRAE 62.2	MCH-27a-d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other HERS measures (if required)					
Refrigerant charge verification	MCH-25a-f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High SEER and/or EER	MCH-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation cooling	MCH-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zonal controls	MCH-31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING					
Water Heater (CEC-certified efficiency)	PLB-01 (MF) PLB-02 (SF)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Distribution piping mandatory measures	PLB-01 (MF) PLB-02 (SF)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
POOL AND SPA SYSTEMS					
Pool and spa systems	PLB-03	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
RENEWABLE ENERGY SYSTEMS					
Photovoltaic (PV) Systems	SPV-01a-c	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Solar Water Heating Systems	STH-01	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Permit Number:

FINAL INSPECTION *continued*

Does installed measure and/or HERS-verified data match CF1R and meet all mandatory requirements?

Measure	Required Forms			Notes	YES	NO
	Form Name	CF2R	CF3R			
LIGHTING	LTG-01 (SF) LTG-02 (MF)	<input type="checkbox"/>				
Luminaire (Light Fixture) Requirements (§150.0(k)1):						
High efficacy must meet Table 150.0-A or 150.0-B requirements.					<input type="checkbox"/>	<input type="checkbox"/>
Hybrid luminaires: High and low efficacy components must comply separately					<input type="checkbox"/>	<input type="checkbox"/>
Electronic ballasts for fluorescent lamps ≥13 watts					<input type="checkbox"/>	<input type="checkbox"/>
Permanently installed night lights to be ≤5 watts (no vacancy sensor required)					<input type="checkbox"/>	<input type="checkbox"/>
Lighting integral to exhaust fans to meet 150.0(k) except manufacturer-installed lights in kitchen exhaust hoods)					<input type="checkbox"/>	<input type="checkbox"/>
Kitchens (§150.0(k)3): At least 50% installed wattage to be high-efficacy (excluding interior cabinet lighting; blank electrical boxes=180 watts low-efficacy). Exceptions may apply.					<input type="checkbox"/>	<input type="checkbox"/>
Interior Cabinet Lighting: ≤20 watt/linear ft. of illuminated cabinet					<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms (§150.0(k)5): At least one high-efficacy fixture, AND all others either high-efficacy OR controlled by vacancy sensor					<input type="checkbox"/>	<input type="checkbox"/>
Garage, Laundry, Utility Rooms (§150.0(k)6): All high-efficacy AND controlled by vacancy sensor					<input type="checkbox"/>	<input type="checkbox"/>
All other rooms (§150.0(k)7): Either high-efficacy OR controlled by dimmer or vacancy sensor (closets <70 ft ² and detached storage <1,000 ft ² exempt)					<input type="checkbox"/>	<input type="checkbox"/>
Single-Family Outdoor Lighting (§150.0(k)9A):						
Must be high-efficacy OR have all of the following controls: Motion sensor; plus photocontrol, astronomical time clock or EMCS; AND a manual On/Off switch that does not override to ON the automatic controls					<input type="checkbox"/>	<input type="checkbox"/>
Low-rise Multifamily Outdoor Lighting (§150.0(k)9B/C/D):						
Private patios, entrances, balconies and porches can meet single-family OR nonresidential requirements					<input type="checkbox"/>	<input type="checkbox"/>
If 4 or more dwelling units: Outdoor lighting not regulated by residential requirements must meet nonresidential requirements					<input type="checkbox"/>	<input type="checkbox"/>
Parking Lots and carports:						
<8 vehicles: Single-family requirements OR nonresidential outdoor lighting requirements					<input type="checkbox"/>	<input type="checkbox"/>
≥8 vehicles: Must meet nonresidential outdoor lighting requirements					<input type="checkbox"/>	<input type="checkbox"/>
Low-Rise Multifamily Interior Common Areas (§150.0(k)12)						
≤20% of floor area: Either high-efficacy OR controlled by occupancy sensor					<input type="checkbox"/>	<input type="checkbox"/>
>20% of floor area: Must meet nonresidential requirements					<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes: _____

