



Permit Number: _____
 Project Address: _____

Permit Applicant: _____
 Phone: _____
 Plans Examiner: _____
 Phone: _____

COMPLIANCE RESULTS AND REQUIREMENTS		Project Notes	YES	NO*
Do all pages of the CF1R have the same "Report Generated" date and time?		<i>Date and Time:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is the correct Standards Version used?		Compliance 2014 / Compliance 2015	<input type="checkbox"/>	<input type="checkbox"/>
Compliance software approved for 2013 Low-rise Residential Standards?		<i>Software version:</i>	<input type="checkbox"/>	<input type="checkbox"/>
If HERS verification is required, has the CF1R been registered with a HERS provider?		<i>Registration Number:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is the CF1R signed and dated by both required roles? Documentation Author Responsible Building Designer or Owner		<i>Electronic signature always allowed Electronic signature allowed on HERS registered documents</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is the CF1R filed on the plans?		CF1R-PRF-01 New Construction	<input type="checkbox"/>	<input type="checkbox"/>
		CF1R-PRF-02 Additions and/or Alterations	<input type="checkbox"/>	<input type="checkbox"/>
Does the CF1R show "Building Complies with Computer Performance"?			<input type="checkbox"/>	<input type="checkbox"/>
GENERAL INFORMATION (Are the following CF1R inputs confirmed on the plans?)			YES	NO*
Climate Zone			<input type="checkbox"/>	<input type="checkbox"/>
Building Type		Single Family / Multifamily	<input type="checkbox"/>	<input type="checkbox"/>
Project Scope		Newly Constructed / Addition / Alteration	<input type="checkbox"/>	<input type="checkbox"/>
Total Conditioned Floor Area (FT ²)			<input type="checkbox"/>	<input type="checkbox"/>
Addition Conditioned Floor Area (FT ²)			<input type="checkbox"/>	<input type="checkbox"/>
Building Front Orientation			<input type="checkbox"/>	<input type="checkbox"/>
Number of Dwelling Units			<input type="checkbox"/>	<input type="checkbox"/>
Number of Stories			<input type="checkbox"/>	<input type="checkbox"/>
Principal heating source		Natural Gas / Propane / Electric: natural gas available or not available	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: *Highlight all HERS measures and Special Features listed on the CF1R and inform the Building Inspector that field verification is required for these items.*

** Items marked "no" must be corrected*



This program is funded by California utility customers under the auspices of the California Public Utilities Commission and in support of the California Energy Commission.