

# Simplified Prescriptive Certificate of Compliance : 2008 Residential HVAC

# CF-IR-ALT-HVAC

Climate Zones 1 and 3-7

Site Address:

Enforcing Agency:

**CITY OF CAMARILLO**

Date:

Permit #

Equipment Type <sup>1</sup>	List Minimum Efficiency <sup>2</sup>	Conditioned Floor Area	Duct Insulation	Thermostat
<input type="checkbox"/> Package Unit <input type="checkbox"/> Furnace <input type="checkbox"/> Indoor Coil <input type="checkbox"/> Condensing Unit <input type="checkbox"/> Other	<input type="checkbox"/> AFUE _____ <input type="checkbox"/> SEER _____ <input type="checkbox"/> EER _____	<input type="checkbox"/> COP _____ <input type="checkbox"/> HSPF _____ <input type="checkbox"/> Resistance _____	Served by system _____ SQ FT  <input type="checkbox"/> Over 40 ft of ducts Added or replaced in Unconditioned space <input type="checkbox"/> R 6 (CZ 1,3-5)	<input type="checkbox"/> Setback (If not already present must be installed)
1. Equipment Type: Choose the equipment being installed; if more than one system use another CF-IR-ALT-HVAC for each system. 2. Minimum Equipment Efficiencies: 13 SEER, 78% AFUE, 7.7HSPF for typical residential systems.				

**Contractor (Documentation Author's/Responsible Designer's Declaration Statement)**

- I certify that this Certificate of Compliance documentation is accurate and complete.
- I am eligible under Division 3 the California Business and Professions Code to accept responsibility for the design identified on this Certificate of Compliance.
- I certify that the energy features and performance specification for the design identified on this Certificate of Compliance conform to the requirements of Title 24, Parts 1 and 6 of the California Code of Regulation.
- The design features identified on this Certificate of Compliance are consistent with the information documented on other applicable compliance forms, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with the permit application.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ License #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_