

Project Title: <b>Kathryn Burkhart</b>		Date: 4-12-06	© CalCERTS 2005
Project Address: <b>597 Blackwood Street 95815</b>		Climate Zone: 12	Enforcement Agency Use Only
Documentation Author: Teri Jones		Telephone: 916-565-0658	Building Permit # <b>0604707</b>
Company Name: Perfection Home Systems, Inc.			Plan Check Date
			Field Check Date

**IMPORTANT:** This CF-1R-ALT form is only for use when an HVAC-only alteration is made to an existing home. Use one form for each system being altered. This is system # \_\_\_\_\_ of \_\_\_\_\_ systems altered in this house.

**Check all lines that apply. Check only lines that apply.**

Scope of Alterations:

1  An Air Handler is to be installed or replaced. Duct sealing to be determined. Continue to next line.

2  A Furnace Heat exchanger is to be installed or replaced. Duct sealing to be determined. Continue to next line.

3  An outdoor condensing unit is to be installed or replaced. Duct Sealing and/or TXV(RCA) to be determined. Continue to next line.

4  A cooling or heating coil is to be installed or replaced. Duct Sealing and/or TXV(RCA) to be determined. Continue to next line.

5  More than 40 feet of new or replacement duct are to be installed in unconditioned space. Duct sealing to be determined.  
 Check here if the entire duct system is also to be new or replaced. Continue to next line.

6  If none of lines 1-5 are checked, neither Duct Sealing nor TXV(RCA) are required. Go to Section 5.

**Section 1 - Duct Sealing (Only if any of Lines 1, 2, 3, 4 or 5 are checked. Skip if Line 6 is checked.)**

7  This system is in Climate Zone 1, 3, 4, 5, 6, 7, or 8. No duct sealing is required. Go to Section 2.

8  This system has less than 40 feet of ducts in unconditioned space. No duct sealing is required. Go to Section 2.

9  This system was previously sealed and tested, and was certified by a HERS rater. No duct sealing is required. Attach previous CF-4R form. Go to Section 2.

10  This duct system is sealed or insulated with asbestos. No duct sealing is required. Go to Section 2.

Note: If the entire duct system is to be new or replaced, Lines 11-14 do not apply.

11  In Climate Zones 2, 12 and 16: An 0.92 AFUE furnace will be installed in lieu of duct sealing (and TXV, if applicable).

12  In Climate Zones 10, 13 and 15: An SEER 14 AND EER 12 condenser will be installed with TXV(RCA) AND added duct insulation (R-4 wrap on existing ducts, R-8 new ducts) in lieu of duct sealing. Go to Section 2.

13  In Climate Zones 9, 10, 11, 13, 14, or 15: An SEER 14 AND EER 12 condenser will be installed with TXV(RCA) AND a 0.92 AFUE furnace will be installed in lieu of duct sealing. Go to Section 2.

14  In Climate Zones 2, 9, 11, 12, 14 or 16: An SEER 14 AND EER 12 condenser will be installed with TXV(RCA) AND an 0.82 AFUE furnace will be installed with increased duct insulation in lieu of duct sealing. Go to Section 2.

15  None of lines 7-14 above are checked. Duct Sealing is Required. Continue.

**Section 2 - TXV(RCA) (Only if Lines 3 or 4 are checked, otherwise got to Section 3)**

16  The system being altered is a package unit. No TXV(RCA) is required. Go to Section 3.

17  This system is in Climate Zone 8 and a 14 SEER air conditioner or 0.82 AFUE furnace is being installed. No TXV(RCA) is required. Go to Section 3.

18  This system is in Climate Zone 1, 3, 4, 5, 6, or 7. No TXV(RCA) is required. Go to Section 3.

19  This system is in Climate Zone 16 and line 14 is not checked. No TXV(RCA) is required. Go to Section 3.

20  This system is in Climate Zone 16 and line 14 is checked and not line 16. TXV(RCA) is required. Go to Section 3.

21  This system is in Climate Zone 2 or 8-15 and line 11, 16 or 17 is not checked. TXV(RCA) is required. Go to Section 3.

**Section 3 - HERS Rater verification**

22  If line 15 is checked, HERS verification is required for Duct Sealing.

23  If line 12, 13, 14, 20 or 21 are checked and not line 16 or 17, HERS verification is required for TXV(RCA).

24  If line 12, 13 or 14 are checked, HERS verification is required for 12 EER.

**Section 4 - Equipment Efficiencies**

25  If lines 11, 12, 13, 14 or 17 are checked, upgraded equipment efficiencies are required. List in Section 6.


**Section 5- Duct R-Values**

26  If more than 40 feet of duct is being installed or replaced, duct R-value must meet or exceed Package D requirements.

27  If less than 40 feet of duct is being installed or replaced, duct R-value must meet or exceed R-4.2

Section 6 - see next page

**Certificate of Compliance Prescriptive Method - HVAC-only Alteration CF-1R-ALT**

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<p align="center"><b>IMPORTANT: This CF-1R-ALT form is only for use when an HVAC-only alteration is made to an existing home. Use one form for each system being altered. This is system # 1 of 1 systems altered in this house.</b></p>			
<p><b>Section 6 - Minimum Requirements for Equipment to be Installed/Altered.</b>                  Installed equipment must match type/location and meet or exceed efficiencies/R-values.</p>			
28	Configuration: <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Package Unit		
29 <input checked="" type="checkbox"/>	Air Handler	<input checked="" type="checkbox"/> Gas furnace, AFUE: 94.0	<input type="checkbox"/> Heatpump FAU <input type="checkbox"/> Hydronic FAU <input type="checkbox"/> Other
30 <input type="checkbox"/>	Heat Exchanger		
31 <input checked="" type="checkbox"/>	Outdoor Condensing Unit	<input checked="" type="checkbox"/> A/C <input type="checkbox"/> Heatpump	Efficiency SEER/HSPF: 15% EER (if reqd): 13
32 <input checked="" type="checkbox"/>	Cooling or heating coil <input checked="" type="checkbox"/> A/C <input type="checkbox"/> Heatpump <input type="checkbox"/> Hydronic		
33 <input type="checkbox"/>	Ducts	Location:	Length (ft): R-value:
All mandatory measures apply to any altered component. See MF-1R - ALT form.			
<p><b>Compliance Statement:</b>                  This certificate of compliance lists the building features and specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall project responsibility. The undersigned recognizes that compliance using duct sealing, verification of refrigerant charge, and TXV require installer testing and certification and verification by an approved HERS rater.</p>			
Home Owner or Authorized Agent		Documentation Author	
Name: <b>Bob Kennedy</b>		Name: <b>Teri Jones</b>	
Address: <b>2430 Grand Avenue #D</b>		Company Name: <b>Perfection Home Systems, Inc.</b>	
City/State/Zip: <b>Sacramento, CA 95838</b>		Address: <b>2430 Grand Avenue #D</b>	
Phone: <b>916-565-0658</b>		City/State/Zip: <b>Sacramento, CA 95838</b>	
		Phone: <b>916-565-0658</b>	
Signature: 		Signature:	
Enforcement Agency (Building Department)		Notes/Comments:	
Name:			
Title:			
Department:			
Phone #:			
Fax #:			
Signature or Stamp:			
<p><b>Required forms:</b>                  CF-1R-ALT: by anyone. Required at time of permit application. Copies to home owner, enforcement agency, HERS rater.                  CF-6R-ALT: by installing contractor. Required to close permit. Copies to home owner, enforcement agency, HERS rater.                  CF-4R-ALT: by HERS rater. Required to close permit. Copies to home owner, enforcement agency, installer. The CF-4R forms for a sample group shall not be released until all testing and verification is completed and passed for the entire group.</p>			