

DOCKETED

Docket Number:	18-BSTD-02
Project Title:	2019 ENERGY CODE COMPLIANCE MANUALS
TN #:	232778-12
Document Title:	2019-CF2R-MCH-27d-NonDwelling Unitpdf
Description:	N/A
Filer:	Corrine Fishman
Organization:	California Energy Commission
Submitter Role:	Public Agency
Submission Date:	4/20/2020 8:45:49 AM
Docketed Date:	4/20/2020

INDOOR AIR QUALITY AND MECHANICAL VENTILATION

CEC-CF2R-MCH-27d-E (Revised 01/19)

CALIFORNIA ENERGY COMMISSION



CERTIFICATE OF INSTALLATION		CF2R-MCH-27-H
Indoor Air Quality and Mechanical Ventilation		(Page 1 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City:	Zip Code:

Title 24, Part 6, Section 150.0(o) **Ventilation for Indoor Air Quality.** All dwelling units shall meet the requirements of ANSI/ASHRAE Standard 62.2-2016 Ventilation and Acceptable Indoor Air Quality in Low-Rise Residential Buildings subject to the amendments specified by Title 24, Part 6, Section 150.0(o)1

A. Dwelling Mechanical Ventilation - General Information

01	Dwelling Unit Name	
02	Building Type	
03	Project Scope	
04	Total Conditioned Floor Area of Dwelling Unit (For addition projects the conditioned floor area equals existing area plus addition area)	
05	Number of Bedrooms in Dwelling Unit (For addition projects the number of bedrooms equals the existing bedrooms plus addition bedrooms)	
06	Ventilation System Type	
07	Ventilation Operation Schedule	
<p>Note: Non-dwelling units do not meet the definition for a dwelling unit as defined in Section 100.1(b). Non-dwelling units are not designed to provide independent living facilities and do not provide permanent provisions for living, sleeping, eating, cooking and sanitation.</p>		

MCH-27d – Non Dwelling Unit

B. Compliance Statement	
01	



CERTIFICATE OF INSTALLATION		CF2R-MCH-27-H
Indoor Air Quality and Mechanical Ventilation		(Page 2 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City:	Zip Code:

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

1. I certify that this Certificate of Installation documentation is accurate and complete.

Documentation Author Name:	Documentation Author Signature:
Documentation Author Company Name:	Date Signed:
Address:	CEA/HERS Certification Identification (if applicable):
City/State/Zip:	Phone:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

- The information provided on this Certificate of Installation is true and correct.
- I am either: a) a responsible person eligible under Division 3 of the Business and Professions Code in the applicable classification to accept responsibility for the system design, construction, or installation of features, materials, components, or manufactured devices for the scope of work identified on this Certificate of Installation and attest to the declarations in this statement, or b) I am an authorized representative of the responsible person and attest to the declarations in this statement on the responsible person's behalf.
- The constructed or installed features, materials, components or manufactured devices (the installation) identified on this Certificate of Installation conforms to all applicable codes and regulations and the installation conforms to the requirements given on the Certificate of Compliance, plans, and specifications approved by the enforcement agency.
- I understand that a HERS rater will check the installation to verify compliance and if such checking determines the installation fails to comply, I am required to offer any necessary corrective action at no charge to the building owner.
- I will ensure that a registered copy of this Certificate of Installation shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a registered copy of this Certificate of Installation is required to be included with the documentation the builder provides to the building owner at occupancy.

Responsible Builder/Installer Name:	Responsible Builder/Installer Signature:	
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)	Position With Company (Title):	
Address:	CSLB License:	
City/State/Zip:	Phone:	Date Signed:
Third Party Quality Control Program (TPQCP) Status:	Name of TPQCP (if applicable):	

CF2R-MCH-27d-E User Instructions**Section A. General Information**

1. **Building Unit Name:** This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document. This is the unique identifier for this dwelling unit. Needed mostly for multifamily dwelling units. Ventilation is calculated and provided for each dwelling unit individually.
2. **Building Type:** This field is filled out automatically. It is referenced from the CF1R. Values are “single family attached”, “single family detached” and “multifamily”. User is allowed to overwrite imported value with “non-dwelling unit” selection.
3. **Project Scope:** This field is filled out automatically. It is referenced from the CF1R.
 - If parent document is the CF1R-PRF-01, values are “Newly Constructed”, “Newly Constructed (Addition Alone)” and “Addition and /or Alteration”
 - If parent document is CF1R-NCB-01, values are “Newly Constructed” and “Newly Constructed (Addition Alone)”
 - If parent document is CF1R-ADD-01, values are “ADU Addition < 300 ft²,” ADU Addition > 300 to < 400 ft²,” ADU Addition > 400 to < 700 ft²” and “ADU Addition > 700 to < 1000 ft²”.
4. **Total Conditioned Floor Area of Dwelling Unit:** This field is filled out automatically. It is referenced from the CF2R-MCH-01.
5. **Number of Bedrooms in Dwelling Unit:** This field is filled out automatically. It is referenced from the CF2R-MCH-01.
6. **Ventilation system Type:** This may be filled out automatically or be user input.
 - If parent document is the CF1R-PRF-01, the value will be filled out automatically.
 - If Building type is equal to Non-dwelling unit, an N/A value will be filled out automatically.
 - If parent document is the CF1R-NCB or CF1R-ADD, user selects from list of Supply, Exhaust, Balanced, Balanced – ERV, Balanced – HRV, Central Fan Integrated (CFI), Central Ventilation System – Supply and Central Ventilation System – Exhaust and Central Ventilation System Balanced.
7. **Ventilation operation schedule:** This may be filled out automatically or be user input.
 - Building type is equal to Non-dwelling unit; an N/A value will be filled out automatically.
 - User selects from list of Continuous, Short-Term Average, Scheduled and Real-time Control.
 - Note if “Ventilation System Type” (A11) = Central Fan Integrated & “Ventilation Operation Schedule” (A12) = Continuous; then user will not be allowed to proceed.