

## RESIDENTIAL FENESTRATION ADDITION/ALTERATION

CERTIFICATE OF INSTALLATION

CF2R-ENV-01-E (revised)

Fenestration Installation

(Page 1 of 1)

Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City	Zip Code

**A. FENESTRATION/GLAZING** Includes all Windows, Skylights, Greenhouse/Bay Windows, and Glazed Doors.

01	02	03	04	05	06	07	08	9
Tag/ID	Manufacturer / Brand	Fenestration Area (FT2)	Orientation	U- factor	SHGC	Source of U- factor and SHGC	Fenestration Type	Comments/Special Features

**B. Fenestration Installation.**

- 01 The U-factor and SHGC values shall be the same or better than the required Energy Commission prescriptive requirements, with some exceptions.
- 02 Temporary labels shall not be removed until verified by the building inspector.
- 03 Installation shall be in compliance with the manufacturer's installation specifications. The space around the fenestraion shall be sealed.

**The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met.**

**RESPONSIBLE PERSON'S DECLARATION STATEMENT**

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

1. The information provided on this Certificate of Installation is true and correct.
2. I am 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 (responsible builder/installer), otherwise I am an authorized representative of the responsible builder/installer.
3. 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 plans and specifications approved by the enforcement agency.
4. I reviewed a copy of the Certificate of Compliance approved by the enforcement agency that identifies the specific requirements for the scope of construction or installation identified on this Certificate of Installation, and I have ensured that the requirements that apply to the construction or installation have been met.
5. 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: