



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"/>
<b>Does the CF1R show "Building Complies with Computer Performance"?</b>		<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 <sup>2</sup> )		<input type="checkbox"/>	<input type="checkbox"/>
Addition Conditioned Floor Area (FT <sup>2</sup> )		<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.