



City of Atascadero  
Community Development Department

PUBLIC INFORMATION - BUILDING SERVICES

Community Development Department 6500 Palma Avenue Atascadero, CA 93422 (805) 461-5035 fax (805) 461-7612

**HVAC EQUIPMENT REPLACEMENT/COOLING ADDITION**

**SEISMIC DESIGN CATEGORY C, D or E - CLIMATE ZONE 4 - WIND ZONES 85 M.P.H - EXPOSURE ZONE "B" OR "C"**  
ZONING ORDINANCE - NATIVE TREE ORDINANCE - ATASCADERO MUNICIPAL CODE - 2013 CBC - 2013 CRC - 2013 CEC  
2013 CPC - 2013 CMC - 2013 CGBC - ENGINEERING STANDARDS - CALIFORNIA STATE ENERGY COMPLIANCE (TITLE 24)

The OTC (Over-the-Counter) Permit Application is for the replacement of like-for-like heating and cooling equipment with similar output capacities and the addition of air conditioning to an existing/replacement heating system. If a registered CF1R-ALT-02-E is not provided with this Permit Application the CF-ALT-03-E on the reverse is to be completed. Newly installed condensers are to be located a minimum of 5' from clothes dryer duct terminations, 3' from gas meters and cannot obstruct code required working space for electrical panels and plumbing cleanouts. Replacement of equipment in attics requires lighting switched at the access and code required access and working space to be provided to the greatest extent practicable. New return ducting is to be sized according to CEnC Table 150.0-C or 150.0-D.

*The applicant is responsible for reviewing the information below for accuracy and for consistency with the equipment manufacturer's installation requirements for both new and existing equipment.*

**Existing Equipment**

**Proposed Equipment**

**FURNACE**

Input (Btu/hr)\_\_\_\_\_ AFUE \_\_\_\_ Output \_\_\_\_\_  
Airflow (CFM)\_\_\_\_\_ N/A-no AC\_\_\_\_  
Manufacturer\_\_\_\_\_

Existing to remain\_\_\_\_ New\_\_\_\_  
Input (Btu/hr)\_\_\_\_\_ AFUE\_\_\_\_ Output \_\_\_\_\_  
Airflow (CFM)\_\_\_\_\_ N/A-no AC\_\_\_\_  
Manufacturer\_\_\_\_\_

**EVAPORATOR COIL**

No Coil\_\_\_\_

Min Capacity (Tons)\_\_\_\_\_ Max\_\_\_\_\_  
Required Airflow (CFM/Ton)\_\_\_\_\_ Total\_\_\_\_\_  
Manufacturer\_\_\_\_\_

Existing to remain\_\_\_\_ New\_\_\_\_ No AC\_\_\_\_  
Min Capacity (Tons)\_\_\_\_\_ Max\_\_\_\_\_  
Required Airflow (CFM/Ton)\_\_\_\_\_ Total\_\_\_\_\_  
Manufacturer\_\_\_\_\_

**CONDENSER**

No Condenser\_\_\_\_

Capacity (Tons)\_\_\_\_\_

Existing to remain\_\_\_\_ New\_\_\_\_ No AC\_\_\_\_  
Capacity \_\_\_\_\_ SEER (Min. 14)\_\_\_\_ EER (Min. 12.2)\_\_\_\_  
Manufacturer\_\_\_\_\_

**PACKAGE UNITS:** Complete the information for the furnace and condenser above.

**Gas Fired Package Unit?** \_\_\_\_ **Heat Pump Package Unit?** \_\_\_\_ (Min. HSPF 8.0)



<b>CERTIFICATE OF COMPLIANCE</b>	<b>CF1R-ALT-03-E</b>
Alterations - HVAC CZ 1, 3 to 7 and 16 (formerly CF-1R-ALT-HVAC)	(Page 1 of 1)

<b>Site Address:</b>		<b>Enforcement Agency:</b>		<b>Date Prepared:</b>	<b>Permit#:</b>
Equipment Type		Equipment Efficiency		New: Ducting, <i>Plenums, Lineset</i> Required R-value	Conditioned Floor Area (sq ft)
<input type="checkbox"/> Packaged System	<input type="checkbox"/> Evaporator Coil	____ AFUE	____ COP	<input type="checkbox"/> R-6 (CZ 1,3-7) Ducts	Served by system _____ sq ft
<input type="checkbox"/> Split System	<input type="checkbox"/> Condensing Unit	____ SEER	____ HSPF	<input type="checkbox"/> R-8 <sup>1</sup> (CZ 16) Ducts	
<input type="checkbox"/> Furnace	<input type="checkbox"/> Lineset	____ EER		<input type="checkbox"/> R-6 (all CZ's) Plenums	
				<input type="checkbox"/> R-5 or R7.5 Lineset <sup>3</sup>	<input type="checkbox"/> Setback (If not already present, must be installed)

**HERS VERIFICATION SUMMARY** Installer determines work to be completed and matches to one of the options below. At permit application this form is allowed to be filled out by hand. For final inspection all forms are to be registered (no hand filled forms allowed) and a copy left on site.

<input type="checkbox"/> <b>1. HVAC Changeout/Repair</b> Can include new ducting	<b>Required Compliance Documents to be left on site for Final:</b>
All Equipment, Condenser Unit, Evaporator Coil, Air Handler/Furnace	CF1R-ALT-02-E CF2R: MECH-01, MECH-20-HERS CF3R: MECH-20-HERS

**Installer Requirement:** Duct leakage ( $\leq 15\%$  or,  $\leq 10\%$  to outside, or seal all accessible leaks)  
 Exempted from duct leakage testing if:  
 1. Duct system registered with HERS provider as previously sealed, or  2. There is less than 40 linear feet of duct in unconditioned space, or  3. Existing duct systems are constructed, insulated or sealed with asbestos (list manufacture date of building \_\_\_\_\_)

<input type="checkbox"/> <b>2. New HVAC System</b>	<b>Required Compliance Documents to be left on site for Final:</b>
All new equipment and All New Ducts <sup>2</sup>	CF1R-ALT-02-E CF2R-MECH-01, MECH-20-HERS, MECH-22-HERS, MECH-(23 or 24)-HERS CF3R-MECH-20-HERS, MECH-22-HERS, MECH-(23 or 24)-HERS <sup>2</sup>

**Installer Requirement:** Duct leakage  $\leq 6\%$ , Fan Efficacy (.58W/CFM), Air Flow  $\geq 350$  CFM/ton (or Standards Table 150.0-C / D alternative)

<input type="checkbox"/> <b>3. All New Ducts with Replacement</b>	<b>Required Compliance Documents to be left on site for Final:</b>
Includes replacing or installing All New Ducts <sup>2</sup> and one or more of the following: Condenser Unit, Evaporator Coil, Furnace	CF1R-ALT-02-E CF2R-MECH-01, MECH-20-HERS, MECH-(23 or 24)-HERS CF3R-MECH-20-HERS, MECH-(23 or 24)-HERS

**Installer Requirement:** Duct leakage  $\leq 6\%$ , Air Flow  $\geq 350$  CFM/ton (or Standards Table 150.0-C / D alternative)  
 Exempted from duct leakage testing I existing duct systems are constructed, insulated or sealed with asbestos.

<input type="checkbox"/> <b>4. New Ducting over 40 feet</b>	<b>Required Compliance Documents to be left on site for Final:</b>
Adding or replacing ducts in unconditioned space but less than All New Ducts <sup>2</sup>	CF1R-ALT-02-E CF2R: MECH-20-HERS CF3R: MECH-20-HERS

**Installer Required to:** Duct leakage ( $\leq 15\%$  or,  $\leq 10\%$  to outside, or seal all accessible leaks)  
 Exempted from duct leakage testing I existing duct systems are constructed, insulated or sealed with asbestos.

<sup>1</sup> All new ducting R-8 required when more than 40 ft installed and R-6 when less than 40 ft installed. This includes in walls, between floors etc.  
<sup>2</sup> A New Duct system is when the duct system is constructed of at least 75 percent new duct material, and up to 25 percent may consist of reused parts from the dwelling unit's existing duct system (e.g., registers, grilles, boots, air handler, plenums, duct material).  
<sup>3</sup> R-5 (1" thick insulation) for linesets 1" and less. R-7.5 (1.5" thick insulation) for linesets over 1 inch. Most mfg will require Suction line Diameter with insulation as the following 1.5-2T-2 $\frac{3}{4}$ ", 2.5-3T-2 $\frac{3}{4}$ ", 3.5 to 4T-2 $\frac{3}{4}$ ", 5T-4 $\frac{1}{2}$ "

**Contractor (Documentation Author's /Responsible Designer'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 Compliance is true and correct.
- I am eligible under Division 3 of the California Business and Professions Code to accept responsibility for the information on this document.
- That the energy features and performance specifications 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 Regulations (CCR).
- That the energy features and performance specifications, materials, components, and manufactured devices for the building design or system design identified on this Certificate of Compliance conform to the requirements of Title 24, Part 1 and Part 6 of the CCR.
- The building design features or system design features identified on this Certificate of Compliance are consistent with the information provided on other applicable compliance documents, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with this building permit application.

Responsible Designer Name:	Responsible Designer Signature:	Date Signed:	License:
Company :	Address:	City/State/Zip:	Phone: