

SINGLE DWELLING UNIT HOT WATER SYSTEM DISTRIBUTION - STORAGE



CEC-CF2R-PLB-02-E (Revised 06/16)

CALIFORNIA ENERGY COMMISSION

CERTIFICATE OF INSTALLATION		CF2R-PLB-02-E
Single Dwelling Unit Hot Water System Distribution		(Page 1 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City CARPINTERIA	Zip Code

A. General Information		
01	Dwelling Unit Name	SINGLE FAMILY DWELLING

B. Design Dwelling Unit Water Heating Systems Information													
This table reports the water heating system features that were specified on the registered CF1R compliance document for this project.													
01	02	03	04	05	06	07	08	09	10	11	12	13	14
Water Heating System ID or Name	Water Heating System Type	Water Heater Type	# of Water Heaters in system	Water Heater Storage Volume (gal)	Fuel Type	Rated Input Type	Rated Input Value	Heating Efficiency Type	Heating Efficiency Value	Standby Loss (%)	Exterior Insul. R-Value	Central DHW System Distribution Type	Dwelling Unit DHW System Distribution Type
	DOMESTIC	STORAGE	ONE		GAS	BTU/HR	≤75,000	EF	≥ .58	N/A	N/A	N/A	PARALLEL

C. Installed Dwelling Unit Water Heating Systems Information													
01	02	03	04	05	06	07	08	09	10	11	12	13	14
Water Heating System ID or Name	Water Heating System Type	Water Heater Type	# of Water Heaters in system	Water Heater Storage Volume (gal)	Fuel Type	Rated Input Type	Rated Input Value	Heating Efficiency Type	Heating Efficiency Value	Standby Loss (%)	Exterior Insul. R-Value	Central DHW System Distribution Type	Dwelling Unit DHW System Distribution Type
	DOMESTIC	STORAGE	ONE		GAS	BTU/HR		EF		N/A	N/A	N/A	PARALLEL

D. Installed Water Heater Manufacturer Information		
01	02	03
Water Heating System ID or Name	Manufacturer	Model Number

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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:		
<ol style="list-style-type: none"> The information provided on this Certificate of Installation is true and correct. 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. 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. 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. 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: