CERTIFICATE OF INSTALLATION		CF2R-ENV-04-E
Additional Attic Ventilation		(Page 1 of 1)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City	Zip Code

A. Ventilation Requirements

1	2	3	4	5	6	7
Total Floor Area over conditioned and unconditioned (garage) ft2	Total Attic Ventilation (net free area)		Minimum Upper Vents (net free area)		Maximum Lower Vents (net free area)	
	Required ft2	Required in2	Required ft2	Required in2	Required ft2	Required in2

Total attic ventilation calculated as 1.25 x Col 1/300 = Col 2 (ft2). Col 2 x 144 = Col 3 (in2).
Minimum upper vents calculated as Col 1 x 0.3 = Col 4 (ft2). Col 4 x 144 = Col 5 (in2).
Minimum lower vents calculated as Col 1 x 0.7 = Col 6 (ft2). Col 6 x 144 = Col 7 (in2).

B. Ventilation Construction

1.	Upper vents are within two feet vertical distance of the roof ridge.
2.	Lower vents are in the soffit and/or eave.
3.	The amount of lower vents matches or exceeds the amount of upper vents.
4.	If ridge vents are used there are no gable vents.
5.	A 0.25% factor is used in the above equation for the reduction of net free area from louvers and bug screens.

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

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

Name:	Signature:
Company :	Date:
Address:	CEA or CEPE or HERS Certification # If Applicable:
City/State/Zip:	Phone:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

1. I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
2. I am eligible under Division 3 of the Business and Professions Code to accept responsibility for construction, or an authorized representative of the person responsible for construction (responsible person).
3. I certify that the installed features, materials, components, or manufactured devices identified on this certificate (the installation) conforms to all applicable codes and regulations, and the installation is consistent with the plans and specifications approved by the enforcement agency.
4. I reviewed a copy of the Certificate of Compliance (CF1R) approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF1R that apply to the installation have been met.
5. **I will ensure that a completed, signed 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 signed copy of this Certificate of Installation is required to be included with the documentation the builder provides to the building owner at occupancy.**

Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Responsible Person's Name:		Responsible Person's Signature:
CSLB License:	Date Signed:	Position With Company (Title):