

REQUIREMENTS FOR PACKAGED SINGLE ZONE UNITS



CERTIFICATE OF COMPLIANCE

NRCC-MCH-05-E

Requirements for Packaged Single-Zone Units

(Page 1 of 2)

Project Name:

Date Prepared:

Equipment Tag(s) ¹							
MANDATORY MEASURES	T-24 Sections	Requirement ³	As Scheduled ³	Requirement ³	As Scheduled ³	Requirement ³	As Scheduled ³
Heating Equipment Efficiency ⁴	110.1 or 110.2(a)						
Cooling Equipment Efficiency ⁴	110.1 or 110.2(a)						
Thermostats ⁵	110.2(b), 110.2(c)						
Furnace Standby Loss Control ⁶	110.2(d)						
Low Leakage AHU	110.2(f)						
Ventilation ⁷	120.1(b)						
Demand Control Ventilation ⁸	120.1(c)4						
Occupant Sensor Ventilation Control ⁸	120.1(c)5, 120.2(e)3						
Shutoff and Reset Controls ⁹	120.2(e)						
Outdoor Air and Exhaust Damper Control	120.2(f)						
Automatic Demand Shed Controls	120.2(h)						
Economizer FDD	120.2(i)						
Duct Insulation	120.4						
PRESCRIPTIVE MEASURES							
Equipment is sized in conformance with 140.4 (a & b)	140.4(a & b)						
Economizer	140.4(e)						
Electric Resistance Heating ¹⁰	140.4(g)						
Duct Leakage Sealing and Testing. ¹¹	140.4(l)						

Notes:

- Provide equipment tags (e.g. AC1 or AC1 to 10). Multiple units of the same make and model with the same application and accessories can be grouped together.
- Enter the following information as appropriate: Unit Manufacturer; Unit Model Number (including all accessories); Description of the unit (e.g. gas-pack or heat pump; rated heating capacity (enter "N/A" if no heating); and, rated cooling capacity (enter "N/A" if no cooling). For unit capacities include the units (e.g. kBtuh or tons).
- For each requirement, enter the minimum requirement from the Standard in the left column (under "Standard Requirement"). In the right column (under "As Scheduled") enter the value for the units as specified.
- Where there is more than one requirement (e.g. full and part load efficiency) enter both with the appropriate labels (e.g. COP and IEER).
- In the left column identify the thermostatic requirements from the standard (e.g. programmable setback thermostat or heatpump with electric heat), . In the right column indicate the capabilities of the thermostat as scheduled.
- If the unit has a furnace which is rated at $\geq 225,000$ Btuh of capacity, indicate the rated standby loss and ignition source (e.g. IID). If there is no furnace or the unit is rated for $< 225,000$ Btuh indicate "N/A".
- In the left column, enter both the required ventilation value from Table 120.1A and for the number of occupants times 15 cfm/person. In the right column enter the actual minimum ventilation as scheduled. If the space is naturally ventilated enter "N/A" in the left column and "the space is naturally ventilated" in the right column.
- If the space is required to have either DCV or Occupant Sensor Ventilation Control indicate "required" in the left column (otherwise indicate "N/A" in the left column). If either DCV or Occupant Sensor Ventilation Control is provided indicate "provided" in the right column (otherwise indicate "N/A" in the right column)
- In the left column indicate the required time controls from the standard. In the right column identify the device that provides this functionality (e.g. EMCS or programmable timeclock).
- Enter N/A if there is no electric heating. If the system has electric heating indicate which exception to 140.4(g) applies.
- If duct leakage sealing and testing is required, a **MCH-04-A** compliance document must be submitted.

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CEC-NRCC-MCH-05-E (Revised 01/16)



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Project Name:	Date Prepared:	

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT	
1. I certify that this Certificate of Compliance documentation is accurate and complete.	
Documentation Author Name:	Documentation Author Signature:
Company:	Signature Date:
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"> 1. The information provided on this Certificate of Compliance is true and correct. 2. I am eligible under Division 3 of the Business and Professions Code to accept responsibility for the building design or system design identified on this Certificate of Compliance (responsible designer). 3. 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 California Code of Regulations. 4. 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. 5. I will ensure that a completed signed copy of this Certificate of Compliance shall be 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 completed signed copy of this Certificate of Compliance is required to be included with the documentation the builder provides to the building owner at occupancy. 	
Responsible Designer Name:	Responsible Designer Signature:
Company :	Date Signed:
Address:	License:
City/State/Zip:	Phone: