

APPENDIX RD
MANDATORY COMPLIANCE CERTIFICATE

<p>2020 Georgia Residential Energy Code Compliance Certificate</p> <p>This certificate shall be posted on or near the electrical distribution panel or air handler</p> <p>Permit # _____</p> <p>House Address or Community/Lot# _____</p>	<p>Jurisdiction Logo and/or Contact Information Here</p>
--	--

Building Summary

Builder Company Name	Signature	Contact (email/phone)	Date
----------------------	-----------	-----------------------	------

Compliance Pathway (check one)	Building Envelope (when multiple values per component, list value covering largest area)	
<input type="checkbox"/> Prescriptive: R401-404	Ceiling/Roof R-value	Above-grade mass wall R-value
<input type="checkbox"/> UA Trade-off: R402.1.5	Sloped/vaulted ceiling R-value	Cantilevered floors R-value
<input type="checkbox"/> RESCheck: Keyed to 2015 IECC	Exterior wall R-value	Window/Glass Door SHGC
<input type="checkbox"/> Simulated Performance: R405	Kneewall (cavity and/or continuous) R-value	Window/Glass Door U-factor
<input type="checkbox"/> Energy Rating Index (ERI): R406	Foundation (cavity and/or continuous) R-value	Skylight SHGC
ERI Score	Floors over unconditioned R-value	Skylight U-factor

Mechanical Summary

HVAC Company Name	Contact (email/phone)	Date
-------------------	-----------------------	------

Heating System Type	Efficiency (AFUE, HSPF, COP or other)	Cooling System Type	Efficiency (SEER, EER or other)	Water Heating Type	Efficiency (EF or other)
<input type="checkbox"/> Gas		<input type="checkbox"/> Air conditioner		<input type="checkbox"/> Gas	
<input type="checkbox"/> Heat pump		<input type="checkbox"/> Heat pump		<input type="checkbox"/> Electric	
<input type="checkbox"/> Other		<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Manual J, S, D or equivalent complete?					

Required Mechanical Ventilation

Type (check one)	Design Rate (check one)	Design Ventilation Rate (CFM)
<input type="checkbox"/> Exhaust	<input type="checkbox"/> Continuous	
<input type="checkbox"/> Supply	<input type="checkbox"/> Intermittent	
<input type="checkbox"/> Balanced	If intermittent, list runtime in min. per hour	

Duct and Envelope Tightness Testing Summary

DET Verifier	Contact (email/phone)	DET Verifier ID
--------------	-----------------------	-----------------

Envelope Tightness Testing (< 5 ACH50) (Envelope Tightness = Blower Door Fan Flow x 60 / Thermal Envelope Volume)

Blower Door Fan Flow (CFM50)	Thermal Envelope Volume (ft ³)	Envelope Tightness (ACH50)
------------------------------	--	----------------------------

If multifamily unit and conducting sampling, this unit is not required to be tested. Mark N/A.

Duct Tightness Testing (< 6 CFM25/100 ft²) (Total Duct Leakage = 100 x Fan Flow / Area Served)

Number of Heating and Cooling Systems _____

Duct Tightness Leakage Test Results	System 1	System 2	System 3
If air handler and ductwork located entirely within in condi-			
Location			
Fan Flow (CFM25)			
Area Served (ft ²)			
Total Duct Leakage (CFM25/100 ft ²)			
Rough In Total (RIT) or Post Construction Total (PCT)			