



Building Department, City of Centralia

118 W. Maple, PO Box 609

Centralia, WA 98531

Post this form on the furnace for inspection and verification by
Inspector for the home owner.

Certificate of Compliance

Property Address: _____

Conditioned Floor Area _____ **Date** ____ / ____ / ____

Builder or registered design professional :

Signature: _____

R-Values

Ceiling: Vaulted R-____ Floors Over unconditioned space R-____
 Attic R-____ Slab on grade floor R-____

Walls: Above grade R-____ **Doors** _____ R-____
 Below, int. R-____ _____ R-____
 Below, ext. R-____ _____ R-____

U-Factors and SHGC

NFRC rating (or) _____ Windows U-____ SHGC-____
 Default rating (Chapter 10 WSE-C 2009) Skylights U-____ SHGC-____

Chapter 9 Option(s) _____ **Total Chpt. 9 Credits** _____

Heating, Cooling & Domestic Hot Water

System	Type	Efficiency
Heating		
Cooling		
DHW		

Duct & Building Air Leakage

All ducts & HVAC in conditioned space (yes / no) Insulation R-____

Test Method: ___ Total leakage ___ Leakage to exterior ___ Air handler present

Test Target _____ CFM@25Pa Test Result _____ CFM@25Pa

Building air leakage target: SLA<0.00030 - Tested leakage: SLA= _____

Onsite Renewable Energy Electric Power System:

System type: _____ Rated annual generation _____ Kwh

2009 WSEC Residential Energy Compliance Certificate