INSTALLATION CERTIFICATE	(Page 2 of 12) CF-6R
Site Address 430 BOWMAN AVE.	Permit Number 0501292

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(a).

FENESTRATION/GLAZING:

Item	Manufacturer/Brand Name (GROUP LIKE RODUCTS)	Product U-factor[1] (≤ CF-1R value)[2]	Product SHGC[1] (≤CF-1R value)[2]	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.	Jeld wen	0.35	0.35	2	5	1326	N/A	Slider
2.	Jeld wen	0.35	0.32	4	1	1326	N/A	Double Hung
3.	Jeld wen	0.33	0.35	4	1	1326	N/A	Sliding Patio Door
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

[1] Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, use the default values from Section 116 of the Energy Efficiency Standards.

[2] Installed U-factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-1R. If using default table SHGC values from §116 identify whether tinted or not.

✓ ☐ I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
	[signature]	7-22-07	
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Copies to: Building Department , HERS Rater (if applicable) Building Owner at Occupancy