



# City of Colton

## Development Services Department

Building Division  
659 North La Cadena Drive  
Colton, CA 92324  
(909) 370-5079

### Fenestration (Window Change-out) Building Permit Requirements

Effective January 1, 2020 the City of Colton adopted the 2019 California Building, Electrical, Plumbing, Mechanical, Green Building, Energy and Fire Codes. (Title 24)

#### **General Information**

Permits may be obtained through one of the following:

- The Property Owner or his/her Insured California State Licensed Contractor:
  - A "B" licensed general contractor.
- Planning Approval required prior to Permit Issuance.
- Type of Window Change-out
  - Retrofit – Replacement within the existing Frame
    - No alterations to be performed.
  - New Construction – Finish material and/or Frame is to be altered.
    - All fenestration change-outs shall meet all current code requirements for egress.

#### **Documents Required**

All forms are required to be of the physical type at time of permit submittal.

- Permit Application completed and signed.
- Picture ID of Owner/Licensed Contractor or:
  - Notarized Letter of Authorization if agent of Owner/Licensed Contractor
- Site Plan required with location of fenestration change-out and sizes.
- CF1R form completed at time of permit issuance.

#### **Required Inspections**

Required Inspections are based on the type of Installation being done.

- New Construction Window
  - 1<sup>st</sup> Inspection – Framing/Lath/Waterproof barrier
    - *Once the new window has been placed, lath and/or waterproof barrier has been installed.*
  - 2<sup>nd</sup> inspection – Final \*\*
    - *Once the work has been completed, and site is clear from any debris and/or foreign objects.*

\*\* Retrofit Installations ONLY require a Final Inspection \*\*



CERTIFICATE OF COMPLIANCE		CF1R-ALT-05-E
Prescriptive Residential Alterations That Do Not Require HERS Field Verification		(Page 1 of 8)
Project Name:	Page 1 of 8	Date Prepared:

*This compliance document is only applicable to simple alterations that do not require HERS verification for compliance. When HERS verification is required, a CF1R-ALT-01 shall first be registered with a HERS Provider Data Registry.*

*Alterations to Space Conditioning Systems that are exempt from HERS verification requirements may use the CF1R-ALT-05 and CF2R-ALT-05 Compliance Documents. Possible exemptions from duct leakage testing include: less than 40 ft of ducts were added or replaced; or the existing duct system was insulated with asbestos; or the existing duct system was previously tested and passed by a HERS Rater. If space conditioning systems are altered and are not exempt from HERS verification, then a CF1R-ALT-02 must be completed and registered with a HERS Provider Data Registry.*

*Alterations that utilize close Cell Spray Polyurethane Foam (ccSPF) with a density of 1.5 to less than 2.5 pounds per cubic foot having an R-value greater than 5.8 per inch, or Open Cell Spray Polyurethane Foam (ocSPF) with a density of 0.4 to less than 1.5 pounds per cubic foot having an R-value of 3.6 per inch, shall complete and register a CF1R-ALT-01 with a HERS Provider Data Registry.*

*If more than one person has responsibility for installation of the items on this certificate, each person shall prepare and sign a certificate applicable to the portion of construction for which they are responsible. Alternatively, the person with chief responsibility for construction shall prepare and sign this certificate for the entire construction. All applicable Mandatory Measures shall be met. Temporary labels shall not be removed before verification by the building inspector.*

#### A. General Information

01	Project Name:	02	Date Prepared:
03	Project Location:	04	Building Front Orientation (deg or cardinal):
05	CA City:	06	Number of Altered Dwelling Units:
07	Zip Code:	08	Fuel Type:
09	Climate Zone:	10	Total Conditioned Floor Area (ft <sup>2</sup> ):
11	Building Type:	12	Slab Area (ft <sup>2</sup> ):
13	Project Scope:		



<b>CERTIFICATE OF COMPLIANCE</b>		CF1R-ALT-05-E
Prescriptive Residential Alterations That Do Not Require HERS Field Verification		
Project Name:		(Page 5 of 8)
Page 5 of 8		Date Prepared:
32	Compliance Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Fenestration SHGC ≤ Required Fenestration SHGC		

<b>F. Fenestration/Glazing Proposed Areas and Efficiencies – Replace (Section 150.2(b)1B)</b>													
Note: Doors with greater than or equal to 25 percent glazed area are considered glazed doors and are treated as fenestration products.													
01	02	03	04	05	06	07	08	09	10	11	12	13	14
Tag/ ID	Fenestration Type	Frame Type	Dynamic Glazing	Orientation N, S, W, E	Area Removed (ft <sup>2</sup> )	Area Added (ft <sup>2</sup> )	Net Added Area (ft <sup>2</sup> )	Proposed U-factor	Proposed U-factor Source	Proposed SHGC	Proposed SHGC Source	Exterior Shading Device	Combined SHGC from CF1R-ENV-03
15	Net Added West-facing Fenestration Area												
16	Is Net Added Fenestration Area ≤ for west-facing fenestration? <input type="checkbox"/> Yes <input type="checkbox"/> No												
17	Net Added Fenestration Area (all orientations)												
18	Is Net-Added Fenestration Area ≤ 0 for all orientations? <input type="checkbox"/> Yes <input type="checkbox"/> No												
19	Proposed Fenestration U-factor (Windows) Required Fenestration U-factor (Windows)												
20	Is the proposed Fenestration U-factor ≤ the Required Fenestration U-factor? <input type="checkbox"/> Yes <input type="checkbox"/> No												
21	Proposed Fenestration SHGC (Windows) Required Fenestration SHGC (Windows)												
22	Is the Proposed Fenestration SHGC ≤ the Required Fenestration SHGC? <input type="checkbox"/> Yes <input type="checkbox"/> No												
23	Proposed Fenestration U-factor (Skylights) Required Fenestration U-factor (Skylights)												
24	Is the proposed Fenestration U-factor ≤ the Required Fenestration U-factor? <input type="checkbox"/> Yes <input type="checkbox"/> No												
25	Proposed Fenestration SHGC Required Fenestration SHGC												
26	Is the proposed Fenestration SHGC ≤ the Required Fenestration SHGC? <input type="checkbox"/> Yes <input type="checkbox"/> No												
27	Proposed Fenestration SHGC Required Fenestration SHGC												
28	Is the Proposed Fenestration SHGC ≤ the Required Fenestration SHGC? <input type="checkbox"/> Yes <input type="checkbox"/> No												
29	Proposed Fenestration SHGC Required Fenestration SHGC												
30	Is the Proposed Fenestration SHGC ≤ the Required Fenestration SHGC? <input type="checkbox"/> Yes <input type="checkbox"/> No												



CERTIFICATE OF COMPLIANCE		CF1R-ALT-05-E (Page 8 of 8)
Prescriptive Residential Alterations That Do Not Require HERS Field Verification		Date Prepared:
Project Name:	Page 8 of 8	
<b>DOCUMENTATION AUTHOR'S DECLARATION STATEMENT</b>		
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:	
<b>RESPONSIBLE PERSON'S DECLARATION STATEMENT</b>		
I certify the following under penalty of perjury, under the laws of the State of California:		
<ol style="list-style-type: none"> <li>The information provided on this Certificate of Compliance is true and correct.</li> <li>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).</li> <li>That 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.</li> <li>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.</li> <li>I will ensure that a registered 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 registered copy of this Certificate of Compliance is required to be included with the documentation the builder provides to the building owner at occupancy.</li> </ol>		
Responsible Designer Name:	Responsible Designer Signature:	
Company :	Date Signed:	
Address:	License:	
City/State/Zip:	Phone:	

**For assistance or questions regarding the Energy Standards, contact the Energy Hotline at: 1-800-772-3300.**