



## **Calhoun County**

# **Residential Certificate of Occupancy Packet**

Before a Certificate of Occupancy can be issued, the following documents must be submitted:

- Termite Treatment Letter
- SCDES Final Approval to Operate
- Calhoun County Residential Energy Code Compliance Certificate
- Calhoun County Residential Building Envelope Sealing Certificate
- Calhoun County Residential Duct Sealing Certificate or Duct Blaster Results
- Roof Inspection Affidavit



# Calhoun County Residential Energy Code Compliance Certificate

Residential Energy Compliance Code Certificate Permanently Place on or in Electrical Panel for Final Inspection		
Building Permit Number: _____		
Contractor/Design Professional Name: _____		Owner Name: _____
Address: _____		Address: _____
Phone: _____		Phone: _____
Location of Work: _____		
The Residential Energy Compliance Code was calculated by the above referenced contractor or design professional.		
Envelope Summary		
<b>List the R-Value for the following Components:</b>		
Flat Ceiling/Roof: _____	Foundation Slab: _____	Basement Continuous: _____
Exterior Wall: _____	Cantilevered Floor: _____	Crawlspace Continuous: _____
Attic Kneewall: _____	Slope/Vault Ceiling: _____	Floors over Unconditioned Space: _____
Basement Stud Wall: _____	Above Grade Mass Wall: _____	Other Insulation: _____
Crawlspace Stud Wall: _____	Attic Kneewall Sheathing: _____	
Fenestration Components		
Window U-factor: _____	Window SHGC: _____	
Skylight U-factor: _____	Skylight SHGC: _____	
Glazed Door U-factor: _____	Opaque Door U-factor (<50% glazed): _____	
Mechanical Summary		
Water Heater Energy Factor: _____ Ef	Fuel type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Number of heating and cooling systems: _____	Programmable Thermostats <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating system type (choose one):</b>		
<input type="checkbox"/> Gas: _____ AFUE	<input type="checkbox"/> Air-source heat pump: _____ HSPF	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Efficiency: _____	
Miscellaneous		
<input type="checkbox"/> Wood-burning fireplace (Gasketed doors & outdoor combustion air)	<input type="checkbox"/> Lighting equipment (min. 50% of lamps shall be high-efficacy lamps).	
Certification		
The Contractor or Design Professional hereby certifies the above referenced Residential Energy Compliance Code Certificate was done in accordance with the specification established by the 2009 International Energy Conservation Code Section 401.3.		
_____	_____	_____
Print name	Signature of Contractor/authorized agent	Date



# Calhoun County

## Residential Building Envelope Sealing Certificate

Residential - Building Envelope Sealing Certificate Before Insulation or After Insulation Inspection		
Building Permit Number:		
Contractor Name:		Owner Name:
Address:		Address:
Phone:		Phone:
Location of Work:		
The building thermal envelope has been durably sealed to limit infiltration by the above referenced contractor.		
Choose method of compliance ___ Blower Door Test    ___ Visual Inspection If Visual Inspection complete the bottom of this form		
<b>Methods Used to Create Air Barrier</b> (Choose all that Apply)		
<input type="checkbox"/> Caulked	<input type="checkbox"/> Gasketed	<input type="checkbox"/> Weatherstripped <input type="checkbox"/> Other _____
<b>Durably Sealed Areas</b>		
BI	AI	
<input type="checkbox"/>	-	Air barrier and thermal barrier
<input type="checkbox"/>	-	Ceiling/attic (Attic access, knee wall door, or drop-down stairs is sealed)
<input type="checkbox"/>	<input type="checkbox"/>	Walls (Corners and headers, junction of foundation and sill plate are sealed)
<input type="checkbox"/>	<input type="checkbox"/>	Window & Doors (Opening between window and door assemblies & their respective jambs & framing)
<input type="checkbox"/>	<input type="checkbox"/>	Rim Joist
<input type="checkbox"/>	<input type="checkbox"/>	Floors (including above garage and cantilevered floors) Air barrier is installed at any exposed edge of insulation.
<input type="checkbox"/>	<input type="checkbox"/>	Crawl Space walls (insulation is permanently attached, exposed earth in unvented crawl space covered with class I vapor retarder joints taped).
<input type="checkbox"/>	<input type="checkbox"/>	Shafts, penetrations (Duct shafts, utility penetration and flue shafts opening to exterior or unconditioned space sealed).
<input type="checkbox"/>	<input type="checkbox"/>	Narrow cavities (Batts in narrow cavities are cut to fit, or filled by sprayed/blown insulation).
<input type="checkbox"/>	<input type="checkbox"/>	Garage Separation
<input type="checkbox"/>	<input type="checkbox"/>	Recessed lighting (Fixtures are air tight, IC rated, and sealed to drywall).
<input type="checkbox"/>	<input type="checkbox"/>	Plumbing & wiring (Insulation is placed between outside and pipes).
<input type="checkbox"/>	<input type="checkbox"/>	Shower/tub on exterior wall (Insulation and an air barrier separating them from exterior wall).
<input type="checkbox"/>	<input type="checkbox"/>	Electrical/phone box on exterior wall sealed
<input type="checkbox"/>	<input type="checkbox"/>	HVAC register boots (Penetrate building envelope is sealed to subfloor or drywall).
<input type="checkbox"/>	<input type="checkbox"/>	Common wall (Air barrier is installed between dwelling units).
<input type="checkbox"/>	<input type="checkbox"/>	Fireplace
<b>Certification</b>		
The Contractor hereby certifies the above referenced Building Thermal Envelope has been durably sealed to limit infiltration in accordance with the specification established by the 2009 International Energy Conservation Code Section 402.		
_____	_____	_____
Print name	Signature of Contractor/Third Party Inspector	Date



# Calhoun County Residential Duct Sealing Certificate

Residential - Duct Sealing Certificate			
Building Permit Number:			
Contractor Name:		Owner Name:	
Address:		Address:	
Phone:		Phone:	
Location of Work:			
The duct tightness was tested by the above referenced contractor.			
<p><b>If all ducts are not located within conditioned space, builder must verify one of the following:</b>            Post Construction duct leakage to outdoors (PCO) is <math>\leq</math> 8 cfm/100 ft<sup>2</sup>            Post Construction total duct leakage (PCT) is <math>\leq</math> 12 cfm/100 ft<sup>2</sup>.            Rough-In total Leakage (RIT) is <math>\leq</math> 6 cfm/100 ft<sup>2</sup>.            State which method was used to conduct the duct tightness test:            Duct Blower (DB), Modified Blower Door Subtraction Method (MBDS), or Automated Multipoint Blower Door (AMBD).</p>			
Table			
System Unit	Test (PCO, PCT, RIT)	Method (DB, MBDS, AMBD)	Test Result cfm /100 sqft
1	<input type="checkbox"/> PCO <input type="checkbox"/> PCT <input type="checkbox"/> RIT	<input type="checkbox"/> DB <input type="checkbox"/> MBDS <input type="checkbox"/> AMBD	
2	<input type="checkbox"/> PCO <input type="checkbox"/> PCT <input type="checkbox"/> RIT	<input type="checkbox"/> DB <input type="checkbox"/> MSBS <input type="checkbox"/> AMBD	
3	<input type="checkbox"/> PCO <input type="checkbox"/> PCT <input type="checkbox"/> RIT	<input type="checkbox"/> DB <input type="checkbox"/> MSBS <input type="checkbox"/> AMBD	
Certification			

**Calhoun County**  
**Building and Planning Department**

102 Courthouse Dr., Suite 112  
St. Matthews SC 29135  
PHONE (803) 874-4201

RE: Permit # \_\_\_\_\_

Roof Inspection Affidavit

I \_\_\_\_\_, licensed as a(n) Contractor\*/Engineer/Architect,  
(please print name and circle Lic. Type)

License #: \_\_\_\_\_

On or about \_\_\_\_\_, did personally inspect the roof  
(Date & time)

deck nailing, flashing, secondary water barrier, and roof covering installation work at  
(circle one or all) (Job Site Address)

Based upon that examination I have determined the installation was done according to the requirements of the currently adopted code and the manufacturers installation instructions.

Signature

STATE OF SOUTH CAROLINA  
COUNTY OF

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_

Notary Public, State of South Carolina

\_\_\_\_\_  
(Print, type or stamp name)

Commission No.:

\* General, Building, Residential, or Roofing Contractor or any individual certified to make such an inspection. Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.