

CITY OF MILPITAS

Building & Safety Department
455 E. Calaveras Blvd.
Milpitas, CA 95035
408-586-3240
www.ci.milpitas.ca.gov



KIOSK SUBMITTAL REQUIREMENTS

Project Address*: _____ **Date:** _____

*All spaces in the Great Mall and Season's Marketplace, including Kiosk's, have their own street address. Do not list the address of the leasing office.

In order to process and expedite your request for a Building Permit, please submit the applicable items listed below and include this Checklist in your submittal.

For more detailed information regarding each plan type, refer to the Commercial Plan Requirements handout.

If kiosk is located inside the Great mall, all drawings must be approved by the Mall management prior to submittal to the City.

- Four (4) complete sets of drawings (22" x 17" min. size) to include:
 - Architectural
 - Overall floor plan showing location of Kiosk in the Mall
 - Detailed floor plan of kiosk with:
 - List a Scope of Work
 - Building data: construction type, square footage, sprinklers & occupancy classification
 - Define space function (i.e. sales area, storage)
 - Show exiting path, doors and hardware
 - List Accessibility Standards
 - Elevations
 - Cross sections
 - Details & notes
 - Structural
 - Required if Kiosk is higher than 6'-0"
 - Plans as required
 - Cross sections
 - Details and notes
 - Electrical
 - Mechanical
 - Plumbing
 - Title 24 (lighting)
- 2 sets of Structural Calculations, if required (wet stamped by State of California licensed engineer)
- Drawings approved by the Great Mall (if applies)
- Drawings approved by the Health Department (if applies)
- Drawings approved by the Santa Clara Water Pollution Control Plant (if applies)

Milpitas Building & Safety Department
Kiosk Submittal Requirements

1. All drawings and calculations must be signed by design professionals as required by the California Business & Professions Code.
2. If one or more required items are not submitted, the application will be considered incomplete and will not be processed.
3. Building permits may only be issued to the Building Owner or a Licensed Contractor. Tenants must have written authorization from the Owner to obtain Owner Builder permits. See Authorized Agent Sample Letter.

I have read the above information and have submitted all the required information.

Print Name: _____ Telephone Number: _____

Signature: _____ Date: _____

CERTIFICATE OF COMPLIANCE**(Page 1 of 4)****LTG-1C**

Project Name:		Date:
Project Address:	Climate Zone:	Building CFA :
		Unconditioned Floor Area :
General Information		
Building Type:	<input type="checkbox"/> Nonresidential	<input type="checkbox"/> High-Rise Residential
	<input type="checkbox"/> Schools	<input type="checkbox"/> Hotel/Motel
	<input type="checkbox"/> Relocatable Public Schools	<input type="checkbox"/> Conditioned Spaces
	<input type="checkbox"/> Complete Building	<input type="checkbox"/> Unconditioned Spaces
Phase of Construction:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition
	<input type="checkbox"/> Area Category	<input type="checkbox"/> Alteration
Method of Compliance:	<input type="checkbox"/> Complete Building	<input type="checkbox"/> Tailored
Documentation Author's Declaration Statement		
<ul style="list-style-type: none"> I certify that this Certificate of Compliance documentation is accurate and complete. 		
Name:	Signature:	
Company:	Date :	
Address:	If applicable: CEA # CEPE #	
City/State/Zip	Phone:	
Principal Lighting Designer's Declaration Statement		
<ul style="list-style-type: none"> I am eligible under Division 3 of the California Business and Professions Code to accept responsibility for the lighting design. This Certificate of Compliance identifies the lighting features and performance specifications required for compliance with Title 24, Pages 1 and 6 of the California Code of Regulations. The design features represented on this Certificate of Compliance are consistent with the information provided to document this design on the other applicable compliance forms, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with this building permit application. 		
Name:	Signature:	
Company:	Phone:	
Address:	License #	
City/State/Zip:	Date:	
Lighting Mandatory Measures		
Indicate location on building plans of Mandatory Measures Note Block: _____		
LIGHTING COMPLIANCE FORMS & WORKSHEETS (check box if worksheet is included)		
<i>For detailed instructions on the use of this and all Energy Efficiency Standards compliance forms, please refer to the Nonresidential Manual published by the California Energy Commission.</i>		
<input type="checkbox"/>	LTG-1C Pages 1 through 4	Certificate of Compliance. All Pages required on plans for all submittals.
<input type="checkbox"/>	LTG-2C	Lighting Controls Credit Worksheet
<input type="checkbox"/>	LTG-3C	Indoor Lighting Power Allowance
<input type="checkbox"/>	LTG-4C Pages 1 through 4	Tailored Method Worksheet
<input type="checkbox"/>	LTG-5C Pages 1 and 2	Line Voltage Track Lighting Worksheet

CERTIFICATE OF COMPLIANCE

INDOOR LIGHTING SCHEDULE and FIELD INSPECTION ENERGY CHECKLIST

Project Name: _____ Date: _____

Installation Certificate, LTG-1-INST (Retain a copy and verify form is completed and signed.)

Field Inspector

Certificates of Acceptance, LTG-2A and LTG-3A (Retain a copy and verify form is completed and signed.)

Field Inspector

A separate Lighting Schedule Must Be Filled Out for Conditioned and Unconditioned Spaces Installed Lighting Power listed on this Lighting Schedule is only for: **CONDITIONED SPACE** **UNCONDITIONED SPACE**

The actual indoor lighting power listed below includes all installed permanent and portable lighting systems in accordance with §146(a)

Only for offices: Up to the first 0.2 watts per square foot of portable lighting shall not be required to be included in the calculation of actual indoor lighting power density in accordance with the Exception to §146(a). All portable lighting in excess of 0.2 watts per square foot is totaled below.

Luminaire Schedule (Type, Lamps, Ballasts)			Installed Watts						
A	B	C	D	E		F	G	H	
Name or Item Tag	Complete Luminaire Description (i.e, 3 lamp fluorescent troffer, F32T8, one dimmable electronic ballast)		Watts per Luminaire ¹	How wattage was determined		Number of Luminaires	Installed Watts (D x F)	Field Inspector ²	
				CEC Default from NA8	According to §130 (d or e)			Pass	Fail
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
INSTALLED WATTS PAGE TOTAL:									

Building total number of pages		Installed Watts Building Total (Sum of all pages)	
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Enter into LTG-1C Page 4 of 4

1. Wattage shall be determined according to Section 130(d and e). Wattage shall be rating of light fixture, not rating of bulb.
 2. If Fail then describe on Page 2 of the Inspection Checklist Form and take appropriate action to correct. Verify building plans if necessary.

CERTIFICATE OF COMPLIANCE		(Page 3 of 4)	LTG-1C
Project Name:	Date:		

INDOOR LIGHTING SCHEDULE and FIELD INSPECTION ENERGY CHECKLIST
Fill in controls for all spaces: a) area controls, b) multi-level controls, c) manual daylighting controls for daylit areas > 250 ft², automatic daylighting controls for daylit areas > 2,500 ft², d) shut-off controls, e) display lighting controls, f) tailored lighting controls - general lighting controlled separately from display, ornamental and display case lighting and g) demand responsive automatic controls for retail stores > 50,000 ft², in accordance with Section 131.

MANDATORY LIGHTING CONTROLS - FIELD INSPECTION ENERGY CHECKLIST				Field Inspector	
Type / Description	Number of Units	Location in Building		Pass	Fail
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Field Inspector's Notes or Discrepancies:

CERTIFICATE OF COMPLIANCE

(Page 4 of 4)

LTG-1C

Project Name:

Date:

Conditioned and Unconditioned space Lighting must not be combined for compliance

Indoor Lighting Power for Conditioned Spaces		Indoor Lighting Power for Unconditioned Spaces	
Installed Lighting (from Conditioned LTG-1C Page 2)	Watts	Installed Lighting (from Unconditioned LTG-1C Page 2)	Watts
Lighting Control Credit Conditioned Spaces (from LTG-2C)	-	Lighting Control Credit Unconditioned Spaces (from LTG-2C)	-
Adjusted Installed Lighting Power	=	Adjusted Installed Lighting Power	=
Complies if Installed ≤ Allowed ↑↓		Complies if Installed ≤ Allowed ↑↓	
Allowed Lighting Power Conditioned Spaces (from LTG-3C)		Allowed Lighting Power Unconditioned Spaces (from LTG-3C)	

Required Acceptance Tests

Designer:

This form is to be used by the designer and attached to the plans. Listed below is the acceptance test for the Lighting system, **LTG-2A and LTG-3A**. The designer is required to check the acceptance tests and list all control devices serving the building or space shall be certified as meeting the Acceptance Requirements for Code Compliance. If all the lighting system or control of a certain type requires a test, list the different lighting and the number of systems. The NA7 Section in the Appendix of the Nonresidential Reference Appendices Manual describes the test. Since this form will be part of the plans, completion of this section will allow the responsible party to budget for the scope of work appropriately. **Forms can be grouped by type of Luminaire controlled.**

Enforcement Agency:

Systems Acceptance. Before Occupancy Permit is granted for a newly constructed building or space or when ever new lighting system with controls is installed in the building or space shall be certified as meeting the Acceptance Requirements.

The **LTG-2A and LTG-3A** forms are not considered a complete form and are not to be accepted by the enforcement agency unless the boxes are checked and/or filled and signed. In addition, a Certificate of Acceptance forms shall be submitted to the enforcement agency that certifies plans, specifications, installation certificates, and operating and maintenance information meet the requirements of §10-103(b) of Title 24 Part 6. The field inspector must receive the properly filled out and signed forms before the building can receive final occupancy. A copy of the **LTG-2A and LTG-3A** for each different lighting luminaire control(s) must be provided to the owner of the building for their records.

Luminaires Controlled				LTG-2A and 3A
Equipment Requiring Testing	Description	Number of like Controls	Location	Controls and Sensors and Automatic Daylighting Controls Acceptance
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

POWER ADJUSTMENT FACTORS (PAF) FOR NON-DAYLIGHT CONTROLS

A Separate PAF Worksheet Must Be Filled Out for Conditioned and Unconditioned Spaces. Control Credits listed on this schedule are only for:

CONDITIONED SPACES **UNCONDITIONED SPACES**

A	B	C	D	E	F	G
Room # Zone ID Areas	Lighting Control Description ¹	Plan Reference	Room Area (ft ²)	Watts of Control Lighting	Power Adjustments Factor ²	Control Credit Watts (E x F)

PAGE TOTAL

Note: Conditioned and Unconditioned Spaces Shall Be Separately Totaled	Number of Pages of LTG-2C Page 1 of 2
	Building total of non-daylight control credit watts for all pages of LTG-2C Page 1 of 2
	Enter building total of all daylight controls credit watts from LTG-2C Page 2 of 2
	BUILDING TOTAL OF ALL CONTROL CREDIT WATTS (FOR BOTH NON-DAYLIGHT AND DAYLIGHT CONTROL CREDITS) Enter in LTG-1C Page 4: Lighting Control Credit as appropriate for CONDITIONED or UNCONDITIONED Spaces

1. Description shall be consistent with Type of Control defined in Table 146-C
 2. Power Adjustment Factor taken from Table 146-C

LIGHTING CONTROLS CREDIT WORKSHEET

(Page 2 of 2)

LTG-2C

Project Name:

Date:

POWER ADJUSTMENT FACTORS (PAF) FOR DAYLIGHT CONTROLS

A Separate PAF Worksheet Must Be Filled Out for Conditioned and Unconditioned Spaces. Daylight Control Credits listed on this schedule are only for:

CONDITIONED SPACES

UNCONDITIONED SPACES

A Room # Zone ID Areas	B Type Daylight Controlled ¹ <input checked="" type="checkbox"/> only one			C Plan Reference	D Daylight Area ²	E VT ³	F For Skylights ⁴			G Effective Aperture ⁵	H General Lighting Power Density (w/ft ²)	I Watts of controlled lighting	J Power Adjustments Factor ⁶	K Control Credit Watts (I x J)
	Skylit	Primary Sidelit	Secondary Sidelit				Well Efficiency	Well Cavity Ratio	Skylit Area					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

PAGE TOTAL

CONDITIONED AND UNCONDITIONED SPACES SHALL BE SEPARATELY TOTALED	Number of Pages of LTG-2C Page 2 of 2
	Building total for daylight control credit watts for all pages of LTG-2C Page 2 of 2 Enter in bottom of LTG-2C Page 1 of 2 for building total of all daylight controls credit from LTG-2C Page 2 of 2

1. If Primary sidelit and secondary sidelit daylight areas are controlled together, the PAF is determined based on the secondary sidelit effective aperture for both the primary and secondary sidelit daylight areas.
 2. Daylight Areas determined in accordance to Section 131(c)
 3. VT = Visible lighting transmittance of windows or skylights determined in accordance with Section 146(a)2E
 4. Well Efficiency, Well Cavity Ratio, and Skylit Area determined in accordance with Section 146(a)2E(iii)
 5. Effective Aperture determined in accordance with Section 146(a)2E
 6. Power Adjustment Factor determined in accordance with Table 146-C

INDOOR LIGHTING POWER ALLOWANCE

LTG-3C

Project Name:	Date:
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ALLOWED LIGHTING POWER (Chose One Method)

A Separate LTG-3C must be filled out for Conditioned and Unconditioned Spaces. Indoor Lighting Power Allowances listed on this page are only for: CONDITIONED spaces UNCONDITIONED spaces

COMPLETE BUILDING METHOD			
BUILDING CATEGORY (From §146 Table 146-E)	WATTS PER (ft ²)	X COMPLETE BLDG. AREA	= ALLOWED WATTS
TOTALS			
		AREA	WATTS

AREA CATEGORY METHOD – Part A			
A	B	C	D
AREA CATEGORY (From §146 Table 146-F)	WATTS PER (ft ²)	X AREA (ft ²)	= ALLOWED WATTS
Sum of Additional Allowed Watts from Area Category Method – Part B (from table below)			
		TOTALS	
		AREA	WATTS

AREA CATEGORY METHOD – Part B Additional Wattage Allowance (from Table 146-F Footnotes)						
A	B	C ¹	D	E	F	G
Primary Function	Sq Ft	Additional Watts Per ft ² Allowed	Wattage Allowance (B x C)	Description(s) and Quantity of Special Luminaire ² Types in each Primary Function Area	Total Design Watts	ALLOWED WATTS Smaller of D or F
TOTALS – Enter into Area Category Method – Part A (table above)						

¹. Additional watts available only when allowed according to the footnotes on bottom of Table 146-F for chandelier or sconce; art, craft, assembly or manufacturing specialized task work; precision commercial/ industrial work; or lab specialized task work.
². Special luminaires are light fixtures described in the Table 146-F Footnotes that are subject to an additional wattage allowance.

TAILORED METHOD	
Total Allowed Watts using the Tailored Method taken from LTG-4C (Page 1 of 4) Row 3	
The indoor lighting power allowance using the Tailored Method of compliance shall be determined using the LTG-4C set of forms. A separate set of LTG-4C forms shall be filled out for CONDITIONED and UNCONDITIONED spaces	

TAILORED METHOD WORKSHEET (Page 1 of 4) LTG-4C

Project Name:	Date:
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TAILORED METHOD SUMMARY – Separate Tailored Method Worksheets shall be filled out of Conditioned and Unconditioned Spaces **CONDITIONED SPACES** **UNCONDITIONED SPACES**

1. Allowed Watts for Illuminance Categories (Building Total from Column G from Tailored General Lighting Power Table below)	Watts
---	-------

2. Watts for Display Lighting								
<input type="text"/> Wall Display from LTG-4C Page 2 of 4	+	<input type="text"/> Floor Display from LTG-4C Page 2 of 4	+	<input type="text"/> Ornamental/ Special Effects Display from LTG-4C Page 3 of 4	+	<input type="text"/> Very Valuable Merchandise from LTG-4C Page 3 of 4	=	<input type="text"/> Total Watts

3. Total Allowed Watts (add lines 1 and 2)	Watts
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TAILORED ALLOWED GENERAL LIGHTING POWER

A	B	C	D		E	F	G
ROOM NUMBER	PRIMARY FUNCTION TYPE ¹	ILLUMINANCE CATEGORY ²	ROOM CAVITY RATIO ³	RCR FROM LTG-4C Page 4 of 4? Y N	FLOOR AREA FOR PRIMARY FUNCTION ⁴	ALLOWED LPD ⁵	ALLOWED WATTS (E x F)
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
PAGE TOTAL					ft ²		Watts
BUILDING TOTAL							

1. From Table 146-G , Column 1
 2. From Table 146-G , Column 2 or IESNA Handbook
 3. If Column D checked 'N' then enter <3.5 in this column.
 4. Floor area must be for Primary Function type listed in Table 146-G Column 1. Floor area using the Area Category Method shall not be included
 5. In accordance with Table 146-I

TAILORED METHOD WORKSHEET		(Page 2 of 4) LTG-4C
Project Name:		Date:
<input type="checkbox"/> CONDITIONED SPACES		<input type="checkbox"/> UNCONDITIONED SPACES

DISPLAY LIGHTING WALLS										
<input type="checkbox"/> Qualifying wall display lighting systems shall be mounted within 10 ft to a wall, See §146(c)3B.										
A	B	C	D	E	F	G	H	I	J	K
Luminaire Description	Mounting Height	Mount Height Factor ¹	ALLOTTED WATTS			DESIGN WATTS				Allowed Watts (Min. F or J)
			Wall Display Length in (Linear Feet)	Wall Display ² Power (W / foot)	Allowed Watts (C x D x E)	Lumin Code	Lumin QTY	WATTS per LUMIN.	Design Watts (H x I)	
TOTAL LENGTH OF DISPLAY WALLS				Linear feet		TOTAL WATTS Enter on Line 2, Page 1 of LTG-4C				

1. From Table 146-H.
2. From Table 146-G Column 3.

DISPLAY LIGHTING; FLOORS										
<input checked="" type="checkbox"/> Qualifying floor display lighting systems shall be mounted no closer than 2 ft to a wall, See §146(c)3B.										
A	B	C	D	E	F	G	H	I	J	K
Luminaire Description	MOUNTING HEIGHT	MOUNT HEIGHT FACTOR ³	ALLOTTED WATTS			DESIGN WATTS				ALLOWED WATTS (Min. F or J)
			FLOOR AREA ⁴ (ft ²)	FLOOR DISPLAY ⁵ Power in W/ft ²	ALLOTTED WATTS (C x D x E)	LUMIN. CODE	LUMIN. QTY.	WATTS/LUMIN.	DESIGN WATTS (H x I)	
TOTAL AREA FLOOR DISPLAYS				ft ²		TOTAL WATTS Enter on Line 2, Page 1 of LTG-4C				

3. From Table 146-H as appropriate.
4. This shall be the floor area of the primary function in accordance with 146(c)3B(ii) and Table-146-G Column 1
5. From Table 146-G Column 4.

TAILORED METHOD WORKSHEET

(Page 3 of 4)

LTG-4C

Project Name:

Date:

CONDITIONED SPACES

UNCONDITIONED SPACES

DISPLAY LIGHTING: ORNAMENTAL / SPECIAL EFFECTS

A	B	C	D	E	F	G	H	I
LIGHTING DESCRIPTION	ALLOTTED WATTS			DESIGN WATTS				ALLOWED WATTS (Minimum of D or H)
	FLOOR AREA ¹ (ft ²)	Ornamental/ Special Effects Lighting ² W/ft ²	ALLOTTED WATTS (B x C)	LUMINAIRE CODE	QUANTITY	WATTS/ LUMIN.	DESIGN WATTS (F x G)	
Total floor Area		ft ²		Enter on Line 2, Page 1 of LTG-4C				TOTAL WATTS

1. This shall be the floor area of the primary function in accordance with 146(c)3B(iii) and Table-146-G Column 1

2. See Table 146-G Column 5.

DISPLAY LIGHTING: VERY VALUABLE MERCHANDISE OR OTHER VERY VALUABLE DISPLAY³

A	B	C	D	E	F	G	H	I	J	K	L
LUMINAIRE NAME OR LOCATION	ALLOTTED WATTS					DESIGN WATTS					ALLOWED WATTS (Minimum of D, G or K)
	FLOOR AREA ⁴ (ft ²)	VALUABLE DISPLAY POWER ⁵ W/ft ²	FUNCTION AREA WATTS (B x C)	DISPLAY CASE AREA ⁶ (ft ²)	WATTS PER (ft ²)	DISPLAY CASE AREA WATTS (E x F)	LUMINAIRE CODE	QUANTITY	WATTS / LUMINAIRE	DESIGN WATTS (I x J)	
		1.0			16						
		1.0			16						
		1.0			16						
		1.0			16						
Total Floor Area		ft ²	Total Display Case Area: ft ²			Enter on Line 2, Page 1 of LTG-4C					TOTAL WATTS

3. This allowance is available only for retail merchandise sales, museum, and religious worship in accordance with 146(c)3B(iv).

4. This shall be the floor area of the primary function in accordance with 146(c)3B(iv) and Table-146-G Column 1

5. See §146(c)3B(iv)(a)

6. This shall be the area of the top of the display case.

TAILORED METHOD WORKSHEET

Project Name:

Date:

Documentation Author

 CONDITIONED SPACES **UNCONDITIONED SPACES****ROOM CAVITY RATIO (RCR) WORKSHEET** **RCR < 3.5***Is assumed instead of using one of the calculation methods listed below. Note: Table 146-1 provides the lowest lighting power density values for RCRs which are less than 3.5***RECTANGULAR SPACES**

A	B	C	D	E	F
Room Number	Task/Activity Description	Room Length (L) (ft)	Room Width (W) (ft)	Room Cavity Height (H) (ft)	$RCR = \frac{5 \times H \times (L+W)}{L \times W}$

NON-RECTANGULAR SPACES

A	B	C	D	E	F
Room Number	Task/Activity Description	Room Area (A) (ft ²)	Room Perimeter (P) (ft)	Room Cavity Height (H) (ft)	$RCR = \frac{2.5 \times H \times P}{A}$

Use calculations from Column F of this RCR Worksheet to enter into Column C of LTG-4C, Page 1 of 4

LINE VOLTAGE TRACK LIGHTING WORKSHEET

(Page 1 of 2)

LTG-5C

Project Name: _____

Date: _____

METHOD 1 – VOLT-AMPERE (VA) RATING OF THE BRANCH CIRCUIT(S)

- This is the only option available for determining wattage of line-voltage busway and track rated for more than 20 amperes
- One of four options available for determining wattage of line-voltage busway and track rated for 20 amperes or less

A	B
BRANCH CIRCUIT NAME OR ID	VOLT-AMPERE (VA) RATING OF THE BRANCH CIRCUIT
TOTAL: Enter total on the bottom of LTG-5C Page 2 of 2	

METHOD 2 – USE THE HIGHER OF: 45 WATTS / LINEAR FOOT OF TRACK – OR TOTAL RATED WATTAGE OF ALL LUMINAIRES

- One of four options available for determining wattage of line-voltage busway and track rated for 20 amperes or less

A	B	C	D	E	F
TRACK # OR NAME	LINEAR FEET OF TRACK	(W/LF)	B x C (W)	TOTAL RATED WATTAGE OF ALL LUMINAIRES	LARGER OF (D or E)
		45			
		45			
		45			
		45			
		45			
		45			
		45			
		45			
		45			
		45			
		45			
		45			
		45			
		45			
		45			
		45			
TOTAL Enter total on the bottom of LTG-5C Page 2 of 2					

LINE VOLTAGE TRACK LIGHTING WORKSHEET

(Page 2 of 2)

LTG-5C

Project Name:

Date:

✓ METHOD 3 – USE THE HIGHER OF: 12.5 WATTS / LINEAR FOOT OF TRACK – OR VA RATING OF INTEGRAL CURRENT LIMITER

- One of four options available for determining wattage of line-voltage busway and track rated for 20 amperes or less.
- Only integral current limiters which are certified to the Energy Commission use this method.

A	B	C	D	E	F
Track or Name #	Linear Feet of Track	(W/LF)	B x C (W)	VA Rating of Integral Current Limiter	Larger of (D or E)
		12.5			
		12.5			
		12.5			
		12.5			
		12.5			
		12.5			

TOTAL:
Enter total on the bottom of this page

✓ METHOD 4 - DEDICATED TRACK LIGHTING OVERCURRENT PROTECTION PANEL

- One of four options available for determining wattage of line-voltage busway and track rated for 20 amperes or less
- Overcurrent protection panel is listed as defined in §101 in accordance with §130(d)3B(iv)a.
- Overcurrent protection panel is used only with track lighting in accordance with §130(d)3B(iv)b.
- Overcurrent protection panel is permanently installed in an electrical equipment room or permanently installed adjacent to the lighting panel board providing supplementary overcurrent protection for the track lighting circuits served by the supplementary overcurrent protection panel in accordance with §130(d)3B(iv)c.
- Overcurrent protection panel is prominently labeled in accordance with §130(d)3B(iv)d.

OVERCURRENT PROTECTION PANEL

A	B	C	D	E
NAME OR ID	Voltage of the Branch Circuit	Complete list of Amperage Rating for Each Device Installed in the Panel	Sum of the Ampere Rating of all Devices	Sum of the Ampere Ratings of all of the Devices Times The Branch Circuit Voltage (B x D)

TOTAL:
Enter total on the bottom of this page

✓ TOTALS OF ALL METHODS USED TO DETERMINE THE WATTAGE OF LINE-VOLTAGE TRACK AND PLUG-IN BUSWAY

ENTER TOTAL FROM METHOD 1	
ENTER TOTAL FROM METHOD 2	
ENTER TOTAL FROM METHOD 3	
ENTER TOTAL FROM METHOD 4	
TOTAL TRACK / BUSWAY WATTAGE:	

Project Name/Address:

System Name or Identification/Tag:

System Location or Area Served:

Enforcement Agency:

Permit Number:

Note: Submit one Certificate of Acceptance for each system that must demonstrate compliance.

Enforcement Agency Use: Checked by/Date

FIELD TECHNICIAN'S DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am the person who performed the acceptance requirements verification reported on this Certificate of Acceptance (Field Technician).
- I certify that the construction/installation identified on this form complies with the acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7.
- I have confirmed that the Installation Certificate(s) for the construction/installation identified on this form has been completed and is posted or made available with the building permit(s) issued for the building.

Company Name:

Field Technician's Name:

Field Technician's Signature:

Date Signed:

Position With Company (Title):

RESPONSIBLE PERSON'S DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, that I am the Field Technician, or the Field Technician is acting on my behalf as my employee or my agent and I have reviewed the information provided on this form.
- I am a licensed contractor, architect, or engineer, who is eligible under Division 3 of the Business and Professions Code, in the applicable classification, to take responsibility for the scope of work specified on this document and attest to the declarations in this statement (responsible person).
- I certify that the information provided on this form substantiates that the construction/installation identified on this form complies with the acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7.
- I have confirmed that the Installation Certificate(s) for the construction/installation identified on this form has been completed and is posted or made available with the building permit(s) issued for the building.
- I will ensure that a completed, signed copy of this Certificate of Acceptance shall be posted, or 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 signed copy of this Certificate of Acceptance is required to be included with the documentation the builder provides to the building owner at occupancy.

Company Name:

Phone:

Responsible Person's Name:

Responsible Person's Signature:

License:

Date Signed:

Position With Company (Title):

Occupant Sensor, Manual Daylighting Control, and Automatic Time Switch Control**Intent:** Lights are turned off when not needed per Section 119(d) & 131(d).**Construction Inspection**

1 Instrumentation to perform test includes, but not limited to:

a. Hand-held amperage and voltage meter

b. Power meter

continued on next page

Project Name/Address:

System Name or Identification/Tag:

System Location or Area Served:

2	Occupancy Sensor Construction Inspection	
	<input type="checkbox"/>	Occupancy sensor has been located to minimize false signals
	<input type="checkbox"/>	Light meter
	<input type="checkbox"/>	Ultrasonic occupancy sensors do not emit audible sound (119a) 5 feet from source
3	Manual Daylighting Controls Construction Inspection	
	<input type="checkbox"/>	If dimming ballasts are specified for light fixtures within the daylit area, make sure they meet all the Standards requirements, including "reduced flicker operation" for manual dimming control systems
4	Automatic Time Switch Controls Construction Inspection	
	a.	Automatic time switch control is programmed for (check all):
	<input type="checkbox"/>	Weekdays
	<input type="checkbox"/>	Weekend
	<input type="checkbox"/>	Holidays
	b.	Document for the owner automatic time switch programming (check all):
	<input type="checkbox"/>	Weekdays settings
	<input type="checkbox"/>	Weekend settings
	<input type="checkbox"/>	Holidays settings
	<input type="checkbox"/>	Set-up settings
	<input type="checkbox"/>	Preference program setting
	<input type="checkbox"/>	Verify the correct time and date is properly set in the time switch
	<input type="checkbox"/>	Verify the battery is installed and energized
	<input type="checkbox"/>	Override time limit is no more than 2 hours
	<input type="checkbox"/>	Occupant Sensors and Automatic Time Switch Controls have been certified to the Energy Commission in accordance with the applicable provision in Section 119 of the Standards, and model numbers for all such controls are listed on the Commission database as Certified Appliance and Control Devices

A. Select Acceptance Test (Indicate lighting control systems Names/Designations by the applicable tests below)

<input type="checkbox"/>	1	Occupancy Sensor
<input type="checkbox"/>	2	Manual Daylighting Controls
<input type="checkbox"/>	3	Automatic Time Switch Controls

B. Equipment Testing Requirements

Check and verify those items applicable to selected system:

Applicable Lighting Control Systems

Occupancy Sensor - Step 1: Simulate an unoccupied condition		1	2	3
a.	Lights controlled by occupancy sensors turn off within a maximum of 30 minutes from start of an unoccupied condition per Standard Section 119(d)	Y / N	Y / N	Y / N
b.	The occupant sensor does not trigger a false "on" from movement in an area adjacent to the controlled space or from HVAC operation	Y / N	Y / N	Y / N
c.	Signal sensitivity is adequate to achieve desired control	Y / N	Y / N	Y / N
Occupant Sensor - Step 2: Simulate an occupied condition				
a.	Status indicator or annunciator operates correctly	Y / N	Y / N	Y / N
b.	Lights controlled by occupancy sensors turn on when Immediately upon an occupied condition <i>OR</i> (this requirement is mutually exclusive with Step 2.c.)	Y / N	Y / N	Y / N
c.	Sensor indicates space is "occupied" and lights turn on manually	Y / N	Y / N	Y / N

continued on next page

Project Name/Address:

System Name or Identification/Tag:

System Location or Area Served:

Occupant Sensor - Step 3: System returned to initial operating conditions		Y / N	Y / N	Y / N
Occupant Sensor - Step 4 - Sensor is also a multi-Level Occupant Sensor used to qualify for a Power Adjustment Factor in Section 146(a)2D of the Standards. If yes, then 'a,' 'b,' and 'c' must also be yes.		Y / N	Y / N	Y / N
a.	The first stage activates between 30 to 70% of the lighting either manually or automatically.	Y / N	Y / N	Y / N
b.	A reasonably uniform level of illuminance is achieved by dimming of all lamps or luminaires; or by switching alternate lamps in luminaires, alternate luminaires, or alternate rows of luminaires.	Y / N	Y / N	Y / N
c.	After the first stage occurs, manual switches have been provided to activate the alternate set of lights, activate 100% of the lighting power, and manually deactivate all of the lights.	Y / N	Y / N	Y / N

Manual Daylighting Controls - Step 1: Manual switching control

a.	At least 50% of lighting power in daylit areas is separately controlled from other lights	Y / N	Y / N	Y / N
b.	The amount of light delivered to the space is uniformly reduced	Y / N	Y / N	Y / N

Manual Daylighting Controls - Step 2: System returned to initial operating conditions

		Y / N	Y / N	Y / N
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Automatic Time Switch Controls - Step 1: Simulate occupied condition

a.	All lights can be turned on and off by their respective area control switch	Y / N	Y / N	Y / N
b.	Verify the switch only operates lighting in the ceiling-height partitioned area in which the switch is located	Y / N	Y / N	Y / N

Automatic Time Switch Controls - Step 2: Simulate unoccupied condition

a.	All non-exempt lighting turn off per Section 131(d)1	Y / N	Y / N	Y / N
b.	Manual override switch allows only the lights in the selected ceiling height partitioned space where the override switch is located, to turn on or remain on until the next scheduled shut off occurs	Y / N	Y / N	Y / N
c.	All non-exempt lighting turns off	Y / N	Y / N	Y / N

Automatic Time Switch Controls - Step 3: System returned to initial operating conditions

		Y / N	Y / N	Y / N
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Note: Shaded areas do not apply for particular test procedure

C. PASS / FAIL Evaluation (check one):

- PASS: All applicable **Construction Inspection** responses are complete and all applicable **Equipment Testing Requirements** responses are positive (Y - yes)
- FAIL: Any applicable **Construction Inspection** responses are incomplete *OR* there is one or more negative (N - no) responses in any applicable **Equipment Testing Requirements** section. Provide explanation below. Use and attach additional pages if necessary.