PERFORMANCE CERTIFICATE OF COMPLIANCE Part 1 of 3 PERF-1

PROJECT NAME	DATE
County of Orange Health Care Agency	10/2/2009

PROJECT ADDRESS: 401 South Tustin Street Orange

PRINCIPAL DESIGNER - ENVELOPE: Alexander + Hibbs — TELEPHONE: 714-630-3686

DOCUMENTATION AUTHOR: F. T. Andrews, Inc. — TELEPHONE: (714) 772-9193

Building Permit #

Checked by/Date
Enforcement Agency Use

GENERAL INFORMATION

DATE OF PLANS	BUILDING CONDITIONED FLOOR AREA	CLIMATE ZONE
3/11/2009	19,758 Sq.Ft.	8

BUILDING TYPE: [X] NONRESIDENTIAL [ ] HIGH RISE RESIDENTIAL [ ] HOTEL/MOTEL GUEST ROOM

PHASE OF CONSTRUCTION: [X] NEW CONSTRUCTION [ ] ADDITION [ ] EXISTING + ADDITION/ALTERATION

STATEMENT OF COMPLIANCE

This Certificate of Compliance lists the building features and performance specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations. This certificate applies only to a Building using the performance compliance approach.

The documentation preparer hereby certifies that the documentation is accurate and complete.

DOCUMENTATION AUTHOR	SIGNATURE	DATE
Michael Lee	(signature)	10/2/2009

The Principal Designer hereby certifys that the proposed building design represented in this set of construction documents is consistent with the other compliance forms and worksheets, with the specifications, and with any other calculations submitted with this permit application. The proposed building as designed meets the energy efficiency requirements contained in sections 110, 116, through 118, and 140, 142, 143 or 149 of Title 24, Part 6.

ENV. LTG. MECH.

[X] [X] [X] 1. I hereby affirm that I am eligible under the provisions of Division 3 of the Business and Professions Code to sign this document as the person responsible for its preparation; and that I am licensed in the State of California as a civil engineer, mechanical engineer, electrical engineer, or I am a licensed architect.

[ ] [ ] [ ] 2. I affirm that I am eligible under the provisions of Division 3 of the Business and Professions Code Section 5537.2 or 6737.3 to sign this document as the person responsible for its preparation; and that I am a licensed contractor performing this work.

[ ] [ ] [ ] 3. I affirm that I am eligible under Division 3 of the Business and Professions Code to sign this document because it pertains to a structure or type of work described as exempt pursuant to Business and Professions Code Sections 5537, 5538, and 6737.1. (These sections of the Business and Professions Code are printed in full in the Nonresidential Manual.)

ENVELOPE COMPLIANCE

Indicate location on plans of Note Block for Mandatory Measures

Required Forms ENV-1

PRINCIPAL ENVELOPE DESIGNER - NAME	SIGNATURE	LIC. NO.	DATE
Alexander + Hibbs			

LIGHTING COMPLIANCE

Indicate location on plans of Note Block for Mandatory Measures — Lighting Compliance Not In The Scope Of This Submittal

Required Forms

PRINCIPAL LIGHTING DESIGNER - NAME	SIGNATURE	LIC. NO.	DATE

MECHANICAL COMPLIANCE

Indicate location on plans of Note Block for Mandatory Measures

Required Forms MECH-1, MECH-2, MECH-3, MECH-5

PRINCIPAL MECHANICAL DESIGNER - NAME	SIGNATURE	LIC. NO.	DATE
Ivan Ray Cranston, Jr.	(signature)	14001	10/2/2009

PERFORMANCE CERTIFICATE OF COMPLIANCE Part 2 of 3 PERF-1

PROJECT NAME	DATE
County of Orange Health Care Agency	10/2/2009

ANNUAL TDV ENERGY USE SUMMARY (kBtu/sqft-yr)

ENERGY COMPONENT	Standard Design	Proposed Design	Compliance Margin
Space Heating	20.87	9.61	11.26
Space Cooling	165.61	118.85	46.76
Indoor Fans	67.49	29.13	38.36
Heat Rejection	0.00	0.00	0.00
Pumps & Misc.	4.28	7.33	-3.05
Domestic Hot Water	0.00	0.00	0.00
Lighting	76.33	76.33	0.00
Receptacle	63.71	63.71	0.00
Process	0.00	0.00	0.00
TOTALS:	398.29	304.95	93.33

Percent better than Standard: 23.4% (23.4% excluding process)

BUILDING COMPLIES

GENERAL INFORMATION

Building Orientation	(S) 180 deg	Conditioned Floor Area	19,758 sqft.
Number of Stories	1	Unconditioned Floor Area	0 sqft.
Number of Systems	13	Conditioned Footprint Area	21,366 sqft.
Number of Zones	46	Fuel Type	Natural Gas

	Orientation	Gross Area	Glazing Area	Glazing Ratio
Front Elevation	(S)	5,895 sqft.	1,148 sqft.	19.5%
Left Elevation	(W)	4,677 sqft.	839 sqft.	17.9%
Rear Elevation	(N)	7,479 sqft.	1,976 sqft.	26.4%
Right Elevation	(E)	4,840 sqft.	882 sqft.	18.2%
Total		22,891 sqft.	4,846 sqft.	21.2%
Roof		17,947 sqft.	0 sqft.	0.0%

	Standard	Proposed
Lighting Power Density	1.149 W/sqft.	1.149 W/sqft.
Prescriptive Env. Heat Loss	17,708 Btu/h	4,392 Btu/h
Prescriptive Env. Heat Gain	756,623 Btu/h-F	406,450 Btu/h-F

Remarks:

PERFORMANCE CERTIFICATE OF COMPLIANCE Part 3 of 3 PERF-1

PROJECT NAME	DATE
County of Orange Health Care Agency	10/2/2009

ZONE INFORMATION

System Name	Zone Name	Occupancy Type	Floor Area (sqft.)	Inst. LPD (W/sf)[1]	Ctrl. Credits (W/sf)[2]	Allowed LPD Area (W/sf)[3]	Allowed LPD Tailored (W/sf)[4]	Proc. Loads (W/sf)
AC-1	ZD 1-1	Office	530	*1.200				
	ZD 1-2	Office	318	*1.200				
	ZD 1-3	Office	415	*1.200				
	ZD 1-4	Convention/Conference/Meeting	255	*1.400				
	ZD 1-5	Office	259	*1.200				
AC-2	VAV 2-1	Office	333	*1.200				
	VAV 2-2	Office	385	*1.200				
	VAV 2-3	Convention/Conference/Meeting	810	*1.400				
	VAV 2-4	Classroom, Lecture, Training	549	*1.200				
	VAV 2-5	Classroom, Lecture, Training	533	*1.200				
	VAV 2-6	Classroom, Lecture, Training	533	*1.200				
	VAV 2-7	Classroom, Lecture, Training	549	*1.200				
	VAV 2-8	Classroom, Lecture, Training	352	*1.200				
	VAV 2-9	Corridor/Restroom/Support	365	*0.600				
FC 1-1/CU 1-1	Elec/MPOE/IDF	Electrical, Mechanical Room	229	*0.700				
AC-3	VAV 3-1	All Others	2,520	*0.600				
	VAV 3-2	Exercise, Gymnasium	312	*1.000				
	VAV 3-3	Office	333	*1.200				
	VAV 3-4	Office	333	*1.200				
	VAV 3-5	Medical and Clinical Care	495	*1.200				

Notes: 1. See LTG-2-C (items marked with asterisk, see LTG-2 -C by others) 2. See LTG-4-C 3. See LTG-5-C (by others) 4. See LTG-6-C — Items above require special documentation

EXCEPTIONAL CONDITIONS COMPLIANCE CHECKLIST

The local enforcement agency should pay special attention to the items specified in this checklist. These items require special written justification and documentation, and special verification to be used with the performance approach. The local enforcement agency determines the adequacy of the justification, and may reject a building or design that otherwise complies based on the adequacy of the special justification and documentation submitted.

- The HVAC System "York ZJ240C00 w/ VFD" includes a Variable Speed Drive on the Fan.
- The HVAC System "York ZJ240C00 w/ VFD: Premium Eff" 5.48 BHP Supply Fan Motor has been specified.
- The HVAC System "York ZJ180C00 w/ VFD" includes a Variable Speed Drive on the Fan.
- The HVAC System "York ZJ180C00 w/ VFD: Premium Eff" 3.95 BHP Supply Fan Motor has been specified.
- The HVAC System "York ZJ037: Premium Eff" 0.58 BHP Supply Fan Motor has been specified.
- The HVAC System "York ZH090 VVT: Premium Eff" 1.77 BHP Supply Fan Motor has been specified.

The exceptional features listed in this performance approach application have specifically been reviewed. Adequate written justification and documentation for their use have been provided by the applicant.

Authorized Signature or Stamp ____________

PERFORMANCE CERTIFICATE OF COMPLIANCE Part 3 of 3 PERF-1

PROJECT NAME	DATE
County of Orange Health Care Agency	10/2/2009

ZONE INFORMATION

System Name	Zone Name	Occupancy Type	Floor Area (sqft.)	Inst. LPD (W/sf)[1]	Ctrl. Credits (W/sf)[2]	Allowed LPD Area (W/sf)[3]	Allowed LPD Tailored (W/sf)[4]	Proc. Loads (W/sf)
	VAV 3-6	Classroom, Lecture, Training	627	*1.200				
	VAV 3-7	Kitchen, Food Preparation	342	*1.600				
	VAV 3-8	Office	522	*1.200				
AC-4	Reception	Waiting Area	339	*1.100				
	Offices	Office	417	*1.200				
FC 2-1/CU 2-1	Tel, 2-129	Electrical, Mechanical Room	90	*0.700				
FC 2-2/CU 2-2	Elect, 2-128	Electrical, Mechanical Room	170	*0.700				
AC-5	VAV 5-1	Lobby, Main Entry	1,190	*1.500				
	VAV 5-2	Office	218	*1.200				
	VAV 5-3	Medical and Clinical Care	241	*1.200				
	VAV 5-4	Medical and Clinical Care	244	*1.200				
	VAV 5-5	Medical and Clinical Care	280	*1.200				
	VAV 5-6	Medical and Clinical Care	297	*1.200				
	VAV 5-7	Dining	789	*1.100				
	VAV 5-8	Lobby, Main Entry	261	*1.500				
AC-6	VAV 6-1	Lobby, Main Entry	1,106	*1.500				
	VAV 6-2	Lobby, Main Entry	474	*1.500				
	VAV 6-3	Office	232	*1.200				
	VAV 6-4	Medical and Clinical Care	280	*1.200				
	VAV 6-5	Medical and Clinical Care	251	*1.200				

Notes: 1. See LTG-2-C (items marked with asterisk, see LTG-2 -C by others) 2. See LTG-4-C 3. See LTG-5-C (by others) 4. See LTG-6-C — Items above require special documentation

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PERFORMANCE CERTIFICATE OF COMPLIANCE Part 3 of 3 PERF-1

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	VAV 6-6	Medical and Clinical Care	280	*1.200				
	VAV 6-7	Medical and Clinical Care	358	*1.200				
FC 3-1/CU 3-1	Elev. Room, 3-101	Electrical, Mechanical Room	54	*0.700				
FC 3-2/CU 3-2	Tel/Elec, 3-116	Electrical, Mechanical Room	123	*0.700				
FC 3-3/CU 3-3	Data, 3-119	Electrical, Mechanical Room	42	*0.700				
FC 4-1/HP 4-1	Office, 4-102	Office	123	*1.200				

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Authorized Signature or Stamp ____________

0742 COUNTY OF ORANGE HEALTH CARE AGENCY 401 SOUTH TUSTIN STREET

County of Orange
OC PUBLIC WORKS
Architecture & Engineering

Revisions — 0742 — Sym. Descrip. Date By

Consultants — F.T. Andrews, Inc. Consulting Engineers — A DIVISION OF AAIDS — 1 PETERS CANYON ROAD, SUITE 150 IRVINE CA 92606 TEL 714-283-0341 FAX 714-283-0348 Job Number: 28068

Registered Professional Engineer — Ivan Ray Cranston, Jr. — No. 14001 — Mechanical — State of California

Drawn ML Chkd. Date 11-26-09

A-E Seal

A-E ALEXANDER + HIBBS, AIA, INC.
ALEXANDER + HIBBS, AIA, INC. Architecture and Planning 1200 N. JEFFERSON ST. SUITE A ANAHEIM, CALIFORNIA 92807 (714) 630-3686

Design Chkd. Date Nov. 26, 2009

Sht Title TITLE 24 COMPLIANCE DOCUMENTS
Project COUNTY OF ORANGE HEALTH CARE AGENCY 401 SOUTH TUSTIN STREET
401 SOUTH TUSTIN STREET ORANGE, CA 92866
PROJ. NO. 100-042-P210-4200

Plan No. 52333-03608

Sheet M-1.3