



CERTIFICATE OF OCCUPANCY APPLICATION

perm, 7 2022-11
Parcel ID: MK0809
Fee: \$25.00 + Applicable
Recording Fees \$15

For information contact the Zoning Administrative Officer at 434-2430.
Other federal, state and local permits or approvals may additionally be required, the applicant retains the duty to obtain all relevant and applicable approvals. To inquire about State permits contact the State Permit Specialist at 802-477-2241.

Application Date: _____ Physical Address of Property: 809 Milkweed Lane
Applicant Name: James Cochran / Callie Ewald Property Owner Name: James Cochran / Callie Ewald
Applicant Mailing Address: 910 Cochran Rd Owner Mailing Address: 910 Cochran Rd
Richmond VT Richmond, VT
05477 05477
Phone: 802 324 1416 / 802 310 8500 Phone: 802 324 1416 / 802 310 8500
Email: cewald8@gmail.com Email: cewald8@gmail.com

The purpose of this permit request is to certify that the structure or use at the above location conforms to the approved plans filed with the Zoning Administrative Officer for the zoning permit referenced below and with all applicable provisions of the Richmond Zoning Regulations. No construction may be commenced or change of use made which is inconsistent with this permit.

Certificate of Occupancy Requested for the following Permits (include zoning permit numbers of previously approved permits, the permit number can be found on the top right-hand side of permit application form): 2020-132 for Single Family Dwelling; 2019-119 Final Subdivision

If the CO is a requirement for a property closing please indicate closing date: Construction loan closing: 7/26/22

As per VSA 24 section 4449, for building projects (including new construction, additions, alterations, renovations or repairs to an existing building) a certificate shall be presented to the Zoning Administrative Officer certifying the building has been constructed in compliance with the requirements of the residential building energy standards (RBES) or the commercial building energy standards (CBES). A copy of the certificate shall also be recorded in the land records. An additional \$15 per page recording fee shall be charged for the recording of this documents.

Signatures: The undersigned hereby certifies this information to be complete and true.

[Signature] 5/10/22 [Signature] 5/10/22
Applicant Signature Date Property Owner Signature Date

— DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY—

Application Complete Date: _____ Decision: APPROVED / DENIED / WITHDRAWN Recording Fee: _____

Comments: _____

Zoning Administrative Officer signature: _____ Date: _____

TOWN CLERK'S OFFICE Received for Record: _____ A.D. _____ At _____ o'clock _____ minutes _____ M
And Recorded in Book: _____ page _____ Attest: _____

2020 Vermont Owner/Builder Disclosure Statement

This disclosure statement is for projects started on or after September 1, 2020. This home does not meet the technical requirements of the Vermont Residential Building Energy Standards (RBES) and is not required to do so.

For additions, alterations, renovations or repairs, only fill out applicable portions of certificate.

Property Address (Street, City, ZIP Code) 809 Milkweed Ln, Richmond VT 05477

Construction START Date Sept 2020 Construction FINISH Date May 2022 Act 250 (Y/N) N Act 250 Permit # _____

Units 2000 # Stories 2 # Conditioned Sq. Ft. _____ # Bedrooms _____

Applicable Code: <input type="checkbox"/> Base <input type="checkbox"/> Stretch	
Project Description	
<input checked="" type="checkbox"/> Single family	<input type="checkbox"/> Renovation / alteration *
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Addition *
<input type="checkbox"/> Log home	<input type="checkbox"/> Repair *

Foundation: Basement Slab On Grade Crawl Space Other: _____

*Existing Home Project Description: _____

Compliance Method MUST select Option 1, Option 2, or Option 3	<input type="checkbox"/> Option 1: Package-Plus-Points <i>Ref. RBES for full requirements of each point option</i> BASE / STRETCH (circle one) Points required: _____ (Base requires 4-10pts / Stretch 6-12pts, Package # _____ Points achieved: _____ see Handbook Tables 5-2 and 5-5)	<input type="checkbox"/> Option 2: REScheck software (cannot be used for Stretch Code) _____ UA result
<input checked="" type="checkbox"/> Envelope: Slab, R-10 under all (1pt) <input checked="" type="checkbox"/> Envelope: Walls-Upgraded, R20+12 (2pts) <input type="checkbox"/> Envelope: Walls-High-R, R-40 (3pts) <input type="checkbox"/> Envelope: Ceiling, R-80 flat / 60 sloped (1pt) <input type="checkbox"/> Envelope: Windows 0.27 (1pt, Base only) <input type="checkbox"/> Envelope: Windows 0.22 (2pts) <input type="checkbox"/> Pre-drywall blower door (1pt), result _____ <input checked="" type="checkbox"/> ENERGY STAR heating and cooling (1pt) <input type="checkbox"/> Advanced heating and cooling (3pts)	<input checked="" type="checkbox"/> ACH50 ≤ 2.0 and qualifying HRV/ERV (3pts for Base OR 1pt for Stretch) <input type="checkbox"/> ACH50 ≤ 1.0 and qualifying HRV/ERV (4pts) <input type="checkbox"/> ENERGY STAR DHW (1pt) <input type="checkbox"/> ENERGY STAR electric DHW (2pts) <input type="checkbox"/> Low flow fixtures (1pt) <input type="checkbox"/> Drain water heat recovery (1pt) <input type="checkbox"/> User-demand hot water recirculation (1pt) <input type="checkbox"/> Water certification (2pts) List cert. type _____	<input type="checkbox"/> Solar ready (1pt, Base only) <input type="checkbox"/> On-site generation (1-4pts) _____ kW _____ pts <input type="checkbox"/> Solar hot water (2pts) <input type="checkbox"/> Building energy monitoring (1pt) <input type="checkbox"/> Level 2 EV-ready (1pt) <input type="checkbox"/> 6 kWh battery backup (1pt) *See RBES for MF exception
		<input type="checkbox"/> Option 3: HERS/ERI _____ HERS Result (Overall) _____ HERS without Renewables _____ REM/Rate Version # <input type="checkbox"/> IAF incorporated into model Approved Rater Name: _____ (Maximum HERS: 61 Base, 54 Stretch)

Thermal Envelope

Basement: R- 10 Basement / Crawl Space Walls _____ Basement Insulation Depth (ft) U- _____ Basement Windows NFRC Default

Slab: R- 10 Unheated Slab (Under) R- _____ Heated Slab (Under) R- 10 Perimeter Slab Edge

Wall/Ceiling: R- 23/40 Above-Grade Walls R- _____ Flat Ceilings _____ Area (sq ft) R- 40 Sloped Ceilings 14/40 Area (sq ft)

Other: R- _____ Floors over Unheated Spaces R- _____ Attic Access Hatch / Door NA

Fenestration U- _____ Windows NFRC Default U- _____ Doors NFRC Default U- _____ Skylights NFRC Default

Air Sealing / Blower Door Test _____ ACH50 _____ CFM50/sq ft of building shell (6 sides) Date of test _____
 (must report either ACH50 or CFM50/sq ft for Base Code) Both measurements are required for Stretch Code Air Leakage Tester Name: _____

Ventilation System (must select one) Balanced, SRE 10 % Flow verification: Rated, OR Measured → 30-225 Exhaust air flow (total cfm) 30-225 Supply air flow (total cfm)
 Exhaust-Only Flow verification: Rated, OR Measured → _____ Exhaust air flow (total cfm)

Combustion Safety (verify all) Exterior (outdoor) air supply is provided for solid fuel-burning appliances and fireplaces, OR NA (no solid fuel burning appliance or fireplace in home)
 Solid fuel burning appliances and fireplaces have gasketed doors with compression closure, OR NA (no solid fuel burning appliance or fireplace in home)
 Spillage testing conducted on combustion equipment not directly-vented, OR NA (no equipment, or all equipment directly-vented)

Mechanical System (must complete all) Design Load Calculation Method: ACCA Manual J, OR Other Approved Method (List) _____
 Calculation details: (Ref. RBES R302 for design temperature exceptions)

<u>1</u> Winter design temp, outdoor dry-bulb (VT range: -11 to 1°F)	<u>95</u> Summer design temp, outdoor dry-bulb (typ. max. 84°F), OR <input type="checkbox"/> No cooling
<u>70</u> Winter design temp, indoor (max 72°F)	<u>80</u> Summer design temp, indoor (min. 75°F), OR <input type="checkbox"/> No cooling
<u>42,000</u> Heating design load, Btu/hr	<u>48,000</u> Cooling design load, Btu/hr, OR <input type="checkbox"/> No cooling
<u>42,000</u> Primary heating system size, Btu/hr	<u>48,000</u> Primary cooling system size, Btu/hr, OR <input type="checkbox"/> No cooling
<u>9.3</u> HSPF or COP or AFUE (circle which)	<u>18</u> SEER or COP (circle which), OR <input type="checkbox"/> No cooling

Programmable thermostat, OR Exempt; list reason _____

Ducts Ducts located completely within conditioned space, OR NA (no ducts)
 _____ Duct airtightness test result (CFM @ 25 Pa)
 Test performed at Rough-in (max 3 CFM per 100 sq ft of cond. floor area), OR Post-construction (max 4 CFM per 100 sq ft of cond. floor area)

Other Requirements

Mandatory (Base and Stretch): Mechanical system piping, min. R-3 Multi-family: EV charging requirement is met: _____ # spaces
 90% of lamps high efficacy Automatic or gravity dampers for vent. system intake and exhaust

Mandatory (Stretch Code Only): Single-family: Solar ready Single-family: One Level 1 EV-charging space

Where applicable: Circulating service hot water piping, R-3 Pools: All requirements per R403.10 are met Automatic controls for snow-melt systems

I certify that the above information is correct and that the premises listed HAVE NOT been constructed in accordance with the Vermont Residential Building Standards (RBES) created under 30 V.S.A. § 51.

Signature: James Cochran Date: 5/10/21
 Printed Name: _____ Phone: 802 310 8500

For Owner/Builder Projects, 30 V.S.A. § 51 requires sellers to provide this statement to prospective buyers, prior to entering a binding purchase and sale agreement. This statement itemizes how the home DOES NOT comply with Vermont RBES. Seller must send copies within 30 days following the sale of the property to 1) the Dept. of Public Service, 112 State St., Montpelier, VT 05602, and 2) the town clerk of the town where the property is located. This label does not specify all 2020 RBES requirements.
 QUESTIONS? CALL the Energy Code Assistance Center at 855-887-0673 or the VT PUBLIC SERVICE DEPARTMENT at 802-828-2811.