



CITY OF [NAME OF CITY]
 Department of [NAME OF DEPARTMENT]
 [NAME OF DIVISION OR BUREAU]
CALGREEN NON-RESIDENTIAL



BUILDING OPERATION AND MAINTENANCE MANUAL CHECKLIST

INFORMATION	PROJECT NO.:	EXPIRATION DATE:	STATUS:
	PROJECT ADDRESS:		
	WORK DESCRIPTION:		
INSTRUCTIONS	<p>Your application for a permit, together with plans and specifications, has been examined and you are advised that the issuance of a permit is withheld for the reasons hereinafter set forth. The approval of plans and specifications does not permit the violation of any sections of the Code or other local ordinances or state laws.</p> <p>In an effort to streamline the plan review process, please follow the steps outlined below to ensure that there is no delay in processing your application and reviewing your responses to these plan check comments.</p> <ul style="list-style-type: none"> • Comments with circled item numbers apply to this plan check. • Revised plans and calculations shall incorporate or address all comments marked on the original checked set of plans, calculations, and this plan review checklist. Provide a written response to each comment and show where and how it has been addressed. Identify the sheet number and detail or reference note on the revised plans where the corrections are made. Time spent searching for the corrected items on the revised plans or calculations will delay the review and approval process. Once all comments on the plans, calculations, and this checklist have been addressed, contact the plan check staff to SCHEDULE AN APPOINTMENT to review the changes made. <p>PLAN REVIEWER: _____ TEL. NO.: _____</p> <p>ADDRESS: _____</p> <p>EMAIL: _____ WEBSITE: _____</p> <p>Should you have any questions or need clarification pertaining to the comments made on your project, you may contact the plan check staff by telephone from XX:XX AM to XX:XX PM (M T W TH F).</p> <ul style="list-style-type: none"> • Bring the original checked set of plans and calculations along with this checklist to the appointment meeting. Do not schedule an appointment meeting with the plan check staff until all comments have been addressed. • We will ensure that the appointment meeting or re-submittal of the plans for recheck will proceed as expeditiously as possible. If an impasse is reached during the appointment meeting, you may request that the plan check supervisor be summoned for a 2nd opinion or to attempt to resolve and/or clarify the matter. • Major revisions to the plans that necessitate additional review time may be subject to re-submittal and additional plan check fees as authorized by Section XXXXXX of the [Name of City] Municipal Code. 		
	NOTE	<p>Numbers within the parenthesis () refer to the section of the applicable code. 2010 California Green Building Standards Code (CGBSC). Table (T).</p>	



THIS MANUAL SHALL REMAIN WITH THE BUILDING THROUGHOUT THE LIFE CYCLE OF THE STRUCTURE.

This structure contains various elements designed for the purpose of improving public health, safety, and general welfare. Please note the following elements that are applicable to this structure, and provide or attach the appropriate information.

A. HVAC SYSTEM

Installed? YES NO N/A

Manufacturer _____

SEER _____

Efficiency _____

Air Filter MERV _____

Attach operation and maintenance instructions and guarantees/warranties information to this manual.

B. WATER HEATING SYSTEM

Installed? YES NO N/A

Manufacturer _____

Efficiency _____

Attach operation and maintenance instructions and guarantees/warranties information to this manual.

C. OTHER EQUIPMENT

Installed? YES NO N/A

Manufacturer _____

Special Instruction _____

Attach operation and maintenance instructions and guarantees/warranties information to this manual.

D. ROOF AND YARD DRAINAGE

Gutters.

Installed? YES NO N/A

Information for operating and maintaining gutters and downspouts and the importance of delivering

water at least 5 feet away from foundation is provided.

Yard Drainage.

Installed? YES NO N/A

Information for operating and maintaining yard drains and the importance of diverting water away from foundations is provided.

E. IRRIGATION SYSTEM

Installed? YES NO N/A

Irrigation Controller Type And Manufacturer

Attach operation and maintenance instructions and guarantees/warranties information to this manual.

F. WATER REUSE SYSTEM

Installed? YES NO N/A

Water Reuse Type _____

Attach operation and maintenance instructions and guarantees/warranties information to this manual.

G. WATER-CONSERVING LANDSCAPE

Installed? YES NO N/A

Attach information on the landscape materials installed to conserve water and maintenance required to this manual.

H. UTILITIES

Electrical Service Provider

Tel – () _____ - _____

Natural Gas Service Provider



Tel – () _____ - _____

Special Instruction _____

Water Service Provider

Tel – () _____ - _____

Attach operation and maintenance instructions to this manual. If no solar energy system is installed, attach information on state incentive programs.

Septic System Installer

M. VERIFICATIONS

Tel – () _____ - _____

Adhesives Manufacturer and Type

Recycling Pickup

VOC Level _____

Tel – () _____ - _____

Caulk Manufacturer and Type

I. PUBLIC TRANSPORTATION

Nearest Bus Stop _____

VOC Level _____

Nearest Subway Stop _____

Aerosol Adhesives Manufacturer and Type

Nearest Carpool Location _____

VOC Level _____

Attach a map to this manual showing the structure's location relative to public transportation.

J. HUMIDITY

Maintaining a relative humidity between 30%-60% within this structure has many positive impacts, including:

- Resistance to the growth of dust mites, mildew, and mold.
- Resistance to possible allergic reactions.
- Maintains interior wood and paint surfaces.

Paint Manufacturer and Type

VOC Level _____

Sealer/Stain Manufacturer and Type

VOC Level _____

K. ROUTINE MAINTENANCE

Attach instructions and schedules on routine maintenance for critical building elements including, but not limited to the following.

- Equipment and appliances
- Roof and yard drainage
- Space conditioning systems
- Landscape irrigation systems
- Other installed systems

Carpet Manufacturer and Type

Testing Program Certification _____

Resilient Flooring Manufacturer and Type

Testing Program Certification _____

Composite Wood Manufacturer and Type

L. SOLAR ENERGY

Installed? YES NO N/A

Formaldehyde Limits _____

Manufacturer _____

Attach all product certifications, specifications, and applicable chain of custody certifications to this manual.



N. COMMISSIONING

Required? YES NO N/A

Attach copies of documentation used for commissioning including but not limited to the following:

- Owner's Project Requirements
- Basis of Design
- Functional Performance Testing
- System Manuals and System Operations Training including OSHA
- Commissioning report