**So Cal Title 24, LLC**
8659 Red Oak Street, Suite I
Rancho Cucamonga, CA 91730

**Contact Us**
(909) 294-5822
info@socaltitle24.com

**Office Hours**
Monday - Friday
8:00 a.m. - 5:00 p.m.

# CF1R TITLE 24 ORDER FORM

**Please fill out everything accurately to the best of your ability. Missing information or incomplete architectural drawings may cause delays with your project. If you have multiple units on the same lot, please fill out a separate order form.**

**Homeowner's Name**

_____
*First & Last Name*

**Project Address**

_____
*Street Address*

_____ CA _____
*City* *State* *ZIP Code*

**Homeowner's Phone**

( ___ ___ ) ___ ___ ___ - ___ ___ ___ ___

**Homeowner's E-mail**

_____

**Who will be responsible for co-signing the final CF1R Title 24 report?**
**If it is the homeowner, you do not need to fill out the co-signer information below.**

**Co-signer Name**

_____
*First & Last Name*

**Company**

_____
*If applicable*

**Co-signer's Phone**

( ___ ___ ) ___ ___ ___ - ___ ___ ___ ___

**Address**

_____
*Street Address*

_____
*City* *State* *ZIP Code*

**We will send an invoice to this e-mail. Your project will not be added to our job queue until payment has been received.**

**Billing E-mail**

_____

**Co-signer's E-mail**

_____
*We will send you the CF1R Title 24 report to review*

**Would you like us to provide you with the Residential California Green Building Standards Code *(CALGreen)* for your building?**

- ☐ Yes + $150.00
- ☐ No

**What paper size would you like your CF1R Title 24 report?**

- ☐ 8.5x11 PDF
- ☐ 24x36 PDF + $25.00
- ☐ Other + $25.00 _____

**What code cycle does your project fall under?**

- ☐ 2025 California Energy Code *(current code cycle, between January 1, 2026 to December 31, 2028)*
- ☐ 2022 California Energy Code *(between January 1, 2023 to December 31, 2025)*
- ☐ Other _____

**What type of project is this?**

- [ ] New Construction
- [ ] Remodel and/or Addition
- [ ] Conversion

*Select "Conversion" if you are converting an existing unconditioned structure, such as garages or barns, to conditioned space. Also select "Conversion" if you are legalizing an unpermitted habitable structure and bringing it up to code*

**What type of building is this?**

- [ ] Single Family Residence *(SFR)*
- [ ] Accessory Dwelling Unit *(ADU)* or Junior Accessory Dwelling Unit *(JADU)*
- [ ] Other _____

*Select "Other" for home offices, pool houses, recreation rooms, etc.*

**Are you moving or replacing the kitchen range hood?**

- [ ] Yes
- [ ] No

**Is the kitchen range gas or electric?**

- [ ] Gas
- [ ] Electric
- [ ] There is no kitchen range

**Is the laundry dryer gas or electric?**

- [ ] Gas
- [ ] Electric
- [ ] There is no laundry dryer

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**Is the water heater existing, altered, or new?**

- [ ] Existing
- [ ] Altered *(existing system being replaced with new)*
- [ ] New

**What is the type of water heater?**

- [ ] Tank *(electric heat pump water heater)*
- [ ] Tank *(gas)*
- [ ] Tankless / Instantaneous *(electric)*
- [ ] Tankless / Instantaneous *(gas)*
- [ ] Other _____

**Is there anything else you think we should know regarding the water heater?**

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**Please describe your HVAC configuration. Is it existing, altered, or new? Is it a ducted or ductless system? Where is the plenum or majority of ducting located? What type of ducted or ductless system do you have?**

**We charge a minimum of $150.00 for each unit that exceeds 3,000 SF of conditioned floor area.**

**Please fill in the values below. This is for the proposed dwelling unit if "New Construction"; the existing dwelling unit if "Remodel and/or Addition"; the existing structure after the proposed design changes if "Conversion"**

| | Level One | Level Two | Level Three | Level Four |
|---|---|---|---|---|
| Total Conditioned Floor Area | | | | |
| Ceiling Height | | | | |
| Number of Bedrooms | | | | |

**You may be adding additions to the existing dwelling unit if you selected "Remodel and/or Addition"**
**You may be adding additions to the existing structure after the proposed design changes if you selected "Conversion"**
**Please fill in the values below if this applies to you.**

| | Level One | Level Two | Level Three | Level Four |
|---|---|---|---|---|
| Total Conditioned Floor Area | | | | |
| Ceiling Height | | | | |
| Number of Bedrooms | | | | |

**Is there any additional information regarding your project you think we should know?**