

**Building Energy Efficiency Standard (BEES) Certification**  
**\*\*\*\*\*Home Energy Rated Method\*\*\*\*\***

I. Owner of record: David W. Boone  
Building is located at 42440 Natalie Circle Homer, Ak. 99603  
(Street) (City)  
Legal Description is Natalie Woods Sub L4 Homer Recording dist.  
Plat 80-103 (Include recording district).

II. RATING COMPLIANCE: Region property is located in:  1  2G  2A  3  4  5  
Software program used:  AKWarm  Other: (Identify) \_\_\_\_\_  
\*NOTE: Only those software programs independently tested and approved by AHFC are acceptable.  
Home Energy Rating: 5 & + Date Construction Started: 6/98  
\*Note: Defined as installation of the foundation  
Rater # 3 Rater's Name Ted Veal  
(Please type or print legibly)

III. VENTILATION COMPLIANCE STATEMENT: Construction on the above legally described property meets the ventilation requirements as set forth in the Building Energy Efficiency Standard (BEES) under Option 1 or Option II.

IV. COMPLIANCE STATEMENT: (This statement applies only to Section III Ventilation).  
A.  I hereby Certify that I am eligible under the provisions of 15 AAC 155.030(a)(2) to certify compliance with BEES ventilation requirements and that I am a licensed architect, engineer or ICBO certificated building inspector, and have taken the Alaska Craftsman Home Program or other comparable building course specifically approved in writing.  
B.  I hereby Certify that I am the contractor of the building and eligible to self certify compliance with BEES ventilation requirements under the provision of AS 18.56.096 and that I have taken the Alaska Craftsman Home program or other comparable building course specifically approved in writing by AHFC.  
C.  I hereby Certify that I am the owner of the building and eligible to self certify compliance with BEES ventilation requirements under the provision of AS 18.56.096 and that I have taken the Alaska Craftsman Home Program or other comparable building course specifically approved in writing by AHFC.

**TO BE COMPLETED ONLY IF BOX A OR B ABOVE IS MARKED**  
Name: STUART SCHMIDT Signature: [Signature]  
License or Certification # and Type: U87-57 Date: 11/18/99

V. By my signature below I hereby certify that AS 18.56.096(c) has been met and that the building meets or exceeds the Standard set forth under AS 18.56.096(c).  
Builder/Owner's Name David W. Boone Signature [Signature]  
Address 641 Rangview Ave  
City, State Homer AK Zip 99603 Date 1-18-99  
Before me, a Notary Public in and for the State of Alaska \_\_\_\_\_  
has executed the foregoing document of his or her own free will. (Builder/Owner)

My Commission expires: 08-28-02  
Return to: ENBA-Shipping  
20 Box 100720  
Anchorage, AK 99510  
Int # 4019970  
Maureen Conover  
(Notary Signature)  
0004741500  
Homer Recording Dist

