

# FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

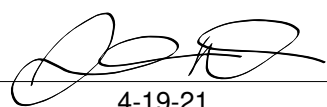
Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: Brinkley Street: City, State, Zip: , FL , Owner: Design Location: FL, Gainesville	Builder Name: Fierce Construction Permit Office: Permit Number: Jurisdiction: County: Columbia (Florida Climate Zone 2 )
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Glass/Floor Area: 0.064	Total Proposed Modified Loads: 111.05	PASS
	Total Baseline Loads: 115.97	

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: 


DATE: 4-19-21

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER/AGENT: \_\_\_\_\_

DATE: \_\_\_\_\_

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.



BUILDING OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_

- Compliance requires certification by the air handler unit manufacturer that the air handler enclosure qualifies as certified factory-sealed in accordance with R403.3.2.1.
- Compliance requires an Air Barrier and Insulation Inspection Checklist in accordance with R402.4.1.1 and this project requires an envelope leakage test report with envelope leakage no greater than 5.00 ACH50 (R402.4.1.2).
- Compliance with a proposed duct leakage Qn requires a Duct Leakage Test Report confirming duct leakage to outdoors, tested in accordance with ANSI/RESNET/ICC 380, is not greater than 0.030 Qn for whole house.

# INPUT SUMMARY CHECKLIST REPORT

PROJECT													
Title:	Brinkley	Bedrooms:	4	Address Type:	Street Address								
Building Type:	User	Conditioned Area:	4773	Lot #									
Owner Name:		Total Stories:	2	Block/Subdivision:									
# of Units:	1	Worst Case:	No	PlatBook:									
Builder Name:	Fierce Construction	Rotate Angle:	0	Street:									
Permit Office:		Cross Ventilation:		County:	Columbia								
Jurisdiction:		Whole House Fan:		City, State, Zip:	, FL,								
Family Type:	Detached												
New/Existing:	New (From Plans)												
Comment:													
CLIMATE													
✓	Design Location	TMY Site	Design Temp 97.5 %	2.5 %	Int Design Temp Winter	Summer	Heating Degree Days	Design Moisture	Daily Temp Range				
_____	FL, Gainesville	FL_GAINESVILLE_REGI	32	92	70	75	1305.5	51	Medium				
BLOCKS													
Number	Name	Area	Volume										
1	Block1	4800	48000										
SPACES													
Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Infil ID	Finished	Cooled	Heated			
1	1st Floor	2400	24000	Yes	2	1	1	Yes	Yes	Yes			
2	2nd Floor	2400	24000	No	6	3	1	Yes	Yes	Yes			
FLOORS													
✓	#	Floor Type	Space	Perimeter	Perimeter R-Value	Area	Joist R-Value	Tile	Wood	Carpet			
_____	1	Slab-On-Grade Edge Insulatio	1st Floor	200 ft	0	2400 ft²	----	0.33	0.33	0.34			
_____	2	Floor Over Other Space	2nd Floor	----	----	2400 ft²	0	0.33	0.33	0.34			
ROOF													
✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Rad Barr	Solar Absor.	SA Tested	Emitt Tested	Emitt Tested	Deck Insul.	Pitch (deg)
_____	1	Gable or shed	Metal	2474 ft²	300 ft²	Light	N	0.6	No	0.9	No	0	14.04
ATTIC													
✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC						
_____	1	No attic	Unvented	0	2400 ft²	N	N						

## INPUT SUMMARY CHECKLIST REPORT

CEILING													
✓	#	Ceiling Type	Space	R-Value	Ins Type	Area	Framing Frac	Truss Type					
✓	1	Cathedral/Single Assembly (Unvented)	1st Floor	30	Blown	2400 ft²	0.11	Wood					
✓	2	Cathedral/Single Assembly (Unvented)	2nd Floor	30	Blown	2400 ft²	0.11	Wood					

WALLS															
✓	#	Ornt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft	In	Height Ft	In	Area	Sheathing R-Value	Framing Fraction	Solar Absor.	Below Grade%
✓	1	N	Exterior	Frame - Steel	1st Floor	19	60	10	600.0	ft²	0.23	0.75	0		
✓	2	E	Exterior	Frame - Steel	1st Floor	19	40	10	400.0	ft²	0.23	0.75	0		
✓	3	S	Exterior	Frame - Steel	1st Floor	19	60	10	600.0	ft²	0.23	0.75	0		
✓	4	W	Exterior	Frame - Steel	1st Floor	19	40	10	400.0	ft²	0.23	0.75	0		
✓	5	N	Exterior	Frame - Steel	2nd Floor	19	60	10	600.0	ft²	0.23	0.75	0		
✓	6	E	Exterior	Frame - Steel	2nd Floor	19	40	10	400.0	ft²	0.23	0.75	0		
✓	7	S	Exterior	Frame - Steel	2nd Floor	19	60	10	600.0	ft²	0.23	0.75	0		
✓	8	W	Exterior	Frame - Steel	2nd Floor	19	40	10	400.0	ft²	0.23	0.75	0		

DOORS														
✓	#	Ornt	Door Type	Space	Storms	U-Value	Width Ft	In	Height Ft	In	Area			
✓	1	N	Insulated	1st Floor	None	.21	6	4	6	8	42.2 ft²			
✓	2	E	Insulated	1st Floor	None	.21	6	4	6	8	40 ft²			
✓	3	S	Insulated	1st Floor	None	.21	3	4	6	8	20 ft²			

WINDOWS														
Orientation shown is the entered, Proposed orientation.														
✓	#	Ornt	Wall		NFRC	U-Factor	SHGC	Imp	Area	Overhang		Int Shade	Screening	
				ID	Frame	Panels			Depth	Separation				
✓	1	N	1	Vinyl	Low-E Double	Yes	0.6	0.27	N	35.6 ft²	1 ft 6 in	2 ft 4 in	None	None
✓	2	N	1	Vinyl	Low-E Double	Yes	0.6	0.27	N	5.4 ft²	1 ft 6 in	2 ft 4 in	None	None
✓	3	E	2	Vinyl	Low-E Double	Yes	0.6	0.27	N	35.6 ft²	1 ft 6 in	2 ft 4 in	None	None
✓	4	S	3	Vinyl	Low-E Double	Yes	0.6	0.27	N	17.8 ft²	1 ft 6 in	2 ft 4 in	None	None
✓	5	S	3	Vinyl	Low-E Double	Yes	0.6	0.27	N	5.4 ft²	1 ft 6 in	2 ft 4 in	None	None
✓	6	S	3	Vinyl	Low-E Double	Yes	0.6	0.27	N	35.6 ft²	1 ft 6 in	2 ft 4 in	None	None
✓	7	W	4	Vinyl	Low-E Double	Yes	0.6	0.27	N	17.8 ft²	1 ft 6 in	2 ft 4 in	None	None
✓	8	N	5	Vinyl	Low-E Double	Yes	0.6	0.27	N	35.6 ft²	1 ft 6 in	2 ft 4 in	None	None
✓	9	N	5	Vinyl	Low-E Double	Yes	0.6	0.27	N	5.4 ft²	1 ft 6 in	2 ft 4 in	None	None
✓	10	E	6	Vinyl	Low-E Double	Yes	0.6	0.27	N	35.6 ft²	1 ft 6 in	2 ft 4 in	None	None
✓	11	S	7	Vinyl	Low-E Double	Yes	0.6	0.27	N	5.4 ft²	1 ft 6 in	2 ft 4 in	None	None
✓	12	S	7	Vinyl	Low-E Double	Yes	0.6	0.27	N	17.8 ft²	1 ft 6 in	2 ft 4 in	None	None
✓	13	W	8	Vinyl	Low-E Double	Yes	0.6	0.27	N	53.3 ft²	1 ft 6 in	2 ft 4 in	None	None

## INPUT SUMMARY CHECKLIST REPORT

INFILTRATION														
#	Scope	Method	SLA	CFM 50	ELA	EqLA	ACH	ACH 50						
1	Wholehouse	Proposed ACH(50)	.000317	4000	219.45	412	.1413	5						
HEATING SYSTEM														
<input checked="" type="checkbox"/>	#	System Type	Subtype	Speed	Efficiency	Capacity	Block	Ducts						
<input type="checkbox"/>	1	Electric Heat Pump/	None	Singl	HSPF:8.5	60 kBtu/hr	1	sys#1						
COOLING SYSTEM														
<input checked="" type="checkbox"/>	#	System Type	Subtype	Subtype	Efficiency	Capacity	Air Flow	SHR	Block	Ducts				
<input type="checkbox"/>	1	Central Unit/	None	Singl	SEER: 15	60 kBtu/hr	1800 cfm	0.85	1	sys#1				
HOT WATER SYSTEM														
<input checked="" type="checkbox"/>	#	System Type	SubType	Location	EF	Cap	Use	SetPnt	Conservation					
<input type="checkbox"/>	1	Electric	None	1st Floor	0.92	50 gal	70 gal	140 deg	None					
SOLAR HOT WATER SYSTEM														
<input checked="" type="checkbox"/>	FSEC	Company Name	System Model #			Collector Model #	Collector Area	Storage Volume	FEF					
<input type="checkbox"/>	None	None					ft <sup>2</sup>							
DUCTS														
<input checked="" type="checkbox"/>	#	---- Supply ----			---- Return ----			Air Handler	CFM 25 TOT	CFM25 OUT	QN	RLF	HVAC #	
<input type="checkbox"/>	1	2nd Floor	6	960 ft <sup>2</sup>	2nd Floor	240 ft <sup>2</sup>	Prop. Leak Free	1st Floor	--- cfm	144.0 cfm	0.03	0.50	1	1
TEMPERATURES														
Programable Thermostat: Y							Ceiling Fans:							
Cooling	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec	Heating	<input checked="" type="checkbox"/> Jan
Venting	<input type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec		<input type="checkbox"/> Dec

**INPUT SUMMARY CHECKLIST REPORT**

Thermostat Schedule: HERS 2006 Reference		Hours											
Schedule Type		1	2	3	4	5	6	7	8	9	10	11	12
Cooling (WD)	AM	78	78	78	78	78	78	78	78	78	80	80	80
	PM	80	80	80	80	78	78	78	78	78	78	78	78
Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	80	80	80
	PM	80	80	80	80	78	78	78	78	78	78	78	78
Heating (WD)	AM	65	65	65	65	65	65	65	65	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	68	68
Heating (WEH)	AM	65	65	65	65	65	65	65	65	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	68	68
<b>MASS</b>													
Mass Type		Area		Thickness		Furniture Fraction		Space					
Default(8 lbs/sq.ft.		0 ft <sup>2</sup>		0 ft		0.3		1st Floor					
Default(8 lbs/sq.ft.		0 ft <sup>2</sup>		0 ft		0.3		2nd Floor					