

INPUT SUMMARY CHECKLIST REPORT

PROJECT													
Title:	Model 1549			Address type:	Street Address								
Building Type:	User			Bedrooms:	3		Lot #:	---					
Owner:	592 SW Churchill Way			Conditioned Area:	1549		Block/SubDivision:	---					
Builder Home ID:				Total Stories:	1		PlatBook:	---					
Builder Name:				Worst Case:	No		Street:	592 SW Churchill Way					
Permit Office:	Columbia County			Rotate Angle:	0		County:	Columbia					
Jurisdiction:				Cross Ventilation:	Yes		City, State, Zip:	Lake City, FL, 32025					
Family Type:	Detached			Whole House Fan:	No								
New/Existing:	New (From Plans)			Terrain:	Suburban								
Year Construct:	2025			Shielding:	Suburban								
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, Ocala	FL_OCALA_MUNI_(AWOS)			28	91		70	75		1144.5	51	Medium	
BLOCKS													
✓ Number	Name	Area	Volume										
___ 1	Block1	1549	13941 cu ft										
SPACES													
✓ Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Finished	Cooled	Heated				
___ 1	Main	1549	13941	Yes	6	3	Yes	Yes	Yes				
FLOORS (Total Exposed Area = 1549 sq.ft.)													
✓ #	Floor Type	Space	Exposed Perim(ft)	Area	R-Value Perim.	U-Factor Joist	Slab Insul. Vert/Horiz	Tile	Wood	Carpet			
___ 1	Slab-On-Grade Edge Ins	Main	166.8	1549 sqft	0.0	---	0.304	2 (ft)/0 (ft)	0.00	0.00	1.00		
ROOF													
✓ #	Type	Materials	Roof Area	Gable Area	Framing. Fract.	Roof Color	Rad Barr	Solar Absor.	SA Tested	Emitt	Emitt Tested	Deck Insul.	Pitch (deg)
___ 1	Gable or shed	Composition shingles	1732 ft²	388 ft²	0.11	Medium	Y	0.96	No	0.9	No	0	26.57
ATTIC													
✓ #	Type	Ventilation			Vent Ratio (1 in)	Area	RBS	IRCC					
___ 1	Full attic	Vented			300	1549 ft²	Y	N					
CEILING (Total Exposed Area = 1626 sq.ft.)													
✓ #	Ceiling Type	Space	R-Value	Ins. Type	Area	U-Factor	Framing Frac.	Truss Type					
___ 1	Flat ceiling under attic(Vented)	Main	38.0	Double Batt	1626.4ft²	0.024	0.11	Wood					

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WALLS														(Total Exposed Area = 1500 sq.ft.)		
✓ #	Ornt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft	In	Height Ft	In	Area sq.ft.	U-Factor	Sheath R-Value	Frm. Frac.	Solar Absor.	Below Grade	
___ 1	S	Exterior	Frame - Wood	Main	13.0	33.0	0	9.0	0	297.0	0.084		0.23	0.75	0 %	
___ 2	S	Exterior	Frame - Wood	Main	13.0	22.0	4	9.0	0	201.0	0.084		0.23	0.75	0 %	
___ 3	E	Exterior	Frame - Wood	Main	13.0	28.0	0	9.0	0	252.0	0.084		0.23	0.75	0 %	
___ 4	N	Exterior	Frame - Wood	Main	13.0	55.0	4	9.0	0	498.0	0.084		0.23	0.75	0 %	
___ 5	W	Exterior	Frame - Wood	Main	13.0	28.0	0	9.0	0	252.0	0.084		0.23	0.75	0 %	

DOORS												(Total Exposed Area = 40 sq.ft.)		
✓ #	Ornt	Adjacent To	Door Type	Space	Storms	U-Value	Width Ft	In	Height Ft	In	Area			
___ 1	S	Exterior	Insulated	Main	None	0.46	3.00	0	6.00	8	20.0ft²			
___ 2	E	Exterior	Insulated	Main	None	0.46	3.00	0	6.00	8	20.0ft²			

WINDOWS																(Total Exposed Area = 157 sq.ft.)		
✓ #	Ornt	Wall ID	Frame	Panes	NFRC U-Factor	SHGC	Imp	Storm	Total Area (ft²)	Same Units	Width (ft)	Height (ft)	--Overhang-- Depth (ft)	Sep. (ft)	Interior Shade	Screen		
___ 1	S	1	Vinyl	Low-E Double	Y 0.36	0.25	N	N	60.0	4	3.00	5.00	1.5	1.0	None	None		
___ 2	S	2	Vinyl	Low-E Double	Y 0.36	0.25	N	N	30.0	2	3.00	5.00	7.5	1.0	None	None		
___ 3	E	3	Vinyl	Low-E Double	Y 0.36	0.25	N	N	3.0	1	3.00	1.00	1.0	3.0	None	None		
___ 4	N	4	Vinyl	Low-E Double	Y 0.36	0.25	N	N	9.0	1	3.00	3.00	1.5	1.0	None	None		
___ 5	N	4	TIM	Low-E Double	Y 0.36	0.25	N	N	40.0	2	3.00	6.67	1.5	1.0	None	None		
___ 6	N	4	Vinyl	Low-E Double	Y 0.36	0.25	N	N	15.0	1	3.00	5.00	1.5	1.0	None	None		

INFILTRATION										
✓ #	Scope	Method	SLA	CFM50	ELA	EqLA	ACH	ACH50	Space(s)	Infiltration Test Volume
___ 1	Wholehouse	Proposed ACH(50)	0.00040	1626	89.23	167.52	0.1211	7.0	All	13941 cu ft

MASS					
✓ #	Mass Type	Area	Thickness	Furniture Fraction	Space
___ 1	Default(8 lbs/sq.ft.)	0 ft²	0 ft	0.30	Main

HEATING SYSTEM											
✓ #	System Type	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	----Geothermal HeatPump---- Entry	Power	Volt	Current	Ducts	Block
___ 1	Electric Heat Pump	None/Single		HSPF2: 8.80	27.3		0.00	0.00	0.00	sys#1	1

COOLING SYSTEM									
✓ #	System Type	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	Air Flow cfm	SHR	Duct	Block
___ 1	Central Unit	None/Single		SEER2:15.5	18.4	540	0.75	sys#1	1

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HOT WATER SYSTEM

√ #	System Type	Subtype	Location	EF(UEF)	Cap	Use	SetPnt	Fixt. Flow	Trap	Pipe Ins.	Pipe length
___ 1	Electric	None	Main	0.92 (0.92)	40.0 gal	40 gal	120 deg	Standard	Yes	None	12
	Recirculation System	Recirc Control Type	Loop length	Branch length	Pump power	DWHR	Facilities Connected	Equal Flow	DWHR Eff	Other Credits	
___ 1	No		NA	NA	NA	No	NA	NA	NA	None	

DUCTS

√ Duct #	-----Supply----- Location	R-Value	Area	-----Return----- Location	R-Value	Area	Leakage Type	AHU Location	CFM 25 TOT OUT	QN OUT	AHU SEALED	RLF	HVAC # Heat Cool
___ 1	Attic	6.0	387 ft²	Attic	6.0	77 ft²	Default Leakage	Main	(Default)	(Default)			1 1

TEMPERATURES

Programable Thermostat: Y				Ceiling Fans: N											
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	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec			
Venting	<input type="checkbox"/> Jan	<input 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 type="checkbox"/> Dec			
√ Thermostat Schedule: HERS 2006 Reference	Schedule Type	1	2	3	4	5	6	Hours 7	8	9	10	11	12		
___ Cooling (WD)	AM PM	78 80	78 80	78 78	78 78	78 78	78 78	78 78	78 78	78 78	80 78	80 78	80 78		
___ Cooling (WEH)	AM PM	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78		
___ Heating (WD)	AM PM	66 68	66 68	66 68	66 68	66 68	68 68	68 68	68 68	68 68	68 68	68 66	68 66		
___ Heating (WEH)	AM PM	66 68	66 68	66 68	66 68	66 68	68 68	68 68	68 68	68 68	68 68	68 66	68 66		

Envelope Leakage Test Report (Blower Door Test)

Residential Prescriptive, Performance or ERI Method Compliance

2023 Florida Building Code, Energy Conservation, 8th Edition

Jurisdiction:	Permit #:
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Job Information

Builder:	Community:	Lot: NA
Address: 592 SW Churchill Way		
City: Lake City	State: FL	Zip: 32025

Air Leakage Test Results Passing results must meet either the Performance, Prescriptive, or ERI Method

PRESCRIPTIVE METHOD-The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour at a pressure of 0.2 inch w.g. (50 Pascals) in Climate Zones 1 and 2.

PERFORMANCE or ERI METHOD-The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding the selected ACH(50) value, as shown on Form R405-2023 (Performance) or R406-2023 (ERI), section labeled as infiltration, sub-section ACH50.
 ACH(50) specified on Form R405-2023-Energy Calc (Performance) or R406-2023 (ERI): 7.000

$\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div \frac{13941}{\text{ACH}(50)} =$ <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">PASS</div> <p><input type="checkbox"/> When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by building department.</p>	<p><u>Method for calculating building volume:</u></p> <p><input type="radio"/> Retrieved from architectural plans</p> <p><input checked="" type="radio"/> Code software calculated</p> <p><input type="radio"/> Field measured and calculated</p>
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R402.4.1.2 Testing. The building or dwelling unit shall be tested and verified as having an air leakage rate not exceeding seven air changes per hour in Climate Zones 1 and 2, and three air changes per hour in Climate Zones 3 through 8. Dwelling units with an air leakage rate less than three air changes per hour shall be provided with whole-house mechanical ventilation in accordance with Section R403.6.1 of this code and Section M1507.3 if the *Florida Building Code, Residential*. Testing shall be conducted in accordance with ANSI/RESNET/ICC 380 and reported at a pressure of 0.2 inch w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), *Florida Statutes*, or individuals licensed as set forth in Section 489.105(3)(f), (g), or (i) or an approved third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the ~~trade~~ *code official*. Testing shall be performed at any time after creation of all penetrations of the ~~building~~ *building thermal envelope*.

During testing:

1. Exterior windows and doors, fireplace and stove doors shall be closed, but not sealed, beyond the intended weatherstripping or other infiltration control measures.
2. Dampers including exhaust, intake, makeup air, back draft and flue dampers shall be closed, but not sealed beyond intended infiltration control measures.
3. Interior doors, if installed at the time of the test, shall be open.
4. Exterior doors for continuous ventilation systems and heat recovery ventilators shall be closed and sealed.
5. Heating and cooling systems, if installed at the time of the test, shall be turned off.
6. Supply and return registers, if installed at the time of the test, shall be fully open.
7. If an attic is both sealed and insulated at the roof deck, interior access doors and hatches between the conditioned space volume and the attic shall be opened during the test and the volume of the attic shall be added to the conditioned space volume for purposes of reporting the infiltration volume and calculating the air leakage of the home.

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above Air Leakage results are in accordance with the 2023 8th Edition Florida Building Code Energy Conservation requirements according to the compliance method selected above.

Signature of Tester: _____ Date of Test: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____