FORM R405-2023

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name:	Fords Septic Service	Builder Name:	
Street:	116 NW Lawtey Way	Permit Office:	Columbia County
City, State, Zip.	Lake City, FL, 32055	Permit Number:	
Owner:		Jurisdiction:	
Design Location	FL, Gainesville	County:	Columbia(Florida Climate Zone 2)

1. New construction or existing		New (From Plans)	
2. Single family or multiple family		Detached	
3. Number of units, if multiple family		1	
4 Number of Bedrooms		1	
5. Is this a worst case?		No	
6. Conditioned floor area above grade (ft²)		900	
Conditioned floor area below grade (ft²)		0	
7. Windows(99.0 sqft.)	Description	Area	
a. U-Factor:	Dbl, U=0.36	99.00 ft²	
SHGC.	SHGC=0.25		
b U-Factor:	N/A	ft²	
SHGC·			
c. U-Factor:	N/A	ft²	
SHGC			
Area Weighted Average Overhang Depth:		3.318 ft	
Area Weighted Average SHGC.		0.250	
8 Skylights	Description	Area	
U-Factor:(AVG)	N/A	N/A ft²	
SHGC(AVG)	N/A		
9 Floor Types	Insulation	Area	
a Slab-On-Grade Edge Insulation	R= 0.0	900.00 ft²	
b. N/A	R=	ft²	
c N/A	R=	ft²	

10. Wall Types(960.0 sqft)	Insulation	Area	
a. Concrete Block - Int Insul, Exterior	R=4 2	960.00 ft²	
b. N/A			
c. N/A			
d. N/A			
11. Ceiling Types(990 0 sqft.)	Insulation	Area	
a. Flat ceiling under att (Vented)	R=38.0	990.00 ft²	
b. N/A			
c. N/A			
12 Roof(Metal, Vented)	Deck R=0.0	975 ft²	
13. Ducts, location & insulation level		R	ft²
a Sup Attic, Ret: Attic, AH: 1st Floor		6	225
b.			
c			
14 Cooling Systems		kBtu/hr	Efficiency
a Central Unit		13.6	SEER2:16.00
15. Heating Systems		kBtu/hr	Efficiency
a. Electric Heat Pump		17.5	HSPF2·8 80
16. Hot Water Systems			
a. Electric		Cap· 40 gallons	
		EF: 0.920	
b. Conservation features		None	
17. Credits		CV, Pstat	

COLUMBIA COUNTY BUILDING DEPARTMENT Received for FILE COPY Code Compliance

Glass/Floor Area. 0.110	Total Proposed Modified Loads· 27.06	**PASS**
	Total Baseline Loads. 28.47	

NOTE. Proposed residence must have annual total normalized Modified Loads that are less than or equal to 95 percent of the annual total loads of the standard reference design in order to comply

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

PREPARED BY _____

DATE: 3 / 2 / 2026

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.

GREAT SEAL OF THE STATE OF FLORIDA * IN GOD WE TRUST *

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.

- Default duct leakage does not require a Duct Leakage Test Report.

- Compliance requires an Air Barrier and Insulation Inspection Checklist in accordance with R402.4.1.1 and this project requires a PERFORMANCE envelope leakage test report with envelope leakage no greater than 7.00 ACH50 (R402.4.1.2).

FORM R405-2023

INPUT SUMMARY CHECKLIST REPORT

PROJECT

Title	Fords Septic Service			Address type	Street Address
Building Type	User	Bedrooms	1	Lot #	---
Owner		Conditioned Area	900	Block/SubDivision	---
Builder Home ID		Total Stories	1	PlatBook	---
Builder Name		Worst Case	No	Street	116 NW Lawtey Way
Permit Office	Columbia County	Rotate Angle	0	County	Columbia
Jurisdiction		Cross Ventilation	Yes	City, State, Zip	Lake City, FL, 32055
Family Type	Detached	Whole House Fan	No		
New/Existing	New (From Plans)	Terrain	Suburban		
Year Construct	2026	Shielding	Suburban		
Comment					

CLIMATE

√	Design Location	Tmy Site	Design Temp 97 5%	Design Temp 2 5%	Int Design Temp Winter	Int Design Temp Summer	Heating Degree Days	Design Moisture	Daily temp Range
___	FL, Gainesville	FL_GAINESVILLE_REGIONA	32	92	70	75	1305 5	51	Medium

BLOCKS

√	Number	Name	Area	Volume
___	1	Block1	900	7200 cu ft

SPACES

√	Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Finished	Cooled	Heated
___	1	1st Floor	900	7200	Yes	4	1	Yes	Yes	Yes

FLOORS (Total Exposed Area = 900 sq.ft.)

√	#	Floor Type	Space	Exposed Perim(ft)	Area	R-Value Perim	R-Value Joist	U-Factor	Slab Insul Vert/Horiz	Tile	Wood	Carpet
___	1	Slab-On-Grade Edge Ins	1st Floor	120	900 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	Hip	Metal	975 ft²	0 ft²	0 11	Medium	Y	0 96	No	0 9	No	0	22 62

ATTIC

√	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
___	1	Full attic	Vented	300	900 ft²	Y	N

CEILING (Total Exposed Area = 990 sq.ft.)

√	#	Ceiling Type	Space	R-Value	Ins Type	Area	U-Factor	Framing Frac.	Truss Type
___	1	Flat ceiling under attic(Vented)	1st Floor	38 0	Double Batt	990.0ft²	0 024	0 11	Wood

FORM R405-2023

INPUT SUMMARY CHECKLIST REPORT

WALLS (Total Exposed Area = 960 sq.ft.)

✓	#	Ornt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft	Width In	Height Ft	Height In	Area sq ft	U-Factor	Sheath R-Value	Frm Frac	Solar Absor	Below Grade
___	1	E	Exterior	Conc Blk - Int Ins	1st Floor	4 2	30 0	0	8 0	0	240 0	0 147		0	0 75	0 0 %
___	2	N	Exterior	Conc Blk - Int Ins	1st Floor	4 2	30 0	0	8 0	0	240 0	0 147		0	0 75	0 0 %
___	3	S	Exterior	Conc Blk - Int Ins	1st Floor	4 2	30 0	0	8 0	0	240 0	0 147		0	0 75	0 0 %
___	4	W	Exterior	Conc Blk - Int Ins	1st Floor	4 2	30 0	0	8 0	0	240 0	0 147		0	0 75	0 0 %

DOORS (Total Exposed Area = 40 sq.ft.)

✓	#	Ornt	Adjacent To	Door Type	Space	Storms	U-Value	Width Ft	Width In	Height Ft	Height In	Area
___	1	E	Exterior	Insulated	1st Floor	None	0 46	3 00	0	6 00	8	20 0ft²
___	2	N	Exterior	Insulated	1st Floor	None	0 46	3 00	0	6 00	8	20 0ft²

WINDOWS (Total Exposed Area = 99 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)	--Overhang-- Sep (ft)	Interior Shade	Screen
___	1	E	1	Vinyl	Low-E Double	Y	0 36	0 25	N	N	30 0	2	3 00	5 00	7 5	0 5	None	None
___	2	N	2	Vinyl	Low-E Double	Y	0 36	0 25	N	N	15 0	1	3 00	5 00	1 5	0 5	None	None
___	3	S	3	Vinyl	Low-E Double	Y	0 36	0 25	N	N	9 0	1	3 00	3 00	1 5	0 5	None	None
___	4	W	4	Vinyl	Low-E Double	Y	0 36	0 25	N	N	45 0	3	3 00	5 00	1 5	0 5	None	None

INFILTRATION

✓	#	Scope	Method	SLA	CFM50	ELA	EqLA	ACH	ACH50	Space(s)	Infiltration Test Volume
___	1	Wholehouse	Proposed ACH(50)	0 00036	840	46 08	86 52	0 1372	7 0	All	7200 cu ft

MASS

✓	#	Mass Type	Area	Thickness	Furniture Fraction	Space
___	1	Default(8 lbs/sq ft)	0 ft²	0 ft	0 30	1st Floor

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	17 5		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 16 0	13 6	420	0 75	sys#1	1

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INPUT SUMMARY CHECKLIST REPORT

HOT WATER SYSTEM

✓	#	System Type	Subtype	Location	EF(UEF)	Cap	Use	SetPnt	Fixt Flow	Trap	Pipe Ins	Pipe length
___	1	Electric	None	1st Floor	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	Supply R-Value	Supply Area	Return Location	Return R-Value	Return Area	Leakage Type	AHU Location	CFM 25 TOT|OUT	QN OUT	AHU SEALED	RLF	HVAC # Heat	HVAC # Cool
___	1	Attic	6 0	225 ft²	Attic	6 0	45 ft²	Default Leakage	1st Floor	(Default) (Default)				1	1

TEMPERATURES

Programable Thermostat Y Ceiling Fans N

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cooling	[ ]	[ ]	[ ]	[ ]	[ ]	[X]	[X]	[X]	[X]	[ ]	[ ]	[ ]
Heating	[X]	[X]	[X]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[X]	[X]
Venting	[ ]	[ ]	[X]	[X]	[ ]	[ ]	[ ]	[ ]	[ ]	[X]	[X]	[ ]

✓	Thermostat Schedule / Schedule Type	HERS 2006 Reference	Hours 1	2	3	4	5	6	7	8	9	10	11	12
___	Cooling (WD)	AM	78	78	78	78	78	78	78	78	80	80	80	80
		PM	80	80	78	78	78	78	78	78	78	78	78	78
___	Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	78	78	78
		PM	78	78	78	78	78	78	78	78	78	78	78	78
___	Heating (WD)	AM	66	66	66	66	66	68	68	68	68	68	68	68
		PM	68	68	68	68	68	68	68	68	68	68	66	66
___	Heating (WEH)	AM	66	66	66	66	66	68	68	68	68	68	68	68
		PM	68	68	68	68	68	68	68	68	68	68	66	66

FORM R405-2023

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 95

The lower the EnergyPerformance Index, the more efficient the home.

116 NW Lawtey Way,Lake City,FL,32055

1. New construction or existing		New (From Plans)
2. Single family or multiple family		Detached
3. Number of units, if multiple family		1
4 Number of Bedrooms		1
5. Is this a worst case?		No
6. Conditioned floor area above grade (ft²)		900
Conditioned floor area below grade (ft²)		0
7 Windows**	Description	Area
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SHGC:	SHGC=0.25	
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SHGC:		
c. U-Factor.	N/A	ft²
SHGC:		
Area Weighted Average Overhang Depth		3.318 ft
Area Weighted Average SHGC:		0 250
8. Skylights	Description	Area
U-Factor (AVG)	N/A	N/A ft²
SHGC(AVG):	N/A	

9. Floor Types	Insulation	Area
a Slab-On-Grade Edge Insulation	R= 0.0	900.00 ft²
b N/A	R=	ft²
c. N/A	R=	ft²

10 Wall Types(960.0 sqft.)	Insulation	Area
a. Concrete Block - Int Insul, Exterior	R=4.2	960.00 ft²
b N/A		
c N/A		
d. N/A		

11. Ceiling Types(990.0 sqft.)	Insulation	Area
a. Flat ceiling under att (Vented)	R=38 0	990.00 ft²
b. N/A		
c N/A		

12. Roof(Metal, Vented)	Deck R=0.0	975 ft²
13. Ducts, location & insulation level	R	ft²
a. Sup. Attic, Ret· Attic, AH. 1st Floor	6	225
b		
c.		

14 Cooling Systems	kBtu/hr	Efficiency
a. Central Unit	13.6	SEER2:16.00

15. Heating Systems	kBtu/hr	Efficiency
a Electric Heat Pump	17 5	HSPF2·8.80

16 Hot Water Systems	
a. Electric	Cap· 40 gallons
	EF· 0.920
b Conservation features	
	None
17. Credits	CV, Pstat

I certify that this home has complied with the Florida Energy Efficiency Code for Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature. _____ Date _____

Address of New Home 116 NW Lawtey Way City/FL Zip. Lake City,FL,32055

*Note: This is not a Building Energy Rating. If your Index is below 70, your home may qualify for energy efficient mortgage (EEM) incentives if you obtain a Florida Energy Rating. For information about the Florida Building Code, Energy Conservation, contact the Florida Building Commission's support staff

**Label required by Section R303.1.3 of the Florida Building Code, Energy Conservation, if not DEFAULT.

Envelope Leakage Test Report (Blower Door Test)
Residential Prescriptive, Performance or ERI Method Compliance
2023 Florida Building Code, Energy Conservation, 8th Edition

Jurisdiction:	Permit #:

Job Information

Builder:	Community.	Lot: NA
Address: 116 NW Lawtey Way		
City: Lake City	State: FL	Zip: 32055

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

_____ x 60 ÷ 7200 = _____
CFM(50) Building Volume ACH(50)

☐ **PASS**

☐ When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by building department.

Method for calculating building volume:

○ Retrieved from architectural plans

● Code software calculated

○ Field measured and calculated

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 Statues,*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*code official* Testing shall be performed at any time after creation of all penetrations of the*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: _____