



# INPUT SUMMARY CHECKLIST REPORT

PROJECT														
Title	Lussier Addition			Address type	Street Address									
Building Type	User			Bedrooms	1		Lot #	---						
Owner	Gregory & Barbara Lussier			Conditioned Area	567		Block/SubDivision	---						
Builder Home ID				Total Stories	1		PlatBook	---						
Builder Name				Worst Case	No		Street	2178 SW Brim Street						
Permit Office	Columbia County			Rotate Angle	0		County	Columbia						
Jurisdiction				Cross Ventilation	Yes		City, State, Zip	Lake City, FL, 32024						
Family Type	Detached			Whole House Fan	No									
New/Existing	Addition			Terrain	Suburban									
Year Construct	2025			Shielding	Suburban									
Comment														
CLIMATE														
<input checked="" type="checkbox"/>	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_REGIONA		32	92		70	75	1305 5	51	Medium			
BLOCKS														
<input checked="" type="checkbox"/>	Number	Name	Area	Volume										
___	1	Block1	567	4536 cu ft										
SPACES														
<input checked="" type="checkbox"/>	Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Finished	Cooled	Heated				
___	1	1st Floor	567	4536	Yes	2	1	Yes	Yes	Yes				
FLOORS <span style="float: right;">(Total Exposed Area = 567 sq.ft.)</span>														
<input checked="" type="checkbox"/>	#	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	1st Floor	112 667	567 sqft	0 0	---	0 304	2 (ft)/0 (ft)	0 00	0 00	1 00		
ROOF														
<input checked="" type="checkbox"/>	#	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	Metal	614 ft²	118 ft²	0 11	Dark	Y	0 96	No	0 9	No	0	22 62
ATTIC														
<input checked="" type="checkbox"/>	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC							
___	1	Full attic	Vented	300	567 ft²	Y	N							
CEILING <span style="float: right;">(Total Exposed Area = 624 sq.ft.)</span>														
<input checked="" type="checkbox"/>	#	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	623 7ft²	0 024	0 11	Wood					

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WALLS														(Total Exposed Area = 712 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	N	Exterior	Frame - Wood	1st Floor	13 0	37 0	0	8 0	0	296 0	0 084		0 23	0 75	0 %	
2	W	Garage	Frame - Wood	1st Floor	13 0	17 0	0	8 0	0	136 0	0 084		0 23	0 75	0 %	
3	S	Exterior	Frame - Wood	1st Floor	13 0	26 0	0	8 0	0	208 0	0 084		0 23	0 75	0 %	
4	W	Garage	Frame - Wood	1st Floor	13 0	5 0	0	8 0	0	40 0	0 084		0 23	0 75	0 %	
5	E	Exterior	Frame - Wood	1st Floor	13 0	4 0	0	8 0	0	32 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	N	Exterior	Insulated	1st Floor	None	0 46	3 00	0	6 00	8	20 0ft²		
2	W	Garage	Insulated	1st Floor	None	0 46	3 00	0	6 00	8	20 0ft²		

  

WINDOWS														(Total Exposed Area = 41 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	N	1	Vinyl	Low-E Double	Y 0 36	0 25	N	N	26 0	2	3 00	4 33	1 5	0 5	None	None
2	N	1	Vinyl	Low-E Double	Y 0 36	0 25	N	N	15 0	1	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	529	29 03	54 51	0 1372	7 0	All	4536 cu ft

  

GARAGE								
✓ #	Floor Area	Length	Width	Roof Area	Exposed Perimeter	Area Under Uncond	Avg Wall Height	Exposed Wall Insulation
1	550 ft²	25 0 ft²	22 0 ft²	550 ft²	91 ft	550 ft	8 ft	1

  

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/FI Addition	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	---Geothermal Entry	HeatPump Power	---Ducts Volt	Block Current	
1	Electric Heat Pump/Supplementa	None/Single		HSPF2 8 80	38 8		0 00	0 00	0 00 sys#0	1

  

COOLING SYSTEM									
✓ #	System Type/FI Addition	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	Air Flow cfm	SHR	Duct	Block
1	Central Unit/Supplementa	None/Single		SEER2 15 0	28 2	840	0 75	Ductless	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	Tankless	1st Floor	0.92 (0.92)	1.0 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 #	Location	Supply R-Value	Supply Area	Return R-Value	Return Area	Leakage Type	AHU Location	CFM 25 TOT OUT	QN OUT	AHU SEALED	RLF	HVAC # Heat	HVAC # Cool
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## 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 Type	HERS 2006 Reference	1	2	3	4	5	6	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

