

# FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation

Project Name: The Woods (Pavilion) Street: City, State, Zip: , FL, Owner: Design Location: FL, Gainesville	Builder Name: Permit Office: Permit Number: Jurisdiction: County: Columbia(Florida Climate Zone 2)
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Glass/Floor Area: 0.009      Total Proposed Modified Loads: 98.58  
 Total Baseline Loads: 107.58

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.

**PASS**

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

PREPARED BY: \_\_\_\_\_

DATE: 2-26-26

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 with a proposed duct leakage Qn requires a PERFORMANCE 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.
- 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 6.00 ACH50 (R402.4.1.2).

# INPUT SUMMARY CHECKLIST REPORT

## PROJECT

Title:	The Woods (Pavilion)	Bedrooms:	0	Address type:	Street Address
Building Type:	User	Conditioned Area:	4000	Lot #:	---
Owner:		Total Stories:	1	Block/SubDivision:	---
Builder Home ID:		Worst Case:	No	PlatBook:	---
Builder Name:		Rotate Angle:	0	Street:	
Permit Office:		Cross Ventilation:		County:	Columbia
Jurisdiction:		Whole House Fan:		City, State, Zip:	, FL,
Family Type:	Detached	Terrain:	Urban		
New/Existing:	New (From Plans)	Shielding:	Urban		
Year Construct:	2026				
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_REGIONA	32 92	70 75	1305.5	51	Medium

## BLOCKS

✓ Number	Name	Area	Volume
___ 1	Block1	4000	76000 cu ft

## SPACES

✓ Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Finished	Cooled	Heated
___ 1	Common Area	3254	61826	No	217		Yes	Yes	Yes
___ 2	Kitchen	360	6840	Yes	4	0	Yes	Yes	Yes
___ 3	Storage	386	7334	No	1	0	Yes	Yes	Yes

## FLOORS

(Total Exposed Area = 4000 sq.ft.)

✓ #	Floor Type	Space	Exposed Perim(ft)	Area	R-Value Perim. Joist	U-Factor	Slab Insul. Vert/Horiz	Tile	Wood	Carpet
___ 1	Slab-On-Grade Edge Ins	Common Area	204	3254 sqft	0.0 ---	0.710	0 (ft)/0 (ft)	1.00	0.00	0.00
___ 2	Slab-On-Grade Edge Ins	Kitchen	30	360 sqft	0.0 ---	0.710	0 (ft)/0 (ft)	1.00	0.00	0.00
___ 3	Slab-On-Grade Edge Ins	Storage	46	386 sqft	0.0 ---	0.710	0 (ft)/0 (ft)	1.00	0.00	0.00

## 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	Metal	4123 ft²	500 ft²	0.11	Dark	N	0.9	No	0.9	No	21	14.04

## ATTIC

✓ #	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
___ 1	No attic	Unvented	0	4000 ft²	N	N

# INPUT SUMMARY CHECKLIST REPORT

CEILING													(Total Exposed Area = 4000 sq.ft.)			
✓ #	Ceiling Type	Space	R-Value	Ins. Type	Area	U-Factor	Framing Frac.	Truss Type								
___ 1	Single assembly, no airspace(Unvented)	Storage	21.0	Blown	4000.0ft²	0.025	0.11	Wood								

  

WALLS													(Total Exposed Area = 5229 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 - Steel	Common Area	13.0	35.0	0	16.0	0	560.0	0.205		0.23	0.75	0.0 %	
___ 2	S	Exterior	Frame - Steel	Kitchen	13.0	30.0	0	16.0	0	480.0	0.205		0.23	0.75	0.0 %	
___ 3	S	Exterior	Frame - Steel	Storage	13.0	35.0	0	16.0	0	560.0	0.205		0.23	0.75	0.0 %	
___ 4	W	Exterior	Frame - Steel	Storage	13.0	11.0	0	17.0	0	187.0	0.205		0.23	0.75	0.0 %	
___ 5	W	Exterior	Frame - Steel	Common Area	13.0	29.0	0	18.0	0	522.0	0.205		0.23	0.75	0.0 %	
___ 6	N	Exterior	Frame - Steel	Common Area	13.0	100.0	0	22.0	0	2200.0	0.205		0.23	0.75	0.0 %	
___ 7	E	Exterior	Frame - Steel	Common Area	13.0	40.0	0	18.0	0	720.0	0.205		0.23	0.75	0.0 %	

  

DOORS													(Total Exposed Area = 72 sq.ft.)			
✓ #	Ornt	Adjacent To	Door Type	Space	Storms	U-Value	Width Ft	In	Height Ft	In	Area					
___ 1	W	Exterior	Insulated	Common Area	None	0.46	6.00	0	8.00	0	48.0ft²					
___ 2	E	Exterior	Insulated	Common Area	None	0.46	3.00	0	8.00	0	24.0ft²					

  

WINDOWS													(Total Exposed Area = 36 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	W	5	Vinyl	Low-E Double	Y 0.26	0.20	N	N	24.0	2	2.00	6.00	1.5	1.3	None	None
___ 2	E	7	Vinyl	Low-E Double	Y 0.26	0.20	N	N	12.0	1	2.00	6.00	1.5	1.3	None	None

  

INFILTRATION										
✓ #	Scope	Method	SLA	CFM50	ELA	EqLA	ACH	ACH50	Space(s)	Infiltration Test Volume
___ 1	Wholehouse	Proposed ACH(50)	0.00072	7600	416.96	782.79	0.1662	6.0	All	76000 cu ft

  

MASS					
✓ #	Mass Type	Area	Thickness	Furniture Fraction	Space
___ 1	Default(8 lbs/sq.ft.)	0 ft²	0 ft	0.30	Common Area
___ 2	Default(8 lbs/sq.ft.)	0 ft²	0 ft	0.30	Kitchen
___ 3	Default(8 lbs/sq.ft.)	0 ft²	0 ft	0.30	Storage

  

HEATING SYSTEM										
✓ #	System Type	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	----Geothermal HeatPump---- Entry	Power	Ducts Volt	Block Current	

# INPUT SUMMARY CHECKLIST REPORT

## COOLING SYSTEM

✓ #	System Type	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	Air Flow cfm	SHR	Duct	Block
___	1A Central Unit	None/Single	214824204	SEER2:15.2	60.0	1800	0.78	Ductless	1
___	1B Central Unit	None/Single	214824204	SEER2:15.2	60.0	1800	0.78	Ductless	1
Error: Combined cooling type () for cooling system 2 does not match the detailed types for that system.									
___	2A PTAC and Room Unit	None/Single		EER:19	12.0	360	0.78	Ductless	2
___	2B PTAC and Room Unit	None/Single		EER:19	12.0	360	0.78	Ductless	2

## HOT WATER SYSTEM

✓ #	System Type	Subtype	Location	EF(UEF)	Cap	Use	SetPnt	Fixt. Flow	Trap	Pipe Ins.	Pipe length
___	1 Propane	Tankless	Exterior	0.59 (0.59)	1.0 gal	60 gal	120 deg	Standard	Yes	None	99
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	
___	1 Common Area	6.0	800 ft²	Common Area	6.0	200 ft²	Prop. Leak Free	Storage	--- ---	0.030	Yes	0.50	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	Hours														
Schedule Type	1	2	3	4	5	6	7	8	9	10	11	12			
___ Cooling (WD)	AM PM	78 80	78 80	78 80	78 80	78 78	78 78	78 78	78 78	80 78	80 78	80 78	80 78		
___ Cooling (WEH)	AM PM	78 80	78 80	78 80	78 80	78 78	78 78	78 78	78 78	80 78	80 78	80 78	80 78		
___ Heating (WD)	AM PM	65 68	65 68	65 68	65 68	65 68	65 68	65 68	65 68	68 68	68 68	68 68	68 68		
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