

Project Name: Tessier Res		Builder Name:	
Street: Pinemount Road		Permit Office: Columbia County	
City, State, Zip: Lake City, FL,		Permit Number:	
Owner: Melodie Tessier		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	2
5. Is this a worst case?	No
6. Conditioned floor area above grade (ft²)	1523
Conditioned floor area below grade (ft²)	0
7. Windows(183.0 sqft.)	Description Area
a. U-Factor:	Dbl, U=0.36 183.00 ft²
SHGC:	SHGC=0.25
b. U-Factor:	N/A ft²
SHGC:	
c. U-Factor:	N/A ft²
SHGC:	
Area Weighted Average Overhang Depth: 1.500 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 1523.00 ft²
b. N/A	R= ft²
c. N/A	R= ft²
10. Wall Types(1650.0 sqft.)	Insulation Area
a. Frame - Wood, Exterior	R=13.0 1650.00 ft²
b. N/A	
c. N/A	
d. N/A	
11. Ceiling Types(1675.3 sqft.)	Insulation Area
a. Flat ceiling under att (Vented)	R=38.0 1675.30 ft²
b. N/A	
c. N/A	
12. Roof(Comp. Shingles, Vented) Deck	R=0.0 1703 ft²
13. Ducts, location & insulation level	R ft²
a. Sup: Attic, Ret: Attic, AH: Garage	6 381
b.	
c.	
14. Cooling Systems	kBtu/hr Efficiency
a. Central Unit	19.5 SEER2:15.50
15. Heating Systems	kBtu/hr Efficiency
a. Electric Heat Pump	25.7 HSPF2:8.80
16. Hot Water Systems	
a. Electric	Cap: 40 gallons
	EF: 0.920
b. Conservation features	
	None
17. Credits	CV, Pstat

Glass/Floor Area:0.120	Total Proposed Modified Loads: 39.35
	Total Baseline Loads: 42.16

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.	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.
PREPARED BY: <u>W. C. Smith</u>	
DATE: <u>4 / 3 / 2024</u>	
I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.	BUILDING OFFICIAL: _____
OWNER/AGENT: <u>Gerald Smith</u>	DATE: _____
DATE: <u>5.30.24</u>	

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INPUT SUMMARY CHECKLIST REPORT

PROJECT

Title: Tessier Res

Building Type: User

Owner: Melodie Tessier

Builder Home ID:

Builder Name:

Permit Office: Columbia County

Jurisdiction:

Family Type: Detached

New/Existing: New (From Plans)

Year Construct: 2024

Comment:

Bedrooms: 2

Conditioned Area: 1523

Total Stories: 1

Worst Case: No

Rotate Angle: 0

Cross Ventilation: Yes

Whole House Fan: No

Terrain: Suburban

Shielding: Suburban

Address type: Street Address

Lot #: ---

Block/SubDivision: ---

PlatBook: ---

Street: Pinemount Road

County: Columbia

City, State, Zip: Lake City, FL,

CLIMATE

✓

Design Location

Tmy Site

Design Temp

97.5%

2.5%

Int Design Temp

Winter

Summer

Heating Degree Days

1305.5

Design Moisture

51

Daily temp Range

Medium

FL, Gainesville

FL_GAINESVILLE_REGIONA

32

92

70

75

1305.5

51

Medium

BLOCKS

✓

Number

Name

Area

Volume

1

Block1

1523

13707 cu ft

SPACES

✓

Number

Name

Area

Volume

Kitchen

Occupants

Bedrooms

Finished

Cooled

Heated

1

1st Floor

1523

13707

Yes

5

2

Yes

Yes

Yes

FLOORS

(Total Exposed Area = 1523 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

1st Floor

183.33

1523 sqft

0

0.304

2 (ft)/0 (ft)

0.00

0.00

1.00

ROOF

✓

#

Type

Materials

Roof Area

Gable Area

Roof Color

Rad Barr

Solar Absor.

SA Tested

Emitt

Emitt Tested

Deck Insul.

Pitch (deg)

1

Hip

Composition shingles

1703 ft²

0 ft²

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

1523 ft²

Y

N

CEILING

(Total Exposed Area = 1675 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

1675.3ft²

0.024

0.11

Wood

INPUT SUMMARY CHECKLIST REPORT

WALLS (Total Exposed Area = 1650 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	1st Floor	13.0	62.0	0	9.0	0	558.0	0.084		0.23	0.75	0 %	
___ 2	E	Exterior	Frame - Wood	1st Floor	13.0	29.0	8	9.0	0	267.0	0.084		0.23	0.75	0 %	
___ 3	N	Exterior	Frame - Wood	1st Floor	13.0	62.0	0	9.0	0	558.0	0.084		0.23	0.75	0 %	
___ 4	W	Exterior	Frame - Wood	1st Floor	13.0	29.0	8	9.0	0	267.0	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	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 = 183 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	30.0	2	3.00	5.00	1.5	1.0	None	None
___ 2	S	1	Vinyl	Low-E Double	Y 0.36	0.25	N	N	9.0	1	3.00	3.00	1.5	1.0	None	None
___ 3	E	2	Vinyl	Low-E Double	Y 0.36	0.25	N	N	9.0	1	3.00	3.00	1.5	1.0	None	None
___ 4	N	3	TIM	Low-E Double	Y 0.36	0.25	N	N	40.0	2	3.00	6.67	1.5	1.0	None	None
___ 5	N	3	Vinyl	Low-E Double	Y 0.36	0.25	N	N	75.0	5	3.00	5.00	1.5	1.0	None	None
___ 6	W	4	Vinyl	Low-E Double	Y 0.36	0.25	N	N	20.0	2	2.00	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	1599	87.73	164.71	0.1438	7.0	All	13707 cu ft

GARAGE					
✓ #	Floor Area	Roof Area	Exposed Wall Perimeter	Avg. Wall Height	Exposed Wall Insulation
___ 1	455 ft²	455 ft²	60 ft	9 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	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	---Geothermal Entry	HeatPump Power	Volts	Current	Ducts	Block
___ 1	Electric Heat Pump	None/Single		HSPF2: 8.80	25.7		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		19.5	600	0.75	sys#1	1		
HOT WATER SYSTEM															
✓ #	System Type		Subtype		Location		EF(UEF)	Cap	Use	SetPnt	Fixture Flow	Pipe Ins.	Pipe length		
___ 1	Electric		None		1st Floor		0.92 (0.92)	40.00 gal	40 gal	120 deg	Standard	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-----			-----Return-----					Air Handler	CFM 25 TOT	CFM 25 OUT	QN OUT	RLF	HVAC # Heat Cool	
___ 1	Attic			6.0	381 ft²	Attic	6.0	76 ft²	Default Leakage	Garage	(Default)	(Default)		1	1
TEMPERATURES															
Programable Thermostat: Y					Ceiling Fans: N										
Cooling	☐ Jan	☐ Feb	☐ Mar	☐ Apr	☐ May	☒ Jun	☒ Jul	☒ Aug	☒ Sep	☐ Oct	☐ Nov	☐ Dec			
Heating	☒ Jan	☒ Feb	☒ Mar	☐ Apr	☐ May	☐ Jun	☐ Jul	☐ Aug	☐ Sep	☐ Oct	☒ Nov	☒ Dec			
Venting	☐ Jan	☐ Feb	☒ Mar	☒ Apr	☐ May	☐ Jun	☐ Jul	☐ Aug	☐ Sep	☒ Oct	☒ Nov	☐ 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 78	78 78	78 78	78 78	78 78	78 78	80 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	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 93

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

Pinemount Road,Lake City,FL,

1. New construction or existing	New (From Plans)	10. Wall Types(1650.0 sqft.)	Insulation	Area
2. Single family or multiple family	Detached	a. Frame - Wood, Exterior	R=13.0	1650.00 ft ²
3. Number of units, if multiple family	1	b. N/A		
4. Number of Bedrooms	2	c. N/A		
5. Is this a worst case?	No	d. N/A		
6. Conditioned floor area above grade (ft ²)	1523	11. Ceiling Types(1675.3 sqft.)	Insulation	Area
Conditioned floor area below grade (ft ²)	0	a. Flat ceiling under att (Vented)	R=38.0	1675.30 ft ²
7. Windows**	Description	b. N/A		
a. U-Factor:	Dbl, U=0.36	c. N/A		
SHGC:	SHGC=0.25	12. Roof(Comp. Shingles, Vented) Deck	R=0.0	1703 ft ²
b. U-Factor:	N/A	13. Ducts, location & insulation level	R	ft ²
SHGC:		a. Sup: Attic, Ret: Attic, AH: Garage	6	381
c. U-Factor:	N/A	b.		
SHGC:		c.		
Area Weighted Average Overhang Depth:	1.500 ft	14. Cooling Systems	kBtu/hr	Efficiency
Area Weighted Average SHGC:	0.250	a. Central Unit	19.5	SEER2:15.50
8. Skylights	Description	15. Heating Systems	kBtu/hr	Efficiency
U-Factor:(AVG)	N/A	a. Electric Heat Pump	25.7	HSPF2:8.80
SHGC(AVG):	N/A			
9. Floor Types	Insulation	16. Hot Water Systems		
a. Slab-On-Grade Edge Insulation	R= 0.0	a. Electric		Cap: 40 gallons
b. N/A	R=			EF: 0.920
c. N/A	R=	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: Pinemount Road

City/FL Zip: Lake City,FL,



*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: Pinemount Road			
City: Lake City	State: FL	Zip:	
Air Leakage Test Results <i>Passing results must meet either the Performance, Prescriptive, or ERI Method</i>			
☐ 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. <i>ACH(50) specified on Form R405-2023-Energy Calc (Performance) or R406-2023 (ERI):</i> 7.000 <u>Method for calculating building volume:</u> ☐ Retrieved from architectural plans ☒ Code software calculated ☐ Field measured and calculated $\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div \frac{13707}{\text{ACH}(50)} =$ PASS ☐ When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by building department.			
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 <i>Florida Building Code, Residential</i>. 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), <i>Florida Statutes</i>, 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 official <i>code official</i>. 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: _____			