## FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: Lot 31 Turkey Creek - Model 1665 Street: City, State, Zip: Lake City, FL, 32055 Owner: Design Location: FL, Gainesville	Builder Name: Lipscomb & Eagle Permit Office: Columbia County Permit Number: Jurisdiction: County: Columbia (Florida Climate Zone 2)
1. New construction or existing 2. Single family or multiple family 3. Number of units, if multiple family 4. Number of Bedrooms 5. Is this a worst case? 6. Conditioned floor area above grade (ft²) 7. Windows (180.0 sqft.) 8. U-Factor: 9. Dbl, U=0.36 8. SHGC: 9. SHGC=0.25  8. U-Factor: 1. V/A 1. SHGC: 1. SHGC: 1. SHGC-0.00 ft² 1. SHGC: 1. U-Factor: 1. V/A 1. SHGC: 1. SHGC-0.00 ft² 1. SHGC: 1. U-Factor: 1. V/A 1. SHGC: 1. SHGC-0.00 ft² 1. SHGC: 1. SHGC-0.00 ft² 1. SHGC: 1. SHGC-0.00 ft² 1. SHGC-0.0	9. Wall Types (1827.0 sqft.) a. Frame - Wood, Exterior b. Frame - Wood, Adjacent c. N/A d. N/A d. N/A R= ft² d. N/A a. Under Attic (Vented) b. N/A c. N/A R= ft² 11. Ducts a. Sup: Attic, Ret: Attic, AH: Garage  12. Cooling systems a. Central Unit  Received A. Heating systems a. Electric Heat Pump  D. Code  14. Hot water systems a. Electric  D. Conservation features None  15. Credits  Insulation R=13.0 1554.00 ft² R= ft²
Glass/Floor Area: 0.108 Total Proposed Modified Total Baseline	PASS
I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.  PREPARED BY:  DATE:  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 requires an Air Barrier and Insulation Inspection Checklist in accordance with R402.4.1.1 and this project requires an envelope leakage test report with envelope leakage no greater than 5.00 ACH50 (R402.4.1.2).

INPUT SUMMARY CHECKLIST REPORT

			F	PROJECT								
Title: Building Type Owner Name: # of Units: Builder Name Permit Office: Jurisdiction: Family Type: New/Existing: Comment:	1 : Lipscomb & Eagle Columbia County Single-family	a	Bedrooms: Conditioned A Total Stories: Worst Case: Rotate Angle: Cross Ventilat Whole House	1 No 0 tion: Yes	5		Lot # Block PlatB Stree Coun	/Subdivis ook: t:	sion: T  C  : L	ot Informati 1 urkey Cree columbia ake City , L , 320	k	
			(	CLIMATE								
√ De	esign Location	TMY Site		Design 97.5 %	Temp 2.5 %		sign Temp Summ		eating ree Day	Desigr s Moistur		Tem ange
F	L, Gainesville	FL_GAINESVILLE	_REGI	32	92	70	75	1	305.5	51	М	edium
				BLOCKS								
Number	Name	Area	Volume									
1	Block1	1665	14985									
				SPACES								
Number	Name	Area	Volume Kito	chen Occi	upants	Bedroon	ns Ir	nfil ID	Finishe	d Coo	led	Hea
1	Main	1665	14985 Y	'es	8	3	1	18	Yes	Yes		Yes
				FLOORS								
												arpet
V #	FloorType	Space	Perime	ter R-Va	alue	Area				Tile Wo	od Ca	
Y	Floor Type lab-On-Grade Edge In	•	Perime ain 207 ft	ter R-Va		Area 1665 ft²				Tile Wo		1
Y		•		100,000								
Υ		•		0	Roof		Solar	SA	Emitt		Deck	1 Pit
Y		•	ain 207 ft	ROOF		1665 ft²	Solar Absor.		Emitt	0 (	)	1 Pit
18	lab-On-Grade Edge In	sulation Ma	Roof Area	ROOF Gable	Roof	1665 ft²		SA	Emitt	0 (	Deck	1 Pit (de
1s	lab-On-Grade Edge In	sulation Ma	Roof Area	ROOF  Gable Area	Roof Color	Rad Barr	Absor.	SA Tested	KINDS CHOOSE	0 ( Emitt Tested	Deck Insul.	1 Pit (de
1s	lab-On-Grade Edge In	sulation Ma	Roof Area	ROOF  Gable Area  0 ft²	Roof Color Medium	Rad Barr	Absor.	SA Tested	0.9	0 ( Emitt Tested	Deck Insul.	Pit (de
1s  / # 1	Type	Materials  Composition shingl	Roof Area les 2001 ft²	ROOF Gable Area 0 ft² ATTIC	Roof Color Medium	Rad Barr	Absor.	SA Tested No	0.9 CC	0 ( Emitt Tested	Deck Insul.	1 Pit (de
1 s	Iab-On-Grade Edge In Type Hip Type	Materials  Composition shingl	Roof Area  les 2001 ft²  ation V	ROOF Gable Area 0 ft² ATTIC	Roof Color Medium	Rad Barr Y	Absor. 0.96 RBS	SA Tested No	0.9 CC	0 ( Emitt Tested	Deck Insul.	1 Pit (de
1 s	Iab-On-Grade Edge In Type Hip Type	Materials  Composition shingl	Roof Area  les 2001 ft²  ation V	ROOF Gable Area 0 ft² ATTIC /ent Ratio (1 in 300	Roof Color Medium	Rad Barr Y Area	Absor. 0.96 RBS	SA Tested No	0.9 CC	Emitt Tested No	Deck Insul.	

### INPUT SUMMARY CHECKLIST REPORT

							WA	LLS							
V #	Orn		Adjace	ent Wall	Tyne	Space	Cavity R-Value	Wid Ft	th In	Height Ft In	Area	Sheathing R-Value	Framing Fraction	Solar	
1	S		xterior		ne - Wood	Main	13	15	4	9	138.0 ft²	- TV Value	0.23	0.75	0
2	Е	Е	xterior	Fran	ne - Wood	Main	13	8		9	72.0 ft <sup>2</sup>		0.23	0.75	0
3	S	E	xterior	Fran	ne - Wood	Main	13	18		9	162.0 ft <sup>2</sup>		0.23	0.75	0
4	E	G	arage	Fran	me - Wood	Main	13	8		9	72.0 ft <sup>2</sup>		0.23	0.75	0
5	s	G	arage	Fran	me - Wood	Main	13	22	4	9	201.0 ft <sup>2</sup>		0.23	0.75	0
6			Main	13	28		9	252.0 ft <sup>2</sup>		0.23	0.75	0			
7	_ 7 N Exterior Frame - Wood		Main	13	14	8	9	132.0 ft²		0.23	0.75	0			
8	W	E	xterior	Fran	me - Wood	Main	13	10	8	9	96.0 ft <sup>2</sup>		0.23	0.75	0
9	N	E	xterior	Fran	me - Wood	Main	13	26		9	234.0 ft <sup>2</sup>		0.23	0.75	0
10	N	E	xterior	Fran	ne - Wood	Main	13	15		9	135.0 ft²		0.23	0.75	0
11	W	Е	xterior	Fran	me - Wood	Main	13	37		9	333.0 ft <sup>2</sup>		0.23	0.75	0
							DO	ors					9		
$\checkmark$	#		Ornt		Door Type	Space			Storms	U-Valu	ue Fi	Width In	Height Ft	n	Area
	1		Е		Insulated	Main			None	.46	3		6	8	20 ft²
	2		S		Insulated	Main			None	.46	3		6	8	20 ft²
					0	riontation sh	WINI nown is the e	DOWS		l orientation					
1			Wall		0	rientationsi	iowii is tile e	itereu, r	Toposec	onemation		rhang			
V	#	Ornt	ID	Frame	Panes	NFRC	U-Factor	SHGC	Imp	Area	Depth	Separation	Int Sha	de	Screenin
	1	S	1	Vinyl	Low-E Double	Yes	0.36	0.25	N	30.0 ft <sup>2</sup>	1 ft 6 in	1 ft 0 in	None	1	None
	2	S	3	Vinyl	Low-E Double	Yes	0.36	0.25	N	30.0 ft <sup>2</sup>	7 ft 6 in	1 ft 0 in	None	1	None
	3	E	6	Vinyl	Low-E Double	Yes	0.36	0.25	N	30.0 ft <sup>2</sup>	1 ft 6 in	1 ft 0 in	None	¥	None
	4	Ν	7	Vinyl	Low-E Double	Yes	0.36	0.25	N	6.0 ft <sup>2</sup>	1 ft 6 in	1 ft 0 in	None	•	None
	5	N	7	Vinyl	Low-E Double	Yes	0.36	0.25	N	5.0 ft <sup>2</sup>	1 ft 6 in	1 ft 0 in	None	b	None
	6	Ν	9	Vinyl	Low-E Double	Yes	0.36	0.25	Ν	9.0 ft <sup>2</sup>	11 ft 6 in	1 ft 0 in	None	1	None
	7	N	9	Metal	Low-E Double	Yes	0.36	0.25	N	40.0 ft <sup>2</sup>	11 ft 6 in	1 ft 0 in	None	)	None
	8	N	10	Vinyl	Low-E Double	Yes	0.36	0.25	N	15.0 ft <sup>2</sup>	1 ft 6 in	1 ft 0 in	None	1	None
	9	W	11	Vinyl	Low-E Double	Yes	0.36	0.25	N	15.0 ft²	1 ft 6 in	1 ft 0 in	None	í	None
							GAF	RAGE							
$\sqrt{}$	#		Floo	r Area	Ceiling	Area	Exposed\	Vall Peri	meter	Avg. W	all Height	Expose	d Wall Ins	ulation	
_	1		431.6	3389 ft²	431.63	89 ft²	57	.33 ft		9	ft		1		
							INFILT	RATIO	N						
S	Scope		N	Method		SLA	CFM 50	ELA	E	EqLA	ACH	ACH	50		
# Scope Method SL  1 Wholehouse Proposed ACH(50) .00028															

FORM R405-2017

INPUT SUMMARY CHECKLIST REPORT

						HEAT	ING SY	STEM							
$\sqrt{}$	# 5	System Type		Subtype	9	Spe	ed	Efficiency	y Ca	pacity			Block	Du	ıcts
	1 1	Electric Heat Pu	mp/	None		Sing	le	HSPF:8.2	2 27.75	kBtu/hr			1	sy	s#1
						COOL	ING SY	STEM							
$\vee$	# 5	System Type		Subtype	9	Subt	type	Efficiency	Capacity	Air	Flow	SHR	Block	Du	ıcts
	1 (	Central Unit/		None		Sing	le	SEER: 14	20.36 kBtu/l	nr 600	cfm	0.7	1	sy	s#1
					Н	OT W	ATER S	YSTEM	N						
$\vee$	#	System Type	SubType	Locat	ion	EF	C	ap	Use	SetPnt		Co	nservatio	n	
_	1	Electric	None	Garag	je	0.92	50	gal	40 gal	120 deg			None		
				8	SOLA	R HOT	WATE	R SYSTE	EM						
$\checkmark$	FSEC Cert #	Company Na	ame			System I	Model#	Co	ollector Model		ollecto Area	or Stor Volu	•	FEF	
	None	None									ft²				
							DUCTS								
$\checkmark$	#	Sup Location R	ply -Value Area	Loca	- Retur	n Area	Leak	ageType	Air Handler	CFM 25 TOT	CFM		RLF	HV/ Heat	
	1	Attic	6 416.25	f Att	ic (	83.25 ft²		lt Leakage	Garage	(Default)	c(Defa	ault) c		1	1
Drogram	able The	-mastati V			Celli		PERATU	RES			_				_
1 (7) 220 - Yan		rmostat: Y		f 1 A		ng Fans:		D/I II	D/1 A	D/1 0	en 1				_
Cooling Heating Venting	X  75  X  75  X  75	an [] Feb an [] Feb	X Mar X Mar X Mar	Apr Apr X Apr	[]	May May May	[X] Jun [ ] Jun [ ] Jun	[X] Jul   Jul   Jul	[X] Aug   Aug   Aug	[X] Ser [ ] Ser [ ] Ser	) )	Oct Oct X Oct	X Nov X Nov X Nov	$[\times]$	Dec Dec
hermosta chedule <sup>7</sup>		le: HERS 200	06 Reference 1	2	3	4	5	6 6	ours 7	8	9	10	11	1	2
ooling (V	/D)	AM PM	78 80	78 80	78 78	78 78	78 78	78 78	78 78	78 78	80 78	80 78	80 78	8	80
ooling (V	/EH)	AM PM	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	7	78 78
eating (V	VD)	AM PM	66 68	66 68	66 68	66 68	66 68	68 68	68 68	68 68	68 68	68 68	68 66	6	88 86
eating (V	VEH)	AM PM	66 68	66 68	66 68	66 68	66 68	68 68	68 68	68 68	68 68	68 68	68 66	6	88
							MASS								
Ma	ass Type			Area			Thicknes	S	Furniture Fra	ction		Space		10-10-	
De	efault(8 lb	s/sa.ft.		0 ft²			0 ft		0.3			Main			

### **ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD**

### **ESTIMATED ENERGY PERFORMANCE INDEX\* = 97**

The lower the Energy Performance Index, the more efficient the home.

1. New home or, addition	1. New (From Plans)	12. Ducts, location & insulation level
2. Single-family or multiple-family	2. Single-family	a) Supply ducts       R       6.0         b) Return ducts       R       6.0
3. No. of units (if multiple-family)	31_	c) AHU location Garage
4. Number of bedrooms	43	13. Cooling system: Capacity 20.4 a) Split system SEER
5. Is this a worst case? (yes/no)	5. <u>No</u>	b) Single package SEER c) Ground/water source SEER/COP
6. Conditioned floor area (sq. ft.)	6. <u>1665</u>	d) Room unit/PTAC EER
<ul><li>7. Windows, type and area</li><li>a) U-factor:(weighted average)</li><li>b) Solar Heat Gain Coefficient (SHGC)</li><li>c) Area</li></ul>	7a. 0.360 7b. 0.250 7c. 180.0	14. Heating system: Capacity 27.7 a) Split system heat pump HSPF b) Single package heat pump HSPF
8. Skylights		c) Electric resistance COP
<ul><li>a) U-factor:(weighted average)</li><li>b) Solar Heat Gain Coefficient (SHGC)</li></ul>	8a. <u>NA</u> 8b. <u>NA</u>	d) Gas furnace, natural gas AFUE e) Gas furnace, LPG AFUE f) Other 8.20
9. Floor type, insulation level:		,, 0.1.0.
a) Slab-on-grade (R-value)	9a0.0_	
b) Wood, raised (R-value)	9b	15. Water heating system
c) Concrete, raised (R-value)	9c	a) Electric resistance EF 0.92 b) Gas fired, natural gas EF EF
10. Wall type and insulation:		c) Gas fired, LPG EF
A. Exterior:		d) Solar system with tank EF
<ol> <li>Wood frame (Insulation R-value)</li> </ol>	10A1. <u>13.0</u>	e) Dedicated heat pump with tank EF
2. Masonry (Insulation R-value)	10A2	f) Heat recovery unit HeatRec%
B. Adjacent:		g) Other
Wood frame (Insulation R-value)	10B1. 13.0	
2. Masonry (Insulation R-value)	10B2	40 LD (AO
44 0-11:		16. HVAC credits claimed (Performance Method)
11. Ceiling type and insulation level	11- 200	a) Ceiling fans
<ul><li>a) Under attic</li><li>b) Single assembly</li></ul>	11a. <u>38.0</u>	b) Cross ventilation Yes c) Whole house fan No
c) Knee walls/skylight walls	11b 11c	c) Whole house fan No d) Multizone cooling credit
d) Radiant barrier installed	11d. Yes	e) Multizone heating credit
d) Nadiant barrier installed	11u. <u>1es</u>	f) Programmable thermostat Yes
*Label required by Coeffee D202 4.2 of the D	leside Duilding Code Too	1 2
*Label required by Section R303.1.3 of the F	iorida Building Code, Ene	ergy Conservation, if not DEFAULT.
I certify that this home has complied with the saving features which will be installed (or exc display card will be completed based on insta	eeded) in this home before	
Builder Signature:		Date:
Address of New Home		City/FL Zin: Lake City FL 32055

# **Envelope Leakage Test Report (Blower Door Test)**

Residential Prescriptive, Performance or ERI Method Compliance 2017 Florida Building Code, Energy Conservation, 6th Edition

	Jurisdiction:	Permit #:							
Job	Information								
Buil	lder: Lipscomb & Eagle Community:	Lot: 31							
Add	lress:								
City	: Lake City S	tate: FL Zip: 32055							
Air	Leakage Test Results Passing results must m	eet either the Performance, Prescriptive, or ERI Method							
C	changes per hour at a pressure of 0.2 inch w.g. (50 Pascals) in  PERFORMANCE or ERI METHOD-The building or dwelling uni	t shall be tested and verified as having an air leakage rate of not exceeding nce) or R406-2017 (ERI), section labeled as infiltration, sub-section ACH50.							
	CFM(50) x 60 ÷ 14985 = ACH(50)  PASS  When ACH(50) is less than 3, Mechanical Ventilation must be verified by building department.	Code software calculated							
R402.4.1.2 Testing. 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 (7F/orida Statuesor 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 intended weatherstripping or other infiltration control measures.  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.									
Te	esting Company								
I h	ompany Name:	rdance with the 2017 6th Edition Florida Building Code							
Si	gnature of Tester:	Date of Test:							
Pr	rinted Name of Tester:								
Lie	cense/Certification #:	Issuing Authority:							