FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: Hosford Residence Street: 574 NW Lake Valley Terrace City, State, Zip: Lake City, FL, 32055 Owner: Trey & Bridget Hosford Design Location: FL, Gainesville		Builder Name: IC Constru Permit Office: Columbia (Permit Number: Jurisdiction: County: Columbia (•
New construction or existing New (From String and String	Area	10. Wall Types(3072.6 sqf a. Frame - Wood, Exterio b. Frame - Wood, Adjace c. N/A d. N/A 11. Ceiling Types (2726.8 a. Under Attic (Vented) b. N/A c. N/A 12. Ducts a. Sup: Attic, Ret: Attic, A	R=13.0 2666.10 ft ² nt R=13.0 406.50 ft ² R= ft ² R= ft ² Insulation Area R=38.0 2726.80 ft ² R= ft ²
SHGC: SHGC=0.25 b. U-Factor: N/A SHGC: c. U-Factor: N/A SHGC: Area Weighted Average Overhang Depth: Area Weighted Average SHGC: 8. Skylights	09.33 ft² ft² ft² 6.466 ft. 0.250 Area	13. Cooling systems a. Central Unit14. Heating systems a. Electric Heat Pump	kBtu/hr Efficiency 33.6 SEER:14.00 kBtu/hr Efficiency 43.8 HSPF:8.20
9	ft ² Area 14.00 ft ² 83.00 ft ²	15. Hot water systems a. Electricb. ConservationfeaturesNone16. Credits	Cap: 50 gallons EF: 0.920 CV, Pstat
I (∃ass/Floor Area: () 158	pposed Modified Total Baseline	d Loads: 71.23 Loads: 74.27	PASS
I hereby certify that the plans and specifications conthis calculation are in compliance with the Florida E Code. PREPARED BY: DATE: 8 / 11 / 2022 I hereby certify that this building, as designed, is in with the Florida Energy Code. OWNER/AGENT:	compliance		oliance ode. Inpleted oted for 553.908
DATE:		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).

PROJECT													
Title: Building Type Owner Name # of Units: Builder Name Permit Office Jurisdiction: Family Type: New/Existing Comment:	e: Trey & Bridget F 1 e: IC Construction c: Columbia Count Detached	Hosford , LLC. ty	Bedrooms Conditione Total Storie Worst Cas Rotate Ang Cross Ven Whole Hou	dArea: es: e: lle: tilation:	4 2597 2 No 0 Yes No			Lot # Block/S PlatBo Street: County		sion: 5 C : L	Columbia ake City	Lake Va	alley Ter
CLIMATE													
	Design Location	TMY Site	E_REGI		Design T 7.5 % 32	emp 2.5 % 92	Int Desig Winter 70	gn Temp Summe 75	r Degi	eating ree Day 305.5	s Moi	sign D sture	aily Temp Range Medium
				BLO	CKS								
Number	Name	Area	Volume										
1	Block1	2597	22890										
				SPAC	CES								
Number	Name	Area	Volume	Kitchen	Occup	ants	Bedrooms	Inf	il ID	Finishe	d (Cooled	Heat
1	1st Floor	2114	19026	Yes	(6	2	1	,	Yes	`	⁄es	Yes
2	2nd Floor	483	3864	No		4	2	1	,	Yes	`	⁄es	Yes
				FLOC	DRS								
√ #	Floor Type	Space		meter Pe		-Value	Area	Joist	R-Value)	Tile		Carpet
1	Slab-On-Grade Edge I	nsulation 1st	Floor 264.	1 ft	0		2114 ft²	-			0	0	1
2	Floor over Garage	2nd	Floor				483 ft²		19		0	0	1
ROOF													
√ #	Туре	Materials	Roof Area	Gab Are		Roof Color	Rad Barr	Solar Absor.	SA Tested	Emitt	Em Teste		
1	Gable or shed	Composition shing	ıles 3246 ft²	974	ft² N	1edium	Υ	0.96	No	0.9	No	o (36.8
				ATT	TC TC								
√ #	Туре	Venti	lation	Vent Ra	itio (1 in)		Area	RBS	IRO	cc			
1	Full attic	Ven	nted	30	00	2	2597 ft²	Υ	N	1			

INPUT SUMMARY CHECKLIST REPORT

						CEI	LING								
$\sqrt{}$	#	# Ceiling Type Space		Space	Space R-Value		Ins Type Area			F	Framing Frac Tr			е	
	1	Unde	er Attic (V	ented)	1st Floor	1st Floor 38		Double Batt 2219.7 ft ²		2	0.1	1	Wood		
	2	Unde	er Attic (V	ented)	2nd Floor	oor 38		Double	e Batt	507.15 ft ²	2	0.1	1	Wood	
						WA	ALLS								
V #	Ornt	Adja To	acent Wa	II Type	Space	Cavity R-Value	Wid	th In	Height Ft In	Area			g Framino		Below Grade ^o
1	E	Exter		ame - Wood	1st Floor	13	28	4	9	255.0		·= value	0.23	0.75	0
2	S	Exter	ior Fra	ame - Wood	1st Floor	13	14	4	9	129.0	ft²		0.23	0.75	0
3	Е	Exter	ior Fra	ame - Wood	1st Floor	13	16		9	144.0	ft²		0.23	0.75	0
4	N	Exter	ior Fra	ame - Wood	1st Floor	13	20	8	9	186.0	ft²		0.23	0.75	0
5	N	Exter	ior Fra	ame - Wood	1st Floor	13	20		9	180.0	ft²		0.23	0.75	0
6	W	Exter	ior Fra	ame - Wood	1st Floor	13	44	4	9	399.0	ft²		0.23	0.75	0
7	N	Exter	ior Fra	ame - Wood	1st Floor	13	10		9	90.0 f	t²		0.23	0.75	C
8	Ν	Exter	ior Fra	ame - Wood	1st Floor	13	11	5	9	102.8	ft²		0.23	0.75	(
9	W	Exter	ior Fra	ame - Wood	1st Floor	13	26		9	234.0	ft²		0.23	0.75	(
10	S	Exter	ior Fra	ame - Wood	1st Floor	13	29		9	261.0	ft²		0.23	0.75	(
11	Е	Gara	ge Fra	ame - Wood	1st Floor	13	26		9	234.0	ft²		0.23	0.75	(
12	S	Gara	ge Fra	ame - Wood	1st Floor	13	19	2	9	172.5	ft²		0.23	0.75	C
13	Е	Exter	ior Fra	ame - Wood	2nd Floor	13	13	8	8	109.3	ft²		0.23	0.75	(
14	N	Exter	ior Fra	ame - Wood	2nd Floor	13	28	2	8	225.3	ft²		0.23	0.75	(
15	S	Exter	ior Fra	ame - Wood	2nd Floor	13	14		8	112.0	ft²		0.23	0.75	(
16	Е	Exter	ior Fra	ame - Wood	2nd Floor	13	6	2	8	49.3 f	t²		0.23	0.75	(
17	S	Exter	ior Fra	ame - Wood	2nd Floor	13	17	6	8	140.0	ft²		0.23	0.75	(
18	W	Exter	ior Fra	ame - Wood	2nd Floor	13	6	2	8	49.3 f	t²		0.23	0.75	(
						DO	ORS								
\checkmark	#	0	rnt	Door Type	Space			Storms	U-V	′alue	Wid Ft	th In	Heig Ft	ht In	Area
	1		E	Insulated	1st Floor			None	.4	16	3	6	8	;	28 ft²
	2		E	Insulated	1st Floor			None	.4	16	3		8	:	24 ft²
				C	rientation shov		DOWS ntered, F		d orientati	on.					
	<u> </u>	Wa Ornt JE		e Panes	NEDO	II Fosts	SUCC	1	۸		verhan	_	Int Ci	node .	Coros = :
v		Ornt ID			NFRC	U-Factor		Imp		•	h Sepa		Int Sh		Screeni
	1 2	E 1	,		Yes Yes	0.36 0.36	0.25 0.25	N N	72.0 f 36.0 f			6 in 0 in	No: No:		None None
	3	L 3	•		Yes	0.36	0.25	N N	36.01 15.0 f			0 in	No		None
	4	W 6	•		Yes	0.36	0.25	N	90.0 f		in 0ft		No		None
	4 5	w 6	,	Low-E Double	Yes	0.36	0.25	N N	40.0 f		in 0 ft		No		None
	6	W 6			Yes	0.36	0.25	N	20.0 f			6 in	No		None
	7	vv 0	•	Low-E Double	Yes	0.36	0.25	N N	20.0 i			6 in	No		None
	8	N 8			Yes	0.36	0.25	N N	21.31 15.0 f			0 in	No		None
	9	N 0	•		Yes	0.36	0.25	N N	30.0 f			0 in	No		None
	9 10	s 10	,		Yes	0.36	0.25	N N	16.0 f			0 in	No		None
	11.7	o 10	, VIDVI	LOW-E DOUDIE	res	บ.วก	ロノコ		IN U I			OHI	INU	ıc	ivone

INPUT SUMMARY CHECKLIST REPORT

	(405-2					SUIVIIVIA	WIN	oows								
						Orientations	hown is the e	ntered, Pr	oposed	orientation.						
\checkmark	# (Ornt	Wall ID	Frame	Panes	NFRC	U-Factor	SHGC	Imp	Area		erhang Separatio	n In	it Shade	Scre	eenin
	11	S	10	Vinyl	Low-E Double		0.36	0.25	N	6.0 ft²	1 ft 6 in	1 ft 0 in		None		one
	12	E	13	Vinyl	Low-E Double	Yes	0.36	0.25	N	32.0 ft ²	1 ft 0 in	2 ft 0 in		None	N	one
	13	S	15	Vinyl	Low-E Double	Yes	0.36	0.25	N	16.0 ft ²	1 ft 6 in	0 ft 6 in		None	N	one
							GAI	RAGE								
$\sqrt{}$	#		Floo	or Area	Cei	ling Area	Exposed\	Nall Perin	neter	Avg. Wa	all Height	Ехр	osed Wa	all Insulatio	n	
	1		72	28 ft²	7	'28 ft²	(63 ft		9	ft		,	1		
							INFILT	RATIO	N							
# 5	Scope		N	Method		SLA	CFM 50	ELA	E	qLA	ACH	А	CH 50			
1 Who	olehouse)	Prop	osed AC	H(50)	.00028	1907.5	104.65	19	96.47	.1344		5			
							HEATING	SYST	EM							
$\sqrt{}$	#	Sys	tem T	уре		Subtype	Speed	E	fficienc	y (Capacity			Block	Dı	ucts
	1	Ele	ctric F	leat Pum	np/	None	Single	F	ISPF:8.	2 43	.8 kBtu/hr			1	sy	/s#1
							COOLING	G SYST	ЕМ							
$\sqrt{}$	#	Sys	stem T	Гуре		Subtype	Subtype	E1	ficiency	Capac	ty ,	Air Flow	SHR	Block	Dı	ucts
	1	Cer	ntral U	Jnit/		None	Single	SI	EER: 14	33.59 kB	tu/hr 10	020 cfm	0.7	1	sy	/s#1
							HOT WAT	ER SYS	TEM							
\checkmark	#	S	ysten	n Type	SubType	Location	EF	Сар		Use	SetP	nt	С	onservatio	n	
	1	Е	lectric	c	None	Garage	0.92	50 ga	l	40 gal	120 d	eg		None		
						SOL	AR HOT W	/ATER	SYST	EM						
	FSE Cert		Com	pany Nar	ne		System Mod	el#	С	ollector Mo	del#	Collector Area		orage Iume	FEF	
	Non		None				-					ft²				
							DU	стѕ								
/	ш			Supp	ly Value Area	Retu		Locker	Tura	Air				l Dic		AC #
V	#					Location	Area	Leakage		Hand				N RLF	Heat	
	1		Attic		6 649.25 f	Attic	129.85 f	Default L	eakage	Attic	(Defa	ult) c(Defau	ılt) c		1	1

INPUT SUMMARY CHECKLIST REPORT

ONIVI N403-2020 INFO I SOMIMANT CHECKLIST KLFON														
TEMPERATURES														
Programa	ProgramableThermostat: Y Ceiling Fans:													
Cooling Heating Venting	[] Jan [X] Jan [] Jan	[] Feb [X] Feb [] Feb	[] 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] S [] S	Sep Sep Sep	Oct Oct XOct	[] Nov [X] Nov [X] Nov	[] Dec [X] Dec [] Dec
Thermostat	Schedule:	HERS 200	6 Reference					Но	urs					
Schedule T	ype		1	2	3	4	5	6	7	8	9	10	11	12
Cooling (WI	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	80 78
Cooling (WI	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	78 78
Heating (W	D)	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 (W	EH)	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
MASS														
Ма	ss Type			Area	Area Thickness				Furniture Fraction			Space		
Default(8 lbs/sq.ft.				0 ft²			0 ft 0.3			1st Floor				
De	fault(8 lbs/sc		0 ft²			0 ft 0.3				2nd Floor				

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 96

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

574 NW Lake Valley Terrace, Lake City, FL, 32055

1.	New construction or exis	New (F	rom Plans)	10. Wall Type and Insulation	Insulation	Area		
2.	Single family or multiple	family	Detach	ed	a. Frame - Wood, Exterior	R=13.0	2666.10 ft ²	
3.	Number of units, if multi	ple family	1		b. Frame - Wood, Adjacent c. N/A	R=13.0 R=	406.50 ft ² ft ²	
4.	Number of Bedrooms		4		d. N/A	R=	ft²	
5.	Is this a worst case?	No		 Ceiling Type and insulation level Under Attic (Vented) 	Insulation R=38.0	Area 2726.80 ft ²		
6.	Conditioned floor area (f	t²)	2597		b. N/A	R=	ft²	
7	Windows**	Description		Area	c. N/A	R=	ft²	
٠.	a. U-Factor: SHGC:	Dbl, U=0.36 SHGC=0.25		409.33 ft ²	 Ducts, location & insulation level Sup: Attic, Ret: Attic, AH: Attic 		R ft ² 6 649.25	
	b. U-Factor:	N/A		ft²				
	SHGC:				13. Cooling systems	kBtu/hr	Efficiency	
	c. U-Factor: SHGC:	N/A		ft²	a. Central Unit	33.6	SEER:14.00	
	d. U-Factor: SHGC:	d. U-Factor: N/A		ft²	14. Heating systems	kBtu/hr	Efficiency	
	Area Weighted Average Overhang Depth: Area Weighted Average SHGC:			6.466 ft. 0.250	a. Electric Heat Pump	43.8 HSPF:8.2		
	8. Skylights a. U-Factor(AVG): SHGC(AVG):	Description N/A N/A		Area ft²	15. Hot water systems a. Electric	Ca	p: 50 gallons EF: 0.92	
	, ,	14// (b. Conservationfeatures			
	9. Floor Types a. Slab-On-Grade Edg b. Floor over Garage	Insulation R=0.0 R=19.0	2114.00 ft ² 483.00 ft ²	None Credits (Performance method)		CV, Pstat		
	c. N/A		R=	ft²				

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:	CR.
Address of New Home:	City/FL Zip:	



*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 2020 Florida Building Code, Energy Conservation, 7th Edition

Jurisdiction:	Permit #:							
Job Information								
Builder: IC Construction, LLC. Community:	Lot: NA							
Address: 574 NW Lake Valley Terrace								
City: Lake City State	e: 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 tes changes per hour at a pressure of 0.2 inch w.g. (50 Pascals) in Clim								
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 R405-2020 (Performance) or R406-2020 (ERI), section labeled as infiltration, sub-section ACH50. ACH(50) specified on Form R405-2020-Energy Calc (Performance) or R406-2020 (ERI): 5.000								
x 60 ÷ 22890 = ACH(50) PASS When ACH(50) is less than 3, Mechanical Ventilation i 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. 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 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 official. Testing shall be performed at any time after creation of all penetrations of the individual status.								
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.								
Testing Company								
Company Name: I hereby verify that the above Air Leakage results are in accorda Energy Conservation requirements according to the compliance								
Signature of Tester:	Date of Test:							
Printed Name of Tester:								
License/Certification #:	Issuing Authority:							