

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: Hagan Residence Street: 1780 SW Bethlehem Ave City, State, Zip: Ft White, FL, Owner: Scott & Michelle Hagan Design Location: FL, Gainesville	Builder Name: Gibraltar Contracting, LLC. Permit Office: Columbia County Permit Number: Jurisdiction: County: Columbia (Florida Climate Zone 2)
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Glass/Floor Area: 0.121	Total Proposed Modified Loads: 50.80	PASS
	Total Baseline Loads: 51.22	

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code. PREPARED BY: <u>Wm C Hagan</u> DATE: <u>10/18/2022</u> 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: _____
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- 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

PROJECT

Title:	Hagan Residence	Bedrooms:	3	Address Type:	Street Address
Building Type:	User	Conditioned Area:	2071	Lot #	
Owner Name:	Scott & Michelle Hagan	Total Stories:	1	Block/Subdivision:	
# of Units:	1	Worst Case:	No	PlatBook:	
Builder Name:	Gibraltar Contracting, LLC.	Rotate Angle:	0	Street:	1780 SW Bethlehem Av
Permit Office:	Columbia County	Cross Ventilation:	Yes	County:	Columbia
Jurisdiction:		Whole House Fan:	No	City, State, Zip:	Ft White , FL ,
Family Type:	Detached				
New/Existing:	New (From Plans)				
Comment:					

CLIMATE

✓	Design Location	TMY Site	Design Temp		Int Design Temp		Heating	Design	Daily Temp
			97.5 %	2.5 %	Winter	Summer	Degree Days	Moisture	Range
_____	FL, Gainesville	FL_GAINESVILLE_REGI	32	92	70	75	1305.5	51	Medium

BLOCKS

Number	Name	Area	Volume
1	Block1	2071	18639

SPACES

Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Infil ID	Finished	Cooled	Heated
1	Main	2071	18639	Yes	6	3	1	Yes	Yes	Yes

FLOORS

✓	#	Floor Type	Space	Perimeter	R-Value	Area		Tile	Wood	Carpet
_____	1	Slab-On-Grade Edge Insulation	Main	231.333 ft	0	2071 ft²	----	0	0	1

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	2398 ft²	0 ft²	Medium	Y	0.96	No	0.9	No	0	30.26

ATTIC

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Vented	300	2071 ft²	Y	N

CEILING

✓	#	Ceiling Type	Space	R-Value	Ins Type	Area	Framing Frac	Truss Type
_____	1	Under Attic (Vented)	Main	38	Double Batt	2175 ft²	0.11	Wood

INPUT SUMMARY CHECKLIST REPORT

WALLS

✓ #	Omt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft	In	Height Ft	In	Area	Sheathing R-Value	Framing Fraction	Solar Absor.	Below Grade%
1	W	Exterior	Frame - Wood	Main	13	15	10	9		142.5 ft²		0.23	0.75	0
2	W	Exterior	Frame - Wood	Main	13	6	8	10		66.7 ft²		0.23	0.75	0
3	W	Exterior	Frame - Wood	Main	13	10	4	10		103.3 ft²		0.23	0.75	0
4	W	Garage	Frame - Wood	Main	13	25		9		225.0 ft²		0.23	0.75	0
5	N	Exterior	Frame - Wood	Main	13	43	0	9		387.0 ft²		0.23	0.75	0
6	E	Exterior	Frame - Wood	Main	13	12	8	9		114.0 ft²		0.23	0.75	0
7	S	Exterior	Frame - Wood	Main	13	13	8	10		136.7 ft²		0.23	0.75	0
8	E	Exterior	Frame - Wood	Main	13	11	8	10		116.7 ft²		0.23	0.75	0
9	E	Exterior	Frame - Wood	Main	13	17	6	10		175.0 ft²		0.23	0.75	0
10	N	Exterior	Frame - Wood	Main	13	9		9		81.0 ft²		0.23	0.75	0
11	E	Exterior	Frame - Wood	Main	13	16	2	9		145.5 ft²		0.23	0.75	0
12	W	Exterior	Frame - Wood	Main	13	38	6	9		346.5 ft²		0.23	0.75	0

DOORS

✓ #	Omt	Door Type	Space	Storms	U-Value	Width Ft	In	Height Ft	In	Area
1	W	Insulated	Main	None	.46	3		8		24 ft²
2	W	Insulated	Main	None	.46	3		6	8	20 ft²

WINDOWS

Orientation shown is the entered, Proposed orientation.

✓ #	Ornt	Wall ID	Frame	Panes	NFRC	U-Factor	SHGC	Imp	Area	Overhang Depth	Separation	Int Shade	Screening
1	W	1	Vinyl	Low-E Double	Yes	0.36	0.25	N	16.0 ft²	1 ft 0 in	1 ft 0 in	None	None
2	W	3	Vinyl	Low-E Double	Yes	0.36	0.25	N	36.0 ft²	7 ft 6 in	1 ft 0 in	None	None
3	N	5	Vinyl	Low-E Double	Yes	0.36	0.25	N	15.0 ft²	1 ft 6 in	1 ft 0 in	None	None
4	N	5	Vinyl	Low-E Double	Yes	0.36	0.25	N	15.0 ft²	1 ft 6 in	1 ft 0 in	None	None
5	E	6	Vinyl	Low-E Double	Yes	0.36	0.25	N	15.0 ft²	1 ft 6 in	1 ft 0 in	None	None
6	E	8	Vinyl	Low-E Double	Yes	0.36	0.25	N	16.0 ft²	10 ft 6 in	1 ft 0 in	None	None
7	E	9	Vinyl	Low-E Double	Yes	0.36	0.25	N	30.0 ft²	10 ft 6 in	1 ft 0 in	None	None
8	E	11	Vinyl	Low-E Double	Yes	0.36	0.25	N	30.0 ft²	1 ft 6 in	1 ft 0 in	None	None
9	W	12	Vinyl	Low-E Double	Yes	0.36	0.25	N	20.0 ft²	1 ft 6 in	1 ft 0 in	None	None
10	W	12	Vinyl	Low-E Double	Yes	0.36	0.25	N	6.0 ft²	1 ft 6 in	1 ft 0 in	None	None
11	W	12	Vinyl	Low-E Double	Yes	0.36	0.25	N	4.0 ft²	1 ft 6 in	1 ft 0 in	None	None
12	E	9	TIM	Low-E Double	Yes	0.36	0.25	N	48.0 ft²	10 ft 6 in	1 ft 0 in	None	None

GARAGE

✓ #	Floor Area	Ceiling Area	Exposed Wall Perimeter	Avg. Wall Height	Exposed Wall Insulation
1	650 ft²	650 ft²	73.833 ft	9 ft	1

INPUT SUMMARY CHECKLIST REPORT

INFILTRATION

#	Scope	Method	SLA	CFM 50	ELA	EqLA	ACH	ACH 50
1	Wholehouse	Proposed ACH(50)	.000286	1553.3	85.22	159.98	.1027	5

HEATING SYSTEM

<input checked="" type="checkbox"/>	#	System Type	Subtype	Speed	Efficiency	Capacity	Block	Ducts
<input type="checkbox"/>	1	Electric Heat Pump/	None	Single	HSPF:8.2	32.21 kBtu/hr	1	sys#1

COOLING SYSTEM

<input checked="" type="checkbox"/>	#	System Type	Subtype	Subtype	Efficiency	Capacity	Air Flow	SHR	Block	Ducts
<input type="checkbox"/>	1	Central Unit/	None	Single	SEER: 14	24.01 kBtu/hr	720 cfm	0.7	1	sys#1

HOT WATER SYSTEM

<input checked="" type="checkbox"/>	#	System Type	SubType	Location	EF	Cap	Use	SetPnt	Conservation
<input type="checkbox"/>	1	Electric	None	Garage	0.92	50 gal	40 gal	120 deg	None

SOLAR HOT WATER SYSTEM

<input checked="" type="checkbox"/>	FSEC Cert #	Company Name	System Model#	Collector Model#	Collector Area	Storage Volume	FEF
<input type="checkbox"/>	None	None			ft ²		

DUCTS

<input checked="" type="checkbox"/>	#	— Supply —	— Return —	Leakage Type	Air Handler	CFM 25 TOT	CFM25 OUT	QN	RLF	HVAC # Heat Cool
<input type="checkbox"/>	1	Attic	Attic	Default Leakage	Main	(Default) c	(Default) c			1 1

TEMPERATURES

Programable Thermostat: Y				Ceiling Fans:																				
Cooling	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" 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 checked="" type="checkbox"/>	Nov	<input checked="" 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 checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input type="checkbox"/>	Oct	<input checked="" type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec
Venting	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input checked="" 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 checked="" type="checkbox"/>	Oct	<input checked="" type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec

INPUT SUMMARY CHECKLIST REPORT

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
MASS													
Mass Type		Area		Thickness		Furniture Fraction		Space					
Default(8 lbs/sq.ft.		0 ft²		0 ft		0.3		Main					

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 99

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

1780 SW Bethlehem Ave, Ft White, FL,

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4. Number of Bedrooms	3	c. N/A	R=	ft ²
5. Is this a worst case?	No	d. N/A	R=	ft ²
6. Conditioned floor area (ft ²)	2071	11. Ceiling Type and insulation level	Insulation	Area
7. Windows**	Description	a. Under Attic (Vented)	R=38.0	2175.00 ft ²
a. U-Factor:	Dbl, U=0.36	b. N/A	R=	ft ²
SHGC:	SHGC=0.25	c. N/A	R=	ft ²
b. U-Factor:	N/A	12. Ducts, location & insulation level	R	ft ²
SHGC:		a. Sup: Attic, Ret: Attic, AH: Main	6	517.75
c. U-Factor:	N/A			
SHGC:		13. Cooling systems	kBtu/hr	Efficiency
d. U-Factor:	N/A	a. Central Unit	24.0	SEER:14.00
SHGC:				
Area Weighted Average Overhang Depth:	5.699 ft.	14. Heating systems	kBtu/hr	Efficiency
Area Weighted Average SHGC:	0.250	a. Electric Heat Pump	32.2	HSPF:8.20
8. Skylights	Description			
a. U-Factor(AVG):	N/A	15. Hot water systems		Cap: 50 gallons
SHGC(AVG):	N/A	a. Electric		EF: 0.92
9. Floor Types	Insulation	b. Conservation features		
a. Slab-On-Grade Edge Insulation	R=0.0	None		
b. N/A	R=	Credits (Performance method)		CV, Pstat
c. N/A	R=			

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: _____ 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: Gibraltar Contracting, LLC. Community: Lot: NA	
Address: 1780 SW Bethlehem Ave	
City: Ft White	State: FL Zip:
Air Leakage Test Results <i>Passing results must meet either the Performance, Prescriptive, or ERI Method</i>	
<input type="radio"/> 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.	
<input type="radio"/> 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	
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> $\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div \frac{18639}{\text{ACH}(50)} =$ <div style="border: 1px solid black; width: 40px; height: 40px; margin: 10px auto; display: flex; align-items: center; justify-content: center; font-weight: bold; font-size: 1.2em;">PASS</div> <div style="margin-top: 10px;"> <input type="checkbox"/> When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by building department. </div> </div> <div style="width: 35%;"> Method for calculating building volume: <input type="radio"/> Retrieved from architectural plans <input checked="" type="radio"/> Code software calculated <input type="radio"/> Field measured and calculated </div> </div>	
<p>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 (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 code official. Testing shall be performed at any time after creation of all penetrations of the building thermal envelope.</p> <p>During testing:</p> <ol style="list-style-type: none"> 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: _____ Phone: _____ I hereby verify that the above Air Leakage results are in accordance with the 2020 7th 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: _____	