

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION


Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: Lot 54 Crosswinds		Builder Name: Rhett Smithey	
Street:		Permit Office: Columbia County	
City, State, Zip: Lake City, FL, 32024		Permit Number:	
Owner:		Jurisdiction:	
Design Location: FL, Gainesville		County: Columbia(Florida Climate Zone 2)	

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Glass/Floor Area: 0.150	Total Proposed Modified Loads: 42.40	PASS
	Total Baseline Loads: 44.81	

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.

<p>I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.</p> <p>PREPARED BY: <u>Will C. May</u></p> <p>DATE: <u>12 / 6 / 2024</u></p> <p>I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.</p> <p>OWNER/AGENT: _____</p> <p>DATE: _____</p>	<p>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.</p> <div style="text-align: center;">  </div> <p>BUILDING OFFICIAL: _____</p> <p>DATE: _____</p>
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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.
- Default duct leakage does not require a Duct Leakage Test Report.
- 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 5.00 ACH50 (R402.4.1.2).

INPUT SUMMARY CHECKLIST REPORT

PROJECT

Title:	Lot 54 Crosswinds	Bedrooms:	3	Address type:	Lot
Building Type:	User	Conditioned Area:	1595	Lot #:	54
Owner:		Total Stories:	1	Block/SubDivision:	Crosswinds
Builder Home ID:		Worst Case:	No	PlatBook:	
Builder Name:	Rhett Smithey	Rotate Angle:	0	Street:	
Permit Office:	Columbia County	Cross Ventilation:	Yes	County:	Columbia
Jurisdiction:		Whole House Fan:	No	City, State, Zip:	Lake City, FL, 32024
Family Type:	Detached	Terrain:	Suburban		
New/Existing:	New (From Plans)	Shielding:	Suburban		
Year Construct:	2025				
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	1595	14355 cu ft

SPACES

✓ Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Finished	Cooled	Heated
___ 1	Main	1595	14355	Yes	6	3	Yes	Yes	Yes

FLOORS

(Total Exposed Area = 1595 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	Main	177.4	1595 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 Tested	Emitt Tested	Deck Insul.	Pitch (deg)
___ 1	Hip	Composition shingles	1783 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	1595 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)	Main	38.0	Double Batt	1674.8ft²	0.024	0.11	Wood

INPUT SUMMARY CHECKLIST REPORT

WALLS															(Total Exposed Area = 1557 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	Main	13.0	17.0	0	9.0	0	153.0	0.084		0.23	0.75	0 %				
___ 2	W	Exterior	Frame - Wood	Main	13.0	8.0	0	9.0	0	72.0	0.094		0.23	0.75	0 %				
___ 3	S	Exterior	Frame - Wood	Main	13.0	2.0	8	9.0	0	24.0	0.094		0.23	0.75	0 %				
___ 4	S	Garage	Frame - Wood	Main	13.0	21.0	8	9.0	0	195.0	0.094		0.23	0.75	0 %				
___ 5	E	Exterior	Frame - Wood	Main	13.0	43.0	0	9.0	0	387.0	0.094		0.23	0.75	0 %				
___ 6	N	Exterior	Frame - Wood	Main	13.0	24.0	4	9.0	0	219.0	0.094		0.23	0.75	0 %				
___ 7	W	Exterior	Frame - Wood	Main	13.0	8.0	0	9.0	0	72.0	0.094		0.23	0.75	0 %				
___ 8	N	Exterior	Frame - Wood	Main	13.0	17.0	0	9.0	0	153.0	0.094		0.23	0.75	0 %				
___ 9	W	Exterior	Frame - Wood	Main	13.0	31.0	4	9.0	0	282.0	0.094		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	Main	None	0.46	3.00	0	6.00	8	20.0ft²			
___ 2	S	Garage	Insulated	Main	None	0.46	3.00	0	6.00	8	20.0ft²			

WINDOWS															(Total Exposed Area = 240 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	0.35	0.26	N	N	30.0	2	3.00	5.00	10.5	1.0	None	None		
___ 2	E	5	Vinyl	Low-E Double	Y	0.35	0.26	N	N	30.0	2	3.00	5.00	1.5	1.0	None	None		
___ 3	N	6	Vinyl	Low-E Double	Y	0.35	0.26	N	N	45.0	3	3.00	5.00	1.5	1.0	None	None		
___ 4	N	8	Metal	Low-E Double	Y	0.35	0.26	N	N	60.0	3	3.00	6.67	9.5	1.0	None	None		
___ 5	W	9	Vinyl	Low-E Double	Y	0.35	0.26	N	N	75.0	5	3.00	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)	0.00029	1196	65.63	123.21	0.1027	5.0	All	14355 cu ft

GARAGE					
✓ #	Floor Area	Roof Area	Exposed Wall Perimeter	Avg. Wall Height	Exposed Wall Insulation
___ 1	498 ft²	498 ft²	66 ft	9 ft	1

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

HEATING SYSTEM										
✓ #	System Type	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	---Geothermal HeatPump---			Ducts	Block
						Entry	Power	Volt	Current	
___ 1	Electric Heat Pump	None/Single		HSPF2: 8.80	25.3		0.00	0.00	0.00	sys#1
										1

INPUT SUMMARY CHECKLIST REPORT

COOLING SYSTEM

✓ #	System Type	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	Air Flow cfm	SHR	Duct	Block
___ 1	Central Unit	None/Single		SEER2:15.0	21.2	630	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	Garage	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 #	Location	Supply R-Value	Area	Location	Return R-Value	Area	Leakage Type	Air Handler	CFM 25 TOT	CFM 25 OUT	QN OUT	RLF	HVAC # Heat Cool
___ 1	Attic	6.0	399 ft²	Attic	6.0	80 ft²	Default Leakage	Garage	(Default)	(Default)			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	Schedule Type	1	2	3	4	5	6	Hours	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	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
___ Heating (WD)	AM PM	66 68	66 68	66 68	66 68	66 68	68 68	68	68	68	68 68	68 68	68 66	68 66
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ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 95

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

,Lake City,FL,32024

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2. Single family or multiple family	Detached	a. Frame - Wood, Exterior	R=13.0	1362.00 ft ²
3. Number of units, if multiple family	1	b. Frame - Wood, Adjacent	R=13.0	195.00 ft ²
4. Number of Bedrooms	3	c. N/A		
5. Is this a worst case?	No	d. N/A		
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Conditioned floor area below grade (ft ²)	0	a. Flat ceiling under att (Vented)	R=38.0	1674.80 ft ²
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SHGC(AVG):	N/A	a. Electric Heat Pump	25.3	HSPF2:8.80
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b. N/A	R=	ft ²		
c. N/A	R=	ft ²		
		16. Hot Water Systems		
		a. Electric	Cap: 40 gallons	
			EF: 0.920	
		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: _____ City/FL Zip: Lake City,FL,32024



*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: Rhett Smithey	Community:	Lot: 54
Address:		
City: Lake City	State: FL	Zip: 32024

Air Leakage Test Results *Passing results must meet either the Performance, Prescriptive, or ERI Method*

☐ **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.
ACH(50) specified on Form R405-2023-Energy Calc (Performance) or R406-2023 (ERI): 5.000

$\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div \frac{14355}{\text{ACH}(50)} =$ <div style="text-align: center;">PASS</div>	<p><u>Method for calculating building volume:</u></p> <p><input type="radio"/> Retrieved from architectural plans</p> <p><input checked="" type="radio"/> Code software calculated</p> <p><input type="radio"/> Field measured and calculated</p>
<input type="checkbox"/> 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 of the *Florida Building Code, Residential*. 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), *Florida Statutes*, 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.

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: _____