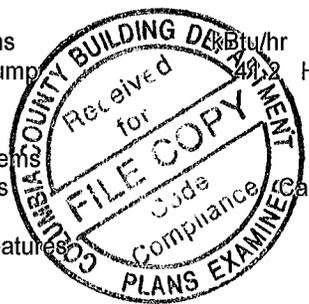


FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: David Reyes - Lot 2 Forest Country 1 Street: City, State, Zip: Lake City, FL, 32024 Owner: David Reyes Design Location: FL, Gainesville	Builder Name: Permit Office: Columbia County Permit Number: Jurisdiction: County: Columbia(Florida Climate Zone 2)
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Glass/Floor Area: 0.124	Total Proposed Modified Loads: 60.93	PASS
	Total Baseline Loads: 64.91	

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. [Signature]</u></p> <p>DATE: <u>10/2/2025</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: right;"> </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 7.00 ACH50 (R402.4.1.2).

INPUT SUMMARY CHECKLIST REPORT

PROJECT														
Title	David Reyes - Lot 2 Forest Country 1					Address type	Lot							
Building Type	User	Bedrooms	4		Lot #	2								
Owner:	David Reyes	Conditioned Area	2263		Block/SubDivision	Forest Cntry 1								
Builder Home ID		Total Stories	1		PlatBook									
Builder Name		Worst Case	No		Street									
Permit Office	Columbia County	Rotate Angle	0		County	Columbia								
Jurisdiction		Cross Ventilation	Yes		City, State, Zip	Lake City, FL, 32024								
Family Type	Detached	Whole House Fan	No											
New/Existing	New (From Plans)	Terrain	Suburban											
Year Construct	2025	Shielding	Suburban											
Comment														
CLIMATE														
<input checked="" type="checkbox"/> 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														
<input checked="" type="checkbox"/> Number	Name	Area	Volume											
___ 1	Block1	2263	21114 cu ft											
SPACES														
<input checked="" type="checkbox"/> Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Finished	Cooled	Heated					
___ 1	1st Floor	2263	21114	Yes	8	4	Yes	Yes	Yes					
FLOORS (Total Exposed Area = 2263 sq.ft.)														
<input checked="" type="checkbox"/> #	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	257.33	2263 sqft	0.0	---	0.304	2 (ft)/0 (ft)	0.00	0.00	1.00			
ROOF														
<input checked="" type="checkbox"/> #	Type	Materials	Roof Area	Gable Area	Framing Fract	Roof Color	Rad Barr	Solar Absor	SA Tested	Emitt	Emitt Tested	Deck Insul	Pitch (deg)	
___ 1	Hip	Composition shingles	2530 ft²	0 ft²	0.11	Medium	Y	0.96	No	0.9	No	0	26.57	
ATTIC														
<input checked="" type="checkbox"/> #	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC								
___ 1	Full attic	Vented	300	2263 ft²	Y	N								
CEILING (Total Exposed Area = 2489 sq.ft.)														
<input checked="" type="checkbox"/> #	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	2489.3ft²	0.024	0.11	Wood						

INPUT SUMMARY CHECKLIST REPORT

WALLS														(Total Exposed Area = 2358 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	SE	Exterior	Conc Blk - Int Ins	1st Floor	4.2	12.0	8	9.0	4	118.2	0.147		0	0.75	0%	
___ 2	NE	Exterior	Conc Blk - Int Ins	1st Floor	4.2	10.0	0	9.0	4	93.3	0.147		0	0.75	0%	
___ 3	SE	Exterior	Conc Blk - Int Ins	1st Floor	4.2	24.0	8	9.0	4	230.2	0.147		0	0.75	0%	
___ 4	NE	Garage	Frame - Wood	1st Floor	13.0	10.0	4	9.0	4	96.4	0.084		0.23	0.75	0%	
___ 5	SE	Garage	Frame - Wood	1st Floor	13.0	17.0	4	9.0	4	161.8	0.084		0.23	0.75	0%	
___ 6	NE	Exterior	Conc Blk - Int Ins	1st Floor	4.2	40.0	0	9.0	4	373.3	0.147		0	0.75	0%	
___ 7	NW	Exterior	Conc. Blk - Int Ins	1st Floor	4.2	18.0	0	9.0	4	168.0	0.147		0	0.75	0%	
___ 8	SW	Exterior	Conc. Blk - Int Ins	1st Floor	4.2	17.0	4	9.0	4	161.8	0.147		0	0.75	0%	
___ 9	NW	Exterior	Conc. Blk - Int Ins	1st Floor	4.2	24.0	8	9.0	4	230.2	0.147		0	0.75	0%	
___ 10	NE	Exterior	Conc. Blk - Int Ins	1st Floor	4.2	8.0	0	9.0	4	74.7	0.147		0	0.75	0%	
___ 11	NW	Exterior	Conc. Blk - Int Ins	1st Floor	4.2	12.0	8	9.0	4	118.2	0.147		0	0.75	0%	
___ 12	SW	Exterior	Conc. Blk - Int Ins	1st Floor	4.2	11.0	4	9.0	4	105.8	0.147		0	0.75	0%	
___ 13	NW	Exterior	Conc Blk - Int Ins	1st Floor	4.2	4.0	0	9.0	4	37.3	0.147		0	0.75	0%	
___ 14	SW	Exterior	Conc Blk - Int Ins	1st Floor	4.2	15.0	4	9.0	4	143.1	0.147		0	0.75	0%	
___ 15	SE	Exterior	Conc. Blk - Int Ins	1st Floor	4.2	4.0	0	9.0	4	37.3	0.147		0	0.75	0%	
___ 16	SW	Exterior	Conc Blk - Int Ins	1st Floor	4.2	22.0	4	9.0	4	208.4	0.147		0	0.75	0%	

DOORS												(Total Exposed Area = 48 sq.ft.)		
✓ #	Ornt	Adjacent To	Door Type	Space	Storms	U-Value	Width Ft	In	Height Ft	In	Area			
___ 1	NE	Exterior	Insulated	1st Floor	None	0.46	3.00	0	8.00	0	24.0ft²			
___ 2	SE	Garage	Insulated	1st Floor	None	0.46	3.00	0	8.00	0	24.0ft²			

WINDOWS																	(Total Exposed Area = 281 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	SE	1	Vinyl	Low-E Double	Y 0.36	0.25	N	N	18.0	1	3.00	6.00	1.5	1.0	None	None			
___ 2	SE	3	Vinyl	Low-E Double	Y 0.36	0.25	N	N	84.0	4	3.00	7.00	9.5	1.0	None	None			
___ 3	SE	3	Vinyl	Low-E Double	Y 0.36	0.25	N	N	16.0	2	1.00	8.00	9.5	1.0	None	None			
___ 4	NE	6	Vinyl	Low-E Double	Y 0.36	0.25	N	N	4.0	1	4.00	1.00	1.5	1.0	None	None			
___ 5	NE	6	Vinyl	Low-E Double	Y 0.36	0.25	N	N	16.0	1	4.00	4.00	1.5	1.0	None	None			
___ 6	NE	6	Vinyl	Low-E Double	Y 0.36	0.25	N	N	36.0	2	3.00	6.00	1.5	1.0	None	None			
___ 7	NW	9	TIM	Low-E Double	Y 0.36	0.25	N	N	48.0	2	3.00	8.00	9.5	1.0	None	None			
___ 8	NW	9	Vinyl	Low-E Double	Y 0.36	0.25	N	N	20.0	2	2.50	4.00	9.5	1.0	None	None			
___ 9	NW	11	Vinyl	Low-E Double	Y 0.36	0.25	N	N	18.0	1	3.00	6.00	1.5	1.0	None	None			
___ 10	SW	14	Vinyl	Low-E Double	Y 0.36	0.25	N	N	18.0	1	3.00	6.00	1.5	1.0	None	None			
___ 11	SW	16	Vinyl	Low-E Double	Y 0.36	0.25	N	N	3.4	1	1.83	1.83	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)	0.00041	2463	135.14	253.72	0.1459	7.0	All	21114 cu ft

GARAGE								
✓ #	Floor Area	Length	Width	Roof Area	Exposed Perimeter	Area Under Uncond	Avg Wall Height	Exposed Wall Insulation
___ 1	469 ft²	22.0 ft	21.3 ft	469 ft²	57 ft	469 ft	9 ft	1

INPUT SUMMARY CHECKLIST REPORT

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	--- Volt	Current	Ducts	Block
1	Electric Heat Pump	None/Single		HSPF2 8 80	41 2		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	31 1	930	0 70	sys#1	1

HOT WATER SYSTEM											
✓ #	System Type	Subtype	Location	EF(UEF)	Cap	Use	SetPnt	Fixt Flow	Trap	Pipe Ins	Pipe length
1	Electric	Tankless	Garage	0 92 (0 92)	1 0 gal	40 gal	120 deg	Standard	Yes	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	Return Location	R-Value	Area	Leakage Type	AHU Location	CFM 25 TOT/OUT	QN OUT	AHU SEALED	HVAC # Heat Cool
1	Attic	6 0	566 ft²	Attic	6 0	113 ft²	Default Leakage	1st Floor	(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	Schedule Type	HERS 2006 Reference	1	2	3	4	5	6	7	8	9	10	11	12
Cooling (WD)	AM PM	78 80	78 80	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	78 78
Heating (WD)	AM PM	66 68	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	66 68	68 68	68 68	68 68	68 68	68 68	68 66	68 66

Envelope Leakage Test Report (Blower Door Test)

Residential Prescriptive, Performance or ERI Method Compliance

2023 Florida Building Code, Energy Conservation, 8th Edition

Jurisdiction:	Permit #:
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Job Information

Builder:	Community:	Lot: 2
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) 7.000

$\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div \frac{21114}{\text{ACH}(50)} = \text{ACH}(50)$ <p style="text-align: center; font-size: 24px; margin: 10px 0;"><input type="checkbox"/> PASS</p> <p><input type="checkbox"/> When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by building department</p>	<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>
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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 *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 *trade 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: _____