FORM R405-2017

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name:	Lot 29 Turkey Creek	Builder Name:	Lipscomb & Eagle
Street:		Permit Office:	Columbia County
City, State, Zip:	Lake City , FL , 32055	Permit Number:	
Owner:		Jurisdiction:	
Design Location:	FL, Gainesville	County:	Columbia (Florida Climate Zone 2)

1. New construction or existing	New (From Plans)
2. Single family or multiple family	Single-family
3. Number of units, if multiple family	1
4. Number of Bedrooms	3
5. Is this a worst case?	No
6. Conditioned floor area above grade (ft²)	1375
Conditioned floor area below grade (ft²)	0

7. Windows (174.7 sqft.)	Description	Area
a. U-Factor:	Dbl, U=0.36	174.67 ft²
SHGC:	SHGC=0.25	
b. U-Factor:	N/A	ft²
SHGC:		
c. U-Factor:	N/A	ft²
SHGC:		
d. U-Factor:	N/A	ft²
SHGC:		
Area Weighted Average Overhang Depth:		3.189 ft.
Area Weighted Average SHGC:		0.250

8. Floor Types (1375.0 sqft.)	Insulation	Area
a. Slab-On-Grade Edge Insulation	R=0.0	1375.00 ft²
b. N/A	R=	ft²
c. N/A	R=	ft²

9. Wall Types (1581.0 sqft.)	Insulation	Area
a. Frame - Wood, Exterior	R=13.0	1383.00 ft²
b. Frame - Wood, Adjacent	R=13.0	198.00 ft²
c. N/A	R=	ft²
d. N/A	R=	ft²

10. Ceiling Types (1443.0 sqft.)	Insulation	Area
a. Under Attic (Vented)	R=38.0	1443.00 ft²
b. N/A	R=	ft²
c. N/A	R=	ft²

11. Ducts	R	ft²
a. Sup: Attic, Ret: Attic, AH: Garage	6	343.75

12. Cooling systems	kBtu/hr	Efficiency
a. Central Unit	17.6	SEER:14.00

13. Heating systems	kBtu/hr	Efficiency
a. Electric Heat Pump	23.5	HSPF:8.20

14. Hot water systems	
a. Electric	Cap: 50 gallons
	EF: 0.920
b. Conservation features	
None	
15. Credits	CV, Pstat

COLUMBIA COUNTY BUILDING DEPARTMENT
Received for FILE COPY
Code Compliance
PLANS EXAMINER

Glass/Floor Area: 0.127

Total Proposed Modified Loads: 41.67

Total Baseline Loads: 42.72

PASS

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: _____

DATE: 9/15/2020

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).

20

FORM R405-2017

INPUT SUMMARY CHECKLIST REPORT

PROJECT

Title:	Lot 29 Turkey Creek	Bedrooms:	3	Address Type:	Lot Information
Building Type:	User	Conditioned Area:	1375	Lot #	29
Owner Name:		Total Stories:	1	Block/Subdivision:	Turkey Creek
# of Units:	1	Worst Case:	No	PlatBook:	
Builder Name:	Lipscomb & Eagle	Rotate Angle:	0	Street:	
Permit Office:	Columbia County	Cross Ventilation:	Yes	County:	Columbia
Jurisdiction:		Whole House Fan:	No	City, State, Zip:	Lake City , FL , 32055
Family Type:	Single-family				
New/Existing:	New (From Plans)				
Comment:					

CLIMATE

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

BLOCKS

Number	Name	Area	Volume
1	Block1	1375	12375

SPACES

Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Infil ID	Finished	Cooled	Heated
1	Main	1375	12375	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	176.333 ft	0	1375 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	1593 ft²	0 ft²	Medium	Y	0.96	No	0.9	No	0	30.3

ATTIC

√	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Vented	300	1375 ft²	Y	N

CEILING

√	#	Ceiling Type	Space	R-Value	Ins Type	Area	Framing Frac	Truss Type
_____	1	Under Attic (Vented)	Main	38	Double Batt	1443 ft²	0.11	Wood

INPUT SUMMARY CHECKLIST REPORT

WALLS

√	#	Ornt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft	Width In	Height Ft	Height In	Area	Sheathing R-Value	Framing Fraction	Solar Absor.	Below Grade%
___	1	S	Exterior	Frame - Wood	Main	13	6	4	9		57.0 ft²		0.23	0.75	0
___	2	W	Exterior	Frame - Wood	Main	13	12	8	9		114.0 ft²		0.23	0.75	0
___	3	S	Exterior	Frame - Wood	Main	13	12	4	9		111.0 ft²		0.23	0.75	0
___	4	E	Exterior	Frame - Wood	Main	13	4		9		36.0 ft²		0.23	0.75	0
___	5	S	Exterior	Frame - Wood	Main	13	6	8	9		60.0 ft²		0.23	0.75	0
___	6	S	Garage	Frame - Wood	Main	13	22		9		198.0 ft²		0.23	0.75	0
___	7	E	Exterior	Frame - Wood	Main	13	30	4	9		273.0 ft²		0.23	0.75	0
___	8	N	Exterior	Frame - Wood	Main	13	22		9		198.0 ft²		0.23	0.75	0
___	9	W	Exterior	Frame - Wood	Main	13	5	8	9		51.0 ft²		0.23	0.75	0
___	10	N	Exterior	Frame - Wood	Main	13	14	8	9		132.0 ft²		0.23	0.75	0
___	11	E	Exterior	Frame - Wood	Main	13	5	8	9		51.0 ft²		0.23	0.75	0
___	12	N	Exterior	Frame - Wood	Main	13	10	8	9		96.0 ft²		0.23	0.75	0
___	13	W	Exterior	Frame - Wood	Main	13	22	8	9		204.0 ft²		0.23	0.75	0

DOORS

√	#	Ornt	Door Type	Space	Storms	U-Value	Width Ft	Width In	Height Ft	Height In	Area
___	1	S	Insulated	Main	None	.46	3		6	8	20 ft²
___	2	S	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	Overhang Separation	Int Shade	Screening
___	1	S	3	Vinyl	Low-E Double	Yes	0.36	0.25	N	15.0 ft²	1 ft 6 in	1 ft 0 in	None	None
___	2	S	5	TIM	Low-E Double	Yes	0.36	0.25	N	6.7 ft²	7 ft 0 in	1 ft 0 in	None	None
___	3	E	7	Vinyl	Low-E Double	Yes	0.36	0.25	N	12.0 ft²	1 ft 6 in	1 ft 0 in	None	None
___	4	E	7	Vinyl	Low-E Double	Yes	0.36	0.25	N	30.0 ft²	1 ft 6 in	1 ft 0 in	None	None
___	5	E	7	Vinyl	Low-E Double	Yes	0.36	0.25	N	6.0 ft²	1 ft 6 in	1 ft 0 in	None	None
___	6	N	8	Vinyl	Low-E Double	Yes	0.36	0.25	N	4.0 ft²	1 ft 6 in	1 ft 0 in	None	None
___	7	N	8	Vinyl	Low-E Double	Yes	0.36	0.25	N	30.0 ft²	1 ft 6 in	1 ft 0 in	None	None
___	8	N	10	TIM	Low-E Double	Yes	0.36	0.25	N	20.0 ft²	6 ft 8 in	1 ft 0 in	None	None
___	9	N	10	Vinyl	Low-E Double	Yes	0.36	0.25	N	30.0 ft²	6 ft 8 in	1 ft 0 in	None	None
___	10	N	12	Vinyl	Low-E Double	Yes	0.36	0.25	N	15.0 ft²	1 ft 6 in	1 ft 0 in	None	None
___	11	W	13	Vinyl	Low-E Double	Yes	0.36	0.25	N	6.0 ft²	1 ft 6 in	1 ft 0 in	None	None

GARAGE

√	#	Floor Area	Ceiling Area	Exposed Wall Perimeter	Avg. Wall Height	Exposed Wall Insulation
___	1	486.2 ft²	486.2 ft²	64.67 ft	9 ft	1

FORM R405-2017

INPUT SUMMARY CHECKLIST REPORT

INFILTRATION

#	Scope	Method	SLA	CFM 50	ELA	EqLA	ACH	ACH 50
1	Wholehouse	Proposed ACH(50)	.000286	1031.3	56.61	106.47	.1128	5

HEATING SYSTEM

√	#	System Type	Subtype	Speed	Efficiency	Capacity	Block	Ducts
_____	1	Electric Heat Pump/	None	Single	HSPF:8.2	23.54 kBtu/hr	1	sys#1

COOLING SYSTEM

√	#	System Type	Subtype	Subtype	Efficiency	Capacity	Air Flow	SHR	Block	Ducts
_____	1	Central Unit/	None	Single	SEER: 14	17.6 kBtu/hr	540 cfm	0.7	1	sys#1

HOT WATER SYSTEM

√	#	System Type	SubType	Location	EF	Cap	Use	SetPnt	Conservation
_____	1	Electric	None	Garage	0.92	50 gal	40 gal	120 deg	None

SOLAR HOT WATER SYSTEM

√	FSEC Cert #	Company Name	System Model#	Collector Model#	Collector Area	Storage Volume	FEF
_____	None	None			ft²		

DUCTS

√	#	---- Supply ---- Location	R-Value	Area	---- Return ---- Location	Area	Leakage Type	Air Handler	CFM 25 TOT	CFM25 OUT	QN	RLF	HVAC # Heat	Cool
_____	1	Attic	6	343.75 f	Attic	68.75 ft²	Default Leakage	Garage	(Default) c	(Default) c			1	1

TEMPERATURES

Programable Thermostat: Y

Ceiling Fans:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cooling	[ ]	[ ]	[ ]	[ ]	[ ]	[X]	[X]	[X]	[X]	[ ]	[ ]	[ ]
Heating	[X]	[X]	[X]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[X]	[X]
Venting	[ ]	[ ]	[X]	[X]	[ ]	[ ]	[ ]	[ ]	[ ]	[X]	[X]	[ ]

FORM R405-2017

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	78	78	78	78	78	78	78	78	80	80	80	80
	PM	80	80	78	78	78	78	78	78	78	78	78	78
Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	78	78	78
	PM	78	78	78	78	78	78	78	78	78	78	78	78
Heating (WD)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66
Heating (WEH)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66

MASS

Mass Type	Area	Thickness	Furniture Fraction	Space
Default(8 lbs/sq.ft.	0 ft²	0 ft	0.3	1st Floor
Default(8 lbs/sq.ft.	0 ft²	0 ft	0.3	Bonus Room

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 98

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

1. New home or, addition	1. New (From Plans)
2. Single-family or multiple-family	2. Single-family
3. No. of units (if multiple-family)	3. 1
4. Number of bedrooms	4. 3
5. Is this a worst case? (yes/no)	5. No
6. Conditioned floor area (sq. ft.)	6. 1375
7. Windows, type and area	
a) U-factor:(weighted average)	7a. 0.360
b) Solar Heat Gain Coefficient (SHGC)	7b. 0.250
c) Area	7c. 174.7
8. Skylights	
a) U-factor:(weighted average)	8a. NA
b) Solar Heat Gain Coefficient (SHGC)	8b. NA
9. Floor type, insulation level:	
a) Slab-on-grade (R-value)	9a. 0.0
b) Wood, raised (R-value)	9b.
c) Concrete, raised (R-value)	9c.
10. Wall type and insulation:	
A. Exterior:	
1. Wood frame (Insulation R-value)	10A1. 13.0
2. Masonry (Insulation R-value)	10A2.
B. Adjacent:	
1. Wood frame (Insulation R-value)	10B1. 13.0
2. Masonry (Insulation R-value)	10B2.
11. Ceiling type and insulation level	
a) Under attic	11a. 38.0
b) Single assembly	11b.
c) Knee walls/skylight walls	11c.
d) Radiant barrier installed	11d. Yes

12. Ducts, location & insulation level	
a) Supply ducts	R 6.0
b) Return ducts	R 6.0
c) AHU location	Garage
13. Cooling system:	Capacity 17.6
a) Split system	SEER
b) Single package	SEER
c) Ground/water source	SEER/COP
d) Room unit/PTAC	EER
e) Other	14.0
14. Heating system:	Capacity 23.5
a) Split system heat pump	HSPF
b) Single package heat pump	HSPF
c) Electric resistance	COP
d) Gas furnace, natural gas	AFUE
e) Gas furnace, LPG	AFUE
f) Other	8.20
15. Water heating system	
a) Electric resistance	EF 0.92
b) Gas fired, natural gas	EF
c) Gas fired, LPG	EF
d) Solar system with tank	EF
e) Dedicated heat pump with tank	EF
f) Heat recovery unit	HeatRec%
g) Other	
16. HVAC credits claimed (Performance Method)	
a) Ceiling fans	
b) Cross ventilation	Yes
c) Whole house fan	No
d) Multizone cooling credit	
e) Multizone heating credit	
f) Programmable thermostat	Yes

*Label required by Section R303.1.3 of the Florida Building Code, Energy Conservation, if not DEFAULT.

I certify that this home has complied with the Florida Building Code, Energy Conservation, 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 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

Builder: Lipscomb & Eagle Community: Lot: 29

Address:

City: Lake City State: 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 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 R405-2017 (Performance) or R406-2017 (ERI), section labeled as infiltration, sub-section ACH50.

ACH(50) specified on Form R405-2017-Energy Calc (Performance) or R406-2017 (ERI): 5.000

_____ x 60 ÷ 12375 = _____
CFM(50) Building Volume ACH(50)

☐ **PASS**

☐ When ACH(50) is less than 3, Mechanical Ventilation installation 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 (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.

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above Air Leakage results are in accordance with the 2017 6th 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: _____