



# INPUT SUMMARY CHECKLIST REPORT

PROJECT													
Title:	Cady Garage				Address type:	Street Address							
Building Type:	User		Bedrooms:	1	Lot #:	---							
Owner:	Micah & Alisha Cady		Conditioned Area:	796	Block/SubDivision:	---							
Builder Home ID:			Total Stories:	1	PlatBook:	---							
Builder Name:			Worst Case:	No	Street:	413 SW Highpoint Glenn							
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:	2024		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	796	6368 cu ft									
SPACES													
<input checked="" type="checkbox"/>	Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Finished	Cooled	Heated			
___	1	1st Floor	796	6368	Yes	3	1	Yes	Yes	Yes			
FLOORS <span style="float: right;">(Total Exposed Area = 796 sq.ft.)</span>													
<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	Crawlspace	1st Floor	120	796 sqft	0	19	0.047	-----	0.00	0.00	1.00	
ROOF													
<input checked="" type="checkbox"/>	#	Type	Materials	Roof Area	Gable Area	Roof Color	Rad Barr	Solar Absor.	SA Tested	Emitt	Emitt Tested	Deck Insul.	Pitch (deg)
___	1	Gable or shed	Composition shingles	1126 ft²	222 ft²	Medium	Y	0.96	No	0.9	No	38	45
ATTIC													
<input checked="" type="checkbox"/>	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC						
___	1	Partial cathedral ceiling	Vented	300	796 ft²	Y	N						
CEILING <span style="float: right;">(Total Exposed Area = 796 sq.ft.)</span>													
<input checked="" type="checkbox"/>	#	Ceiling Type	Space	R-Value	Ins. Type	Area	U-Factor	Framing Frac.	Truss Type				
___	1	Sloped ceiling under attic(Vented)	1st Floor	38.0	Batt	796.0ft²	0.040	0.11	Wood				

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WALLS														(Total Exposed Area = 960 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	E	Exterior	Frame - Wood	1st Floor	13.0	35.0	0	8.0	0	280.0	0.084		0.23	0.75	0 %	
___ 2	N	Exterior	Frame - Wood	1st Floor	13.0	25.0	0	8.0	0	200.0	0.084		0.23	0.75	0 %	
___ 3	W	Exterior	Frame - Wood	1st Floor	13.0	35.0	0	8.0	0	280.0	0.084		0.23	0.75	0 %	
___ 4	S	Exterior	Frame - Wood	1st Floor	13.0	25.0	0	8.0	0	200.0	0.084		0.23	0.75	0 %	

  

DOORS											(Total Exposed Area = 20 sq.ft.)		
✓ #	Ornt	Adjacent To	Door Type	Space	Storms	U-Value	Width Ft	In	Height Ft	In	Area		
___ 1	E	Exterior	Insulated	1st Floor	None	0.46	3.00	0	6.00	8	20.0ft²		

  

WINDOWS														(Total Exposed Area = 136 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	E	1	Vinyl	Low-E Double	Y 0.36	0.25	N	N	50.0	4	2.50	5.00	1.0	0.5	None	None
___ 2	N	2	Vinyl	Low-E Double	Y 0.36	0.25	N	N	15.0	1	3.00	5.00	1.0	4.0	None	None
___ 3	W	3	Vinyl	Low-E Double	Y 0.36	0.25	N	N	50.0	4	2.50	5.00	1.5	0.5	None	None
___ 4	W	3	Vinyl	Low-E Double	Y 0.36	0.25	N	N	6.0	1	2.00	3.00	1.5	0.5	None	None
___ 5	S	4	Vinyl	Low-E Double	Y 0.36	0.25	N	N	15.0	1	3.00	5.00	1.0	4.0	None	None

  

INFILTRATION										
✓ #	Scope	Method	SLA	CFM50	ELA	EqLA	ACH	ACH50	Space(s)	Infiltration Test Volume
___ 1	Wholehouse	Proposed ACH(50)	0.00036	743	40.76	76.52	0.1372	7.0	All	6368 cu ft

  

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 HeatPump---- Entry	Power	Volt	Current	Ducts	Block
___ 1	Electric Heat Pump	None/Single		HSPF2: 8.80	7.9		0.00	0.00	0.00	sys#0	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	11.9	357	0.70	Ductless	1	

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## HOT WATER SYSTEM

√ #	System Type	Subtype	Location	EF(UEF)	Cap	Use	SetPnt	Fixture Flow	Pipe Ins.	Pipe length
___ 1	Electric	Tankless	1st Floor	0.92 (0.92)	1.00 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 #	-----Supply----- Location	R-Value	Area	-----Return----- Location	R-Value	Area	Leakage Type	Air Handler	CFM 25 TOT	CFM 25 OUT	QN OUT	RLF	HVAC # Heat Cool

## 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 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	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 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 68	68 66	68 66

# ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

## ESTIMATED ENERGY PERFORMANCE INDEX\* = 79

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

413 SW Highpoint Glenn,Lake City,FL,32024

1. New construction or existing	New (From Plans)	10. Wall Types(960.0 sqft.)	Insulation Area
2. Single family or multiple family	Detached	a. Frame - Wood, Exterior	R=13.0 960.00 ft <sup>2</sup>
3. Number of units, if multiple family	1	b. N/A	
4. Number of Bedrooms	1	c. N/A	
5. Is this a worst case?	No	d. N/A	
6. Conditioned floor area above grade (ft <sup>2</sup> )	796	11. Ceiling Types(796.0 sqft.)	Insulation Area
Conditioned floor area below grade (ft <sup>2</sup> )	0	a. Sloped ceiling under a (Vented)	R=38.0 796.00 ft <sup>2</sup>
7. Windows**	Description	b. N/A	
a. U-Factor:	Dbl, U=0.36	c. N/A	
SHGC:	SHGC=0.25	12. Roof(Comp. Shingles, Vented)Deck	R=38.0 1126 ft <sup>2</sup>
b. U-Factor:	N/A	13. Ducts, location & insulation level	R ft <sup>2</sup>
SHGC:		a.	
c. U-Factor:	N/A	b.	
SHGC:		c.	
Area Weighted Average Overhang Depth:	1.206 ft	14. Cooling Systems	kBtu/hr Efficiency
Area Weighted Average SHGC:	0.250	a. Central Unit	11.9 SEER2:15.50
8. Skylights	Description	15. Heating Systems	kBtu/hr Efficiency
U-Factor:(AVG)	N/A	a. Electric Heat Pump	7.9 HSPF2:8.80
SHGC(AVG):	N/A	16. Hot Water Systems	
9. Floor Types	Insulation	a. ElectricTankless	Cap: 1 gallons
a. Crawlspace	R= 19.0		EF: 0.920
b. N/A	R=	b. Conservation features	
c. N/A	R=		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: 413 SW Highpoint Glenn 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 #:
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#### Job Information

Builder:	Community:	Lot:	NA
Address: 413 SW Highpoint Glenn			
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

$\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div \frac{6368}{\text{ACH}(50)} =$ <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">PASS</div> <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~~ *code official*. Testing shall be performed at any time after creation of all penetrations of the ~~building~~ *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: \_\_\_\_\_