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FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

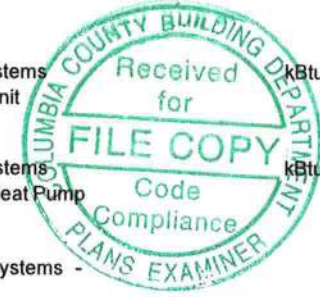
Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: Holder Addition Street: 130 SW JOSHUA CT City, State, Zip: Lake City, FL, 32024 Owner: Kevin Holder Design Location: FL, Gainesville	Builder Name: Permit Office: Columbia County Permit Number: Jurisdiction: County: Columbia (Florida Climate Zone 2)
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1. New construction or existing Addition 2. Single family or multiple family Single-family 3. Number of units, if multiple family 1 4. Number of Bedrooms (Bedrms In Addition) 3(3) 5. Is this a worst case? No 6. Conditioned floor area above grade (ft²) 512 Conditioned floor area below grade (ft²) 0 7. Windows (55.0 sqft.) Description Area a. U-Factor: Dbl, U=0.36 55.00 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: 1.500 ft. Area Weighted Average SHGC: 0.250 8. Floor Types (512.0 sqft.) Insulation Area a. Slab-On-Grade Edge Insulation R=0.0 512.00 ft² b. N/A R= ft² c. N/A R= ft²	9. Wall Types (624.0 sqft.) Insulation Area a. Frame - Wood, Exterior R=13.0 624.00 ft² b. N/A R= ft² c. N/A R= ft² d. N/A R= ft² 10. Ceiling Types (512.0 sqft.) Insulation Area a. Under Attic (Vented) R=38.0 512.00 ft² b. N/A R= ft² c. N/A R= ft² 11. Ducts R ft² 12. Cooling systems kBtu/hr Efficiency a. Central Unit 7.1 SEER:14.00 13. Heating systems kBtu/hr Efficiency a. Electric Heat Pump 7.5 HSPF:8.20 14. Hot water systems - Cap: 50 gallons a. Electric EF: 0.920 b. Conservation features None 15. Credits CV, Pstat
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Glass/Floor Area: 0.107	Total Proposed Modified Loads: 20.01	PASS
	Total Baseline Loads: 20.94	

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code. PREPARED BY:  DATE: 11/05/2020 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: _____
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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:	Holder Addition	Bedrooms:	3	Address Type:	Street Address
Building Type:	User	Conditioned Area:	512	Lot #	
Owner Name:	Kevin Holder	Total Stories:	1	Block/Subdivision:	
# of Units:	1	Worst Case:	No	PlatBook:	
Builder Name:		Rotate Angle:	0	Street:	130 SW JOSHUA CT
Permit Office:	Columbia County	Cross Ventilation:	Yes	County:	Columbia
Jurisdiction:		Whole House Fan:	No	City, State, Zip:	Lake City , FL , 32024
Family Type:	Single-family				
New/Existing:	Addition				
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	512	4608

SPACES

Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Infil ID	Finished	Cooled	Heated
1	Main	512	4608	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	69 ft	0	512 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	573 ft²	0 ft²	Medium	Y	0.96	No	0.9	No	0	26.6

ATTIC

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Vented	300	512 ft²	Y	N

CEILING

✓	#	Ceiling Type	Space	R-Value	Ins Type	Area	Framing Frac	Truss Type
_____	1	Under Attic (Vented)	Main	38	Double Batt	512 ft²	0.11	Wood

INPUT SUMMARY CHECKLIST REPORT

WALLS

✓ #	Ornt	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	SW	Exterior	Frame - Wood	Main	13	5	8	9		51.0 ft²		0.23	0.75	0
2	SE	Exterior	Frame - Wood	Main	13	16		9		144.0 ft²		0.23	0.75	0
3	NE	Exterior	Frame - Wood	Main	13	32		9		288.0 ft²		0.23	0.75	0
4	W	Exterior	Frame - Wood	Main	13	15	8	9		141.0 ft²		0.23	0.75	0

DOORS

✓ #	Ornt	Door Type	Space	Storms	U-Value	Width Ft	In	Height Ft	In	Area
1	N	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	SE	2	Vinyl	Low-E Double	Yes	0.36	0.25	N	20.0 ft²	1 ft 6 in	1 ft 0 in	None	None
2	NE	3	Vinyl	Low-E Double	Yes	0.36	0.25	N	15.0 ft²	1 ft 6 in	1 ft 0 in	None	None
3	W	4	Vinyl	Low-E Double	Yes	0.36	0.25	N	20.0 ft²	1 ft 6 in	1 ft 0 in	None	None

INFILTRATION

#	Scope	Method	SLA	CFM 50	ELA	EqLA	ACH	ACH 50
1	Wholehouse	Proposed ACH(50)	.000286	384	21.08	39.65	.1128	5

HEATING SYSTEM

✓ #	System Type	Subtype	Speed	Efficiency	Capacity	Block	Ducts
1	Electric Heat Pump/Supplemen	None	Single	HSPF:8.2	7.49 kBtu/hr	1	Ductless

COOLING SYSTEM

✓ #	System Type	Subtype	Subtype	Efficiency	Capacity	Air Flow	SHR	Block	Ducts
1	Central Unit/Supplemental for a	None	Single	SEER: 14	7.1 kBtu/hr	213 cfm	0.7	1	Ductless

HOT WATER SYSTEM

✓ #	System Type	SubType	Location	EF	Cap	Use	SetPnt	Conservation
1	Electric	None	Main	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		

INPUT SUMMARY CHECKLIST REPORT

TEMPERATURES

Programable Thermostat: Y

Ceiling Fans:

Cooling	☒ Jan	☒ Feb	☒ Mar	☐ Apr	☐ May	☒ Jun	☒ Jul	☒ Aug	☒ Sep	☐ Oct	☒ Nov	☒ Dec
Heating	☒ Jan	☒ Feb	☒ Mar	☐ Apr	☐ May	☐ Jun	☐ Jul	☐ Aug	☐ Sep	☒ Oct	☒ Nov	☒ Dec
Venting	☒ Jan	☐ Feb	☒ Mar	☒ Apr	☐ May	☐ Jun	☐ Jul	☐ Aug	☐ Sep	☒ Oct	☒ Nov	☒ Dec

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 ft ²	0 ft	0.3	Main

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 96

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

1. New home or, addition	1. <u>Addition</u>	12. Ducts, location & insulation level	
2. Single-family or multiple-family	2. <u>Single-family</u>	a) Supply ducts	R <u> </u>
3. No. of units (if multiple-family)	3. <u>1</u>	b) Return ducts	R <u> </u>
4. Number of bedrooms	4. <u>3</u>	c) AHU location	
5. Is this a worst case? (yes/no)	5. <u>No</u>	13. Cooling system:	Capacity <u>7.1</u>
6. Conditioned floor area (sq. ft.)	6. <u>512</u>	a) Split system	SEER <u> </u>
7. Windows, type and area		b) Single package	SEER <u> </u>
a) U-factor:(weighted average)	7a. <u>0.360</u>	c) Ground/water source	SEER/COP <u> </u>
b) Solar Heat Gain Coefficient (SHGC)	7b. <u>0.250</u>	d) Room unit/PTAC	EER <u> </u>
c) Area	7c. <u>55.0</u>	e) Other	<u>14.0</u>
8. Skylights		14. Heating system:	Capacity <u>7.5</u>
a) U-factor:(weighted average)	8a. <u>NA</u>	a) Split system heat pump	HSPF <u> </u>
b) Solar Heat Gain Coefficient (SHGC)	8b. <u>NA</u>	b) Single package heat pump	HSPF <u> </u>
9. Floor type, insulation level:		c) Electric resistance	COP <u> </u>
a) Slab-on-grade (R-value)	9a. <u>0.0</u>	d) Gas furnace, natural gas	AFUE <u> </u>
b) Wood, raised (R-value)	9b. <u> </u>	e) Gas furnace, LPG	AFUE <u> </u>
c) Concrete, raised (R-value)	9c. <u> </u>	f) Other	<u>8.20</u>
10. Wall type and insulation:		15. Water heating system	
A. Exterior:		a) Electric resistance	EF <u>0.92</u>
1. Wood frame (Insulation R-value)	10A1. <u>13.0</u>	b) Gas fired, natural gas	EF <u> </u>
2. Masonry (Insulation R-value)	10A2. <u> </u>	c) Gas fired, LPG	EF <u> </u>
B. Adjacent:		d) Solar system with tank	EF <u> </u>
1. Wood frame (Insulation R-value)	10B1. <u> </u>	e) Dedicated heat pump with tank	EF <u> </u>
2. Masonry (Insulation R-value)	10B2. <u> </u>	f) Heat recovery unit	HeatRec% <u> </u>
11. Ceiling type and insulation level		g) Other	
a) Under attic	11a. <u>38.0</u>	16. HVAC credits claimed (Performance Method)	
b) Single assembly	11b. <u> </u>	a) Ceiling fans	<u> </u>
c) Knee walls/skylight walls	11c. <u> </u>	b) Cross ventilation	<u>Yes</u>
d) Radiant barrier installed	11d. <u>Yes</u>	c) Whole house fan	<u>No</u>
		d) Multizone cooling credit	<u> </u>
		e) Multizone heating credit	<u> </u>
		f) Programmable thermostat	<u>Yes</u>

*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: 130 SW JOSHUA CT City/FL Zip: Lake City, FL 32024

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:

Community:

Lot: NA

Address: 130 SW JOSHUA CT

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 R405-2017 (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

$$\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div \frac{4608}{\text{ACH}(50)} = \text{ACH}(50)$$

☒ **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: _____