## FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: Lot 10 Forest Country, 6th ed Street: City, State, Zip: Lake City, FL, 32025 Owner: Design Location: FL, Gainesville	Builder Name: BP Building & Design Co Permit Office: Columbia County Permit Number: Jurisdiction: Columbia (Florida Climate	
1. New construction or existing 2. Single family or multiple family 3. Number of units, if multiple family 4. Number of Bedrooms 5. Is this a worst case? 6. Conditioned floor area above grade (ft²) Conditioned floor area below grade (ft²) 7. Windows (201.7 sqft.) 6. Description 6. U-Factor: 6. Dil, U=0.36 6. Description 7. Windows (201.7 sqft.) 7. Windows (201.7 sqft.) 7. Windows (201.7 sqft.) 8. HGC: 8. SHGC=0.25 8. U-Factor: 8. HGC: 9. V/A 8. SHGC: 1. U-Factor: 8. N/A 8. SHGC: 1. Area Weighted Average Overhang Depth: 1. Area Weighted Average SHGC: 1. U-Factor: (AVG) 8. Skylights 1. Area 1. C. U-Factor: (AVG) 8. SHGC(AVG): 1. Insulation Area 1. Insul	10. Wall Types(1974.0 sqft.) a. Frame - Wood, Exterior b. Frame - Wood, Adjacent c. N/A d. N/A  11. Ceiling Types (2101.0 sqft.) a. Under Attic (Vented) b. N/A c. N/A  12. Ducts a. Sup: Attic, Ret: Attic, AH: Garage  13. Cooling systems a. Central Unit  14. Heating systems a. Electric Heat Pump  15. Hot water systems a. Electric b. Conservationfeatures None  16. Credits	Insulation Area R=13.0 1635.00 ft² R=13.0 339.00 ft² R= ft² R= ft² Insulation Area R=38.0 2101.00 ft² R= ft² R= ft² R ft² 6 500.25  kBtu/hr Efficiency 21.9 SEER:14.00  kBtu/hr Efficiency 31.0 HSPF:8.20  Cap: 50 gallons EF: 0.920  CV, Pstat
Glass/Floor Area: 0.101 Total Proposed Modifie  Total Baseline		PASS
I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.  PREPARED BY:  1 / 26 / 2022  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).

				PROJE	СТ							
Title: Building Type: Owner Name: # of Units: Builder Name: Permit Office: Jurisdiction: Family Type: New/Existing: Comment:	Lot 10 Forest C User  1 BP Building & E Columbia Coun Detached New (From Plan	Design Co ty	Bedrooms: Conditioned Total Storie Worst Case Rotate Ang Cross Vent Whole Hou	dArea: 2 es: le: ( le: ( ilation:	3 2001 1 No O Yes No		Lot # Block PlatB Stree Coun	k/Subdivis Book: et:	10 sion: Fo	orest Cntry olumbia ake City ,	6	
				CLIMA	ΓE							
	sign Location	TMY Site		97.5		Winte		ner Deg	leating ree Days		re Ra	/Temp ange
FL	, Gainesville	FL_GAINESVILLE	_REGI	32		70	75	1	305.5	51	M	edium
				BLOCK	<b></b>							
Number	Name Block1	Area 2001	Volume 18009									
1	DIOCKI	2001	18009	SPACE	:e							
Niversia	Nama	A	Maluma I			Dadua	!	£I ID	Cinials a		la al	114
Number 1	Name Main	Area 2001	Volume k	(itchen (	Occupants 6	Bedroo	) IIIS II 1		Finished Yes	l Coo Yes		Heated Yes
•	Maii	2001	10000	FLOOR		-		•	100	100		100
\/ #	Floor Type	Space	Perir		R-Value	Area				Tile Wo	ood Ca	arpet
	ab-On-Grade Edge		ain 225		0	2001 ft²						1
				ROOF	:							
√ #	Туре	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 shing	es 2237 ft²	500 ft²	Medium	Υ	0.96	No	0.9	No	0	26.57
				ATTIC	;							
√ #	Туре	Ventil	ation	Vent Ratio	(1 in)	Area	RBS	IR	СС			
1	Full attic	Ven	ted	300	:	2001 ft²	Υ	1	V			
				CEILIN	G							
\/ #	Ceiling Type		Space	R-Value				Fran	ning Fra	c Truss	Туре	
v												

## **INPUT SUMMARY CHECKLIST REPORT**

						WA	LLS							
V #	Ornt	Adjace To		Type	Space	Cavity R-Value	Wid Ft	th In	Height Ft In	Area	Sheathing R-Value	g Framing Fraction	Solar Absor.	Below Grade <sup>o</sup>
1	S	Exterior		me - Wood	Main	13	26	8	9	240.0 ft <sup>2</sup>		0.23	0.75	0
2	S	Exterior	Fra	me - Wood	Main	13	12	4	9	111.0 ft <sup>2</sup>		0.23	0.75	0
3	Е	Exterior	Fra	me - Wood	Main	13	38		9	342.0 ft <sup>2</sup>		0.23	0.75	0
4	Ν	Exterior	Fra	me - Wood	Main	13	12	8	9	114.0 ft <sup>2</sup>		0.23	0.75	0
5	W	Exterior	Fra	me - Wood	Main	13	7		9	63.0 ft <sup>2</sup>		0.23	0.75	C
6	Ν	Exterior	Fra	me - Wood	Main	13	26	4	9	237.0 ft <sup>2</sup>		0.23	0.75	C
7	Е	Exterior	Fra	me - Wood	Main	13	9		9	81.0 ft <sup>2</sup>		0.23	0.75	C
8	N	Exterior	Fra	me - Wood	Main	13	22		9	198.0 ft <sup>2</sup>		0.23	0.75	(
9	W	Exterior	Fra	me - Wood	Main	13	27	8	9	249.0 ft <sup>2</sup>		0.23	0.75	(
10	S	Garage	Fra	me - Wood	Main	13	22		9	198.0 ft <sup>2</sup>		0.23	0.75	C
11	W	Garage	Fra	me - Wood	Main	13	15	8	9	141.0 ft <sup>2</sup>		0.23	0.75	C
						DO	ORS							
$\checkmark$	#	Ornt		Door Type	Space			Storms	U-Valu	ıe Ft	Width In	Height Ft I	n	Area
	1	S		Insulated	Main			None	.46	5	4	8	4	2.7 ft <sup>2</sup>
	2	S		Insulated	Main			None	.46	3		6	8	20 ft²
						WIND	_							
		)A/-II		0	rientation sho	own is the er	itered, F	roposed	orientation.					
$\sqrt{}$	# (	Wall Ornt ID	Frame	Panes	NFRC	U-Factor	SHGC	Imp	Area		rhang Separation	Int Sha	de :	Screenii
	1	S 1	Vinyl	Low-E Double	Yes	0.36	0.25	 N	45.0 ft <sup>2</sup>	6 ft 6 in	0 ft 6 in	None		None
	2	S 2	Vinyl	Low-E Double	Yes	0.36	0.25	N	15.0 ft <sup>2</sup>	1 ft 6 in	1 ft 0 in	None	<b>;</b>	None
	3	E 3	Vinyl	Low-E Double	Yes	0.36	0.25	N	6.0 ft <sup>2</sup>	1 ft 6 in	1 ft 0 in	None	<b>;</b>	None
	4	N 4	Vinyl	Low-E Double	Yes	0.36	0.25	N	15.0 ft <sup>2</sup>	1 ft 6 in	1 ft 0 in	None	<b>:</b>	None
	5	N 6	Vinyl	Low-E Double	Yes	0.36	0.25	N	42.7 ft <sup>2</sup>	8 ft 6 in	0 ft 4 in	None	•	None
	6	N 6	Vinyl	Low-E Double	Yes	0.36	0.25	N	20.0 ft <sup>2</sup>	8 ft 6 in	0 ft 4 in	None	<b>:</b>	None
	7	N 8	Vinyl	Low-E Double	Yes	0.36	0.25	Ν	30.0 ft <sup>2</sup>	1 ft 0 in	4 ft 0 in	None	;	None
	8	W 9	Vinyl	Low-E Double	Yes	0.36	0.25	Ν	10.0 ft <sup>2</sup>	1 ft 6 in	1 ft 0 in	None	;	None
	9	W 9	Vinyl	Low-E Double	Yes	0.36	0.25	Ν	8.0 ft <sup>2</sup>	1 ft 6 in	1 ft 0 in	None	:	None
	10	W 9	Vinyl	Low-E Double	Yes	0.36	0.25	N	10.0 ft <sup>2</sup>	1 ft 6 in	1 ft 0 in	None	•	None
						GAR	AGE							
	/ # Floor Area Ceiling Area													
$\bigvee$	#	Floo	r Area	Ceiling	Area	Exposed V	Vall Per	imeter	Avg. W	all Height	Expos	ed Wall Ins	ulation	

## **INPUT SUMMARY CHECKLIST REPORT**

					INFIL	TRATI	ON						
#	Scope	Method		SLA	CFM 50	ELA	E	qLA	ACH	ACH 5	50		
1 \	Vholehouse	Proposed A	CH(50)	.000286	1500.8	82.34	15	4.58	.1027	5			
					HEATIN	NG SYS	TEM						
	#	System Type		Subtype	Speed	d	Efficiency	y C	apacity		Block	Du	ıcts
	_ 1	Electric Heat Pu	imp/	None	Single	•	HSPF:8.2	2 30.9	7 kBtu/hr		1	sy	s#1
COOLING SYSTEM													
	#	System Type		Subtype	Subty	ре	Efficiency	Capacit	y Air l	Flow SHF	R Block	Du	ıcts
	_ 1	Central Unit/		None	Single	•	SEER: 14	21.95 kBt	ı/hr 660	cfm 0.7	1	sy	s#1
HOT WATER SYSTEM													
$\bigvee$	#	System Type	SubType	Location	EF	С	ар	Use	SetPnt		Conservation	n	
	_ 1	Electric	None	Garage	0.92	50	gal	40 gal	120 deg		None		
				SO	LAR HOT	WATE	R SYSTE	ΕM					
$\checkmark$	FSEC Cert #		ame		System M	odel#	Co	ollector Mod			Storage Volume	FEF	
	None	None								ft²			
					D	UCTS							
$\checkmark$	#	Տսր Location F	oply R-Value Area	Re Location	eturn Area	Leaka	ageType	Air Handle	CFM 25 er TOT	CFM25 OUT	QN RLF	HV/ Heat	AC # Coo
	_ 1	Attic	6 500.25 f	Attic	100.05 f	Defaul	t Leakage	Garage	(Default)	c(Default) c		1	1
					TEMPI	ERATU	RES						
Pro	gramableThe	ermostat: Y		C	Ceiling Fans:								
Coo Hea Vent	ling [] J ting [X] J ting [] J	an []Feb an [X]Feb an []Feb	[ ] Mar [X] Mar [X] Mar	[ ] Apr [ ] Apr [X] Apr	[ ] May [ ] May [ ] May	[X] Jun [ ] Jun [ ] Jun	[X] Jul [ ] Jul [ ] Jul	[X] Aug [ ] Aug [ ] Aug	[X] Ser [ ] Ser [ ] Ser	p []Oct c []Oct c [X]Oct	[ ] Nov [X] Nov [X] Nov	[x]	Dec Dec Dec

#### FORM R405-2020

## **INPUT SUMMARY CHECKLIST REPORT**

Thermostat Schedule:	HERS 200	6 Referen	ce				F	lours					
Schedule Type		1	2	3	4	5	6	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	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
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 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 66	68 66
MASS													
Mass Type		Ar	Area Thickness			Furniture Fraction		5	Space				
Default(8 lbs/so	q.ft.		0 1	ft²		0 ft		0.3			Main		

# **ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD**

#### ESTIMATED ENERGY PERFORMANCE INDEX\* = 98

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

, Lake City, FL, 32025

1.	New construction or existing     Single family or multiple family		New (Fr	om Plans)	<ol><li>Wall Type and Insulation</li></ol>	Insulation	Area
2.			Detache	ed	a. Frame - Wood, Exterior	R=13.0	1635.00 ft <sup>2</sup>
3.	Number of units, if multip	le family	1		<ul><li>b. Frame - Wood, Adjacent</li><li>c. N/A</li></ul>	R=13.0 R=	339.00 ft² ft²
4.	Number of Bedrooms		3		d. N/A	R=	ft²
5.	Is this a worst case?		No		<ol> <li>Ceiling Type and insulation level a. Under Attic (Vented)</li> </ol>	Insulation R=38.0	Area 2101.00 ft²
6.	Conditioned floor area (ft <sup>2</sup>	2)	2001		b. N/A	R=	ft²
	Windows** Description			Area	c. N/A 12. Ducts, location & insulation level	R=	ft² R ft²
	a. U-Factor: SHGC:	Dbl, U=0.36 SHGC=0.25		201.67 ft <sup>2</sup>	a. Sup: Attic, Ret: Attic, AH: Garage		6 500.25
	b. U-Factor:	N/A		ft²			
	SHGC:				13. Cooling systems	kBtu/hr	Efficiency
	c. U-Factor: SHGC:	N/A		ft²	a. Central Unit	21.9	SEER:14.00
	d. U-Factor: SHGC:	N/A	ft²		14. Heating systems	kBtu/hr	Efficiency
Area Weighted Average Overhang Depth: Area Weighted Average SHGC:				4.717 ft. 0.250	a. Electric Heat Pump	31.0	HSPF:8.20
	0 0				15. Hot water systems		
8	3. Skylights a. U-Factor(AVG):	Description N/A		Area ft²	a. Electric	Ca	ıp: 50 gallons EF: 0.92
SHGC(AVG):		N/A			b. Conservationfeatures		
ç	9. Floor Types		Insulation	Area	None		
	a. Slab-On-Grade Edge Insulation		R=0.0	2001.00 ft <sup>2</sup>	Credits (Performance method)		CV, Pstat
	b. N/A		R=	ft²	C. Carlo (i Griorinario Griorio a)		ov, r stat
	c. N/A		R=	ft²			

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:



\*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.

<sup>\*\*</sup>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 2020 Florida Building Code, Energy Conservation, 7th Edition

Jurisdiction:	Permit #:									
Job Information										
Builder: BP Building & Design Co Community:	Lot: 10									
Address:										
City: Lake City State	e: FL Zip: 32025									
Air Leakage Test Results Passing results must meet	either the Performance, Prescriptive, or ERI Method									
PRESCRIPTIVE METHOD-The building or dwelling unit shall be test changes per hour at a pressure of 0.2 inch w.g. (50 Pascals) in Clim	sted and verified as having an air leakage rate of not exceeding 7 air nate 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 R405-2020 (Performance) or R406-2020 (ERI), section labeled as infiltration, sub-section ACH50.  ACH(50) specified on Form R405-2020-Energy Calc (Performance) or R406-2020 (ERI):  5.000										
CFM(50) x 60 ÷ 18009 = ACH(50)  PASS  When ACH(50) is less than 3, Mechanical Ventilation is 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 (7FJorida Statues.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 individual 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:  I hereby verify that the above Air Leakage results are in accorda Energy Conservation requirements according to the compliance	nce with the 2020 7th Edition Florida Building Code									
Signature of Tester:	Date of Test:									
Printed Name of Tester:										
License/Certification #:	Issuing Authority:									