

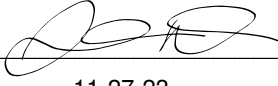

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: Fisher - Gym Street: City, State, Zip: , FL, Owner: Design Location: FL, Gainesville	Builder Name: Permit Office: Permit Number: Jurisdiction: County: Columbia(Florida Climate Zone 2)
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1. New construction or existing New (From Plans) 2. Single family or multiple family Detached 3. Number of units, if multiple family 1 4. Number of Bedrooms 0 5. Is this a worst case? No 6. Conditioned floor area above grade (ft²) 288 Conditioned floor area below grade (ft²) 0 7. Windows(50.0 sqft.) Description Area a. U-Factor: Dbl, U=0.26 50.00 ft² SHGC: SHGC=0.20 b. U-Factor: N/A ft² SHGC: c. U-Factor: N/A ft² SHGC: Area Weighted Average Overhang Depth: 1.500 ft Area Weighted Average SHGC: 0.200 8. Skylights Description Area U-Factor:(AVG) N/A N/A ft² SHGC(AVG): N/A 9. Floor Types Insulation Area a. Slab-On-Grade Edge Insulation R= 0.0 288.00 ft² b. N/A R= ft² c. N/A R= ft²	10. Wall Types(612.0 sqft.) Insulation Area a. Frame - Wood, Exterior R=13.0 612.00 ft² b. N/A c. N/A d. N/A 11. Ceiling Types(288.0 sqft.) Insulation Area a. Flat ceiling under att (Unvented) R=30.0 288.00 ft² b. N/A c. N/A 12. Roof(Comp. Shingles, Vented) Deck R=0.0 360 ft² 13. Ducts, location & insulation level R ft² a. b. c. 14. Cooling Systems kBtu/hr Efficiency a. Central Unit 18.0 SEER2:18.00 15. Heating Systems kBtu/hr Efficiency a. Electric Heat Pump 18.0 HSPF2:8.60 16. Hot Water Systems a. b. Conservation features 17. Credits CF, Pstat
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Glass/Floor Area: 0.174	Total Proposed Modified Loads: 15.06	PASS
	Total Baseline Loads: 19.12	

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code. PREPARED BY:  DATE: 11-27-23 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.
- Proposed Qn of NAN exceeds the performance method default limit of 0.08 and therefore does not require duct testing. R405 .2.3
- 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 4.89 ACH50 (R402.4.1.2).

Page 2

INPUT SUMMARY CHECKLIST REPORT

WALLS																(Total Exposed Area = 612 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	N	Exterior	Frame - Wood	Gym	13.0	18.0	0	9.0	0	162.0	0.094		0.23	0.75	0 %				
___ 2	E	Exterior	Frame - Wood	Gym	13.0	16.0	0	9.0	0	144.0	0.094		0.23	0.75	0 %				
___ 3	S	Exterior	Frame - Wood	Gym	13.0	18.0	0	9.0	0	162.0	0.094		0.23	0.75	0 %				
___ 4	W	Exterior	Frame - Wood	Gym	13.0	16.0	0	9.0	0	144.0	0.094		0.23	0.75	0 %				

DOORS												(Total Exposed Area = 24 sq.ft.)			
✓ #	Ornt	Adjacent To	Door Type	Space	Storms	U-Value	Width Ft	In	Height Ft	In	Area				
___ 1	E	Exterior	Insulated	Gym	None	0.40	3.00	0	8.00	0	24.0ft²				

WINDOWS																(Total Exposed Area = 50 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	N	1	Vinyl	Low-E Double	Y	0.26	0.20	N	N	20.0	2	2.00	5.00	1.5	2.3	None	None		
___ 2	S	3	Vinyl	Low-E Double	Y	0.26	0.20	N	N	30.0	2	2.50	6.00	1.5	2.3	None	None		

INFILTRATION										
✓ #	Scope	Method	SLA	CFM50	ELA	EqLA	ACH	ACH50	Space(s)	Infiltration Test Volume
___ 1	Wholehouse	Proposed ACH(50)	0.00028	211	11.59	21.76	0.1004	4.9	All	2592 cu ft

MASS					
✓ #	Mass Type	Area	Thickness	Furniture Fraction	Space
___ 1	Default(8 lbs/sq.ft.)	0 ft²	0 ft	0.30	Gym

HEATING SYSTEM											
✓ #	System Type	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	----Geothermal Entry	Heat Pump Power	Volts	Current	Ducts	Block
___ 1	Electric Heat Pump	None/Single		HSPF2: 8.60	18.0		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		SEER2:18.0	18.0	540	0.85	Ductless	1

INPUT SUMMARY CHECKLIST REPORT**HOT WATER SYSTEM**

✓ #	System Type	Subtype	Location	EF(UEF)	Cap	Use	SetPnt	Fixture Flow	Pipe Ins.	Pipe length
	Recirculation System	Recirc Control Type	Loop length	Branch length	Pump power	DWHR	Facilities Connected	Equal Flow	DWHR Eff	Other Credits

DUCTS

✓ Duct #	Location	Supply R-Value	Area	Location	Return R-Value	Area	Leakage Type	Air Handler	CFM 25 TOT	CFM 25 OUT	QN	RLF	HVAC # Heat	Cool
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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	7	8	9	10	11	12
— Cooling (WD)	AM PM	78 80	78 80	78 80	78 80	78 78	78 78	78 78	78 78	80 78	80 78	80 78	80 78
— Cooling (WEH)	AM PM	78 80	78 80	78 80	78 80	78 78	78 78	78 78	78 78	80 78	80 78	80 78	80 78
— Heating (WD)	AM PM	65 68	65 68	65 68	65 68	65 68	65 68	65 68	68 68	68 68	68 68	68 68	68 68
— Heating (WEH)	AM PM	65 68	65 68	65 68	65 68	65 68	65 68	65 68	68 68	68 68	68 68	68 68	68 68