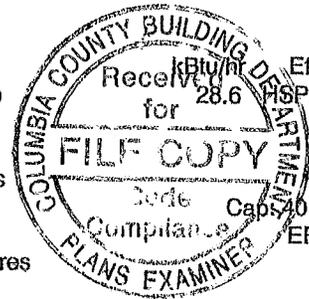


FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: Ron Clark Harris Street: City, State, Zip: , FL, Owner: Design Location: FL, Gainesville	Builder Name: Ronald Clark Construction Permit Office: Permit Number: Jurisdiction: County: Columbia(Florida Climate Zone 2)
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Glass/Floor Area:0.107	Total Proposed Modified Loads: 34.48	PASS
	Total Baseline Loads: 39.11	

NOTE: Proposed residence must have annual total normalized Modified Loads that are less than or equal to 95 percent of the annual total loads of the standard reference design in order to comply.

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code. PREPARED BY: <u>Tight-Seal, Inc.</u> DATE: <u>12-16-25</u> I hereby certify that this building, as designed, is in compliance with the Florida Energy Code. OWNER/AGENT: <u>[Signature]</u> DATE: <u>1-26-26</u>	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.
- Default duct leakage does not require a Duct Leakage Test Report.
- 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 5.00 ACH50 (R402.4.1.2).

INPUT SUMMARY CHECKLIST REPORT

PROJECT													
Title:	Ron Clark Harris			Address type:	Street Address								
Building Type:	User			Bedrooms:	3		Lot #:	---					
Owner:				Conditioned Area:	1380		Block/SubDivision:	---					
Builder Home ID:				Total Stories:	1		PlatBook:	---					
Builder Name:	Ronald Clark Construction			Worst Case:	No		Street:						
Permit Office:				Rotate Angle:	0		County:	Columbia					
Jurisdiction:				Cross Ventilation:			City, State, Zip:	, FL,					
Family Type:	Detached			Whole House Fan:									
New/Existing:	New (From Plans)			Terrain:	Suburban								
Year Construct:				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	1380	12420 cu ft									
SPACES													
<input checked="" type="checkbox"/>	Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Finished	Cooled	Heated			
___	1	Main	1380	12420	Yes	3	3	Yes	Yes	Yes			
FLOORS (Total Exposed Area = 1380 sq.ft.)													
<input checked="" type="checkbox"/>	#	Floor Type	Space	Exposed Perm(ft)	Area	R-Value Perm.	U-Factor Joist	Slab Insul. Vert/Horiz	Tile	Wood	Carpet		
___	1	Slab-On-Grade Edge Ins	Main	152	1380 sqft	0.0	---	0.547	0 (ft)/0 (ft)	0.22	0.22	0.56	
ROOF													
<input checked="" type="checkbox"/>	#	Type	Materials	Roof Area	Gable Area	Framing. Fract.	Roof Color	Rad Barr	Solar Absor.	SA Tested	Emitt Tested	Deck Insul.	Pitch (deg)
___	1	Gable or shed	Composition shingles	1543 ft²	346 ft²	0.11	Medium	N	0.96	No	0.9	No	0 26.57
ATTIC													
<input checked="" type="checkbox"/>	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC						
___	1	Full attic	Vented	300	1380 ft²	N	N						
CEILING (Total Exposed Area = 1380 sq.ft.)													
<input checked="" type="checkbox"/>	#	Colling Type	Space	R-Value	Ins. Type	Area	U-Factor	Framing Frac.	Truss Type				
___	1	Flat ceiling under attic(Vented)	Main	38.0	Blown	1380.0ft²	0.024	0.11	Wood				

INPUT SUMMARY CHECKLIST REPORT

WALLS														(Total Exposed Area = 1368 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	Main	13.0	46.0	0	9.0	0	414.0	0.074		0.11	0.15	0.0 %	
___ 2	E	Exterior	Frame - Wood	Main	13.0	30.0	0	9.0	0	270.0	0.074		0.11	0.15	0.0 %	
___ 3	S	Exterior	Frame - Wood	Main	13.0	46.0	0	9.0	0	414.0	0.074		0.11	0.15	0.0 %	
___ 4	W	Exterior	Frame - Wood	Main	13.0	30.0	0	9.0	0	270.0	0.074		0.11	0.15	0.0 %	

DOORS												(Total Exposed Area = 47 sq.ft.)		
✓ #	Ornt	Adjacent To	Door Type	Space	Storms	U-Value	Width Ft	In	Height Ft	In	Area			
___ 1	N	Exterior	Insulated	Main	None	0.46	3.00	0	6.00	8	20.0ft²			
___ 2	S	Exterior	Insulated	Main	None	0.46	1.00	0	6.00	8	6.7ft²			
___ 3	W	Exterior	Insulated	Main	None	0.46	3.00	0	6.00	8	20.0ft²			

WINDOWS																(Total Exposed Area = 147 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	Metal	Double (Tinted)	Y 0.27	0.22	N	N	60.0	4	3.00	5.00	1.5	1.3	Drapes/blinds	None		
___ 2	E	2	Metal	Double (Tinted)	Y 0.27	0.22	N	N	7.5	1	3.00	2.50	1.5	1.3	Drapes/blinds	None		
___ 3	S	3	Metal	Double (Tinted)	Y 0.27	0.22	N	N	30.0	2	3.00	5.00	1.5	1.3	Drapes/blinds	None		
___ 4	S	3	Metal	Double (Tinted)	Y 0.27	0.22	N	N	9.0	1	3.00	3.00	1.5	1.3	Drapes/blinds	None		
___ 5	S	3	Metal	Double (Tinted)	Y 0.27	0.22	N	N	33.3	1	5.00	6.67	1.5	1.3	Drapes/blinds	None		
___ 6	W	4	Metal	Double (Tinted)	Y 0.27	0.22	N	N	7.5	1	3.00	2.50	1.5	1.3	Drapes/blinds	None		

INFILTRATION										
✓ #	Scope	Method	SLA	CFM50	ELA	EqLA	ACH	ACH50	Space(s)	Infiltration Test Volume
___ 1	Wholehouse	Proposed ACH(50)	0.00029	1035	56.78	106.60	0.1027	5.0	All	12420 cu ft

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

HEATING SYSTEM										
✓ #	System Type	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	---Geothermal HeatPump---			Ducts	Block
						Entry	Power	Volt	Current	
___ 1	Electric Heat Pump	None/Single		HSPF2: 7.50	28.6	0.00	0.00	0.00		sys#1 1

COOLING SYSTEM									
✓ #	System Type	Subtype/Speed	AHRI #	Efficiency	Capacity kBtu/hr	Air Flow cfm	SHR	Duct	Block
___ 1	Central Unit	None/Single		SEER2:14.5	28.4	947	0.75	sys#1	1

INPUT SUMMARY CHECKLIST REPORT

HOT WATER SYSTEM

✓ #	System Type	Subtype	Location	EF(UEF)	Cap	Use	SetPnt	Fixt. Flow	Trap	Pipe Ins.	Pipe length
___ 1	Electric	None	Main	0.92 (0.92)	40.0 gal	60 gal	120 deg	Standard	Yes	None	99
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 #	Location	Supply R-Value	Area	Return Location	R-Value	Area	Leakage Type	AHU Location	CFM 25 TOTIOUT	QN OUT SEALED	AHU RLF	HVAC # Heat Cool
___ 1	Attic	6.0	276 ft²	Attic	6.0	69 ft²	Default Leakage	Main	(Default)	(Default)		1 1

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	Hours												
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	78 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