Alachua County, Board of County Commissioners
Department of Growth Management
10 SW 2nd Ave., Gainesville, Fl 32601
https://growth-management.alachuacounty.us

Submit Questions to: **Building Division**

Tel. 352.374.5243
Fax. 352.491.4510

SETTING UP A MANUFACTURED HOME IN ALACHUA COUNTY

GENERAL REQUIREMENTS

- Check zoning: Must be Agriculture, R-1c or RM.
- If manufactured home is being set up within Archer, Micanopy, La Crosse, or Hawthorne city limits, you must obtain a **Zoning Certification Form** from that city before applying for the manufactured home permit.
- If mobile home was manufactured prior to 1977 it must be inspected by a certified building inspection service, manufactured home dealer, or licensed mobile home installer before applying for the mobile home permit.
- If the property is a recent purchase, you will need to bring a copy of the recorded deed.
- If the property was created by a lot split, a new tax parcel number must be obtained from the Alachua County Property Appraiser's office.
- If you are **not** the property owner, but **own and will occupy** the manufactured home, you will need a notarized letter from the owner giving you permission to set the home on the property.
- If you **do not own** the manufactured home ***or*** you will **not be the occupant**, ***or*** you are **not a licensed mobile home installer**, you **cannot** pull the manufactured home permit.
- Submit the legal description of the property and site plan for Pre-Application Screening.

EFFECTIVE OCTOBER 1, 1999

➢ **AS PER FLORIDA ADMINISTRATIVE CODE, RULE 15 C-1 AND 15 C-2, BEFORE ISSUING PERMITS FOR MOBILE HOMES, GOVERNMENTAL JURISDICTIONS SHALL RECEIVE FOR THE RECORD A SCALE DRAWING OF ALL PIER BLOCK LOCATIONS AND DIMENSIONS, FOUNDATION OR FOOTING DIMENSIONS, SOIL LOAD BEARING CAPACITY AT THE INSTALLATION SITE AND TORQUE TEST RESULTS WHEN REQUIRED.**

In order for Alachua County to be in compliance with this rule, manufactured home permit applicants shall provide all information required when applying. All information will be reviewed, and **IF** all information is accurate and legible, the permit will be issued.

- Installation worksheet
- Mobile home installer *and* plumbing affidavit (if plumbing is to be connected by installer)
- Floor plan of model being installed showing:
  - location and size of piers and foundations
  - location of shear walls, columns and column loads
  - location of tie downs and size of anchors
  - location and results of soil bearing capacity tests
  - torque test results if necessary

If used manufactured home and original floor plan is not available--a generic dimensioned floor plan may be used giving information required in a. through e. according to Rule 15 C-2.

Energy audit form for new manufactured homes and for old manufactured homes if new air conditioning installed.

When the permit is issued the **APPLICANT FOR PERMIT** will be responsible for placing the approved information on the job site with the manufactured home manual before calling for the inspection.

After local building departments have ascertained that all work has been performed, Certificates of Completion are to be issued for manufactured homes as per Rule 15C-20072. **THE APPLICANT FOR THE PERMIT** is responsible for picking up the Certificate of Completion.

Form revised Sept. 29, 2009.

Alachua County, Board of County Commissioners
Department of Growth Management
10 SW 2nd Ave., Gainesville, Fl 32601
https://growth-management.alachuacounty.us

Submit Application to: **Building Division**

Tel. 352.374.5243
Fax. 352.491.4510

PLACING A MANUFACTURED HOME ON AN UNIMPROVED LOT

- ***After Pre-Application Screening has been approved***, fill out application for well and septic; include site plan, floor plan and legal description.
    - Fees: Septic - $450.00 Well - $80.00 Total - $530
- After septic **site** has been approved you may apply for manufactured home permit.
    - Fees: $156.00 manufactured home permit. Once the manufactured home permit has been applied for, the electrical and mechanical contractors can obtain their permits. If plumbing is being connected by someone other than installer, a plumbing permit will also be required.
    - $222.00 driveway permit (if property has direct access from a county maintained road).
    - Pro-rated trash fee.
    - Impact Fee
- Septic permit is good for 18 months, manufactured home permit is good for six months.

REPLACING MANUFACTURED HOME

- ***After Pre-Application Screening has been approved***, fill out Health Department application to have existing system evaluated; include floor plan, site plan, legal description and pump-out form from septic company. Fee: $140.00 to $430.00
- If septic system is less than three years old, apply for use of existing system; include floor plan, site plan and legal description. Fee: $35
- After Health Department approves system, bring signed form to Office of Codes Enforcement.
- Apply for manufactured home permit.
    - Fees: $156.00 manufactured home permit. Once the manufactured home permit has been applied for, the electrical and mechanical contractors can obtain their permits. If plumbing is being connected by someone other than installer, a plumbing permit will also be required.
    - $222.00 - driveway permit (if property has direct access from a county maintained road).
    - Impact Fees on additional living area
- Manufactured home permit is good for six months.

CALLING FOR INSPECTIONS

Permits for Manufactured Home, Electric, Mechanical and Plumbing must be called for at the same time.

- Customer is responsible for setting up accounts and paying deposits with utilities.
- If County Engineer (driveway) release required customer must schedule inspection at 374-5245.
- Setup must be complete before scheduling final inspection. This includes A/C hookup, all plumbing and electrical connections and steps. The wheels, axles, tongue, towing apparatus, and transporting lights shall be removed prior to final inspection. Home must be open or a key must be available at time of inspection.
- After manufactured home passes the final inspection, we (not the customer) call the power company.
- ***After the final inspection*** is approved a skirting or curtain wall shall be installed and maintained to enclose the entire foundation area and all area below the bottom of a unit. This shall be a continuous, complete, opaque and rigid surface that lends permanency to the appearance and completely screens the crawl space below the unit.

As per Florida Statutes 320.8249, all installations of mobile homes shall be done by mobile home installers, licensed by the Department of Highway Safety and Motor Vehicles, Bureau of Mobile Home and Recreational Vehicle Construction.

Alachua County, Board of County Commissioners
Department of Growth Management
10 SW 2nd Ave., Gainesville, Fl 32601
https://growth-management.alachuacounty.us

Submit Application to: **Building Division**

Tel. 352.374.5243
Fax. 352.491.4510

MANUFACTURED HOME INSTALLATION WORKSHEET

This worksheet is to be filled out by the installer of the manufactured home and becomes part of the Building Permit information. The permit, this worksheet, the manufacturer's installation booklet and the subcontractor form must be on the job site for the manufactured home inspection.

Permit #: _____

Applicant: _____ Address: _____

Name of Licensed Dealer/Installer: _____

License Number: _____ Installation Decal #: _____

Manufacturer's Name: _____ Model Name: _____

Roof Zone: _____ Wind Zone: _____

Number of Sections: _____ WIDTH: _____ LENGTH: _____ YEAR: _____ SERIAL#: _____

Installation Standard Used: (Check one) MANUFACTURER'S MANUAL: ☐ 15C-1: ☐

SITE PREPARATION:

Debris and Organic Material Removal: _____Compacted Fill: _____ Page#_____

Water Drainage: Natural: ☐ Swale: ☐ Pad: ☐ Other: ☐ Page#_____

FOUNDATION:

Tested load Bearing Soil Capacity: _____ or Assumed 1000 PSF: _____ Page #_____

Footing Type: Poured in place: □ Portable: □ Size and Thickness _____ Page #_____

I-Beam or Mainrail Piers: Single Tiered: □ Double Interlocked: □ Page #_____

Size of Piers _____ Placement O/C _____ Page #_____

Perimeter Pier Blocking: Size_____ Placement O/C _____ Page #_____

Ridge Beam Support Blocking: Size _____ Number _____ Location(s) _____ Page #_____

Ridge Beam Support Footer Size: Size _____ Number _____ Location(s) _____ Page #_____

Center Line Blocking: Size _____ Number _____ Location(s) _____ Page #_____

Special Pier Blocking: Required (Fireplace, Bay Window, Etc) Yes: □ No: □ Page #_____

Mating of Multiple Units: Mating Gasket _____ Type Used _____ Page #_____

Fasteners: ROOFS Type and Size _____ Spacing _____ O/C Page #_____

ENDWALLS Type and Size _____ Spacing _____ O/C Page #_____

FLOORS Type and Size _____ Spacing _____ O/C Page #_____

ANCHORS:

Type 3150 Working Load: _____ 4000 Working Load: _____ Page #_____

Height of Unit: (Top of Foundation or Footer to Bottom of Frame): _____ Page #_____

Number of Frame Ties: _____ Spacing: _____ O/C Angle of Strap:_____Degrees Page #_____

Number of Over Roof Ties: If Required): _____ Page #_____

Number of Sidewall Anchors: _____ Zone II: _____ Zone III:_____ Page #_____

Number of Centerline Anchors: _____ Number of Stabilizer Devices: _____ Page #_____

Vents Required for Underpinning (1 ST/150 SF of Floor Area) Number: _____ Page #_____

Alachua County, Board of County Commissioners
Department of Growth Management
10 SW 2nd Ave., Gainesville, Fl 32601
https://growth-management.alachuacounty.us

Submit Application to: **Building Division**

Tel. 352.374.5243
Fax. 352.491.4510

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installers license from the bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of $150.

I _____ license number _____ do hereby state that the installation of the manufactured
(Please Print)

home at _____will be done under my supervision.
(911 Address)

Affiant (signature) _____

STATE OF FLORIDA
COUNTY OF ALACHUA

SWORN AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 2_____

BY _____

WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED AS IDENTIFICATION

_____
(*TYPE OF IDENTIFICATION)*

(SEAL ABOVE)

_____ Notary Public, Commission No. _____

_____ (Name of Notary typed, printed, or stamped)

Alachua County, Board of County Commissioners
Department of Growth Management
10 SW 2nd Ave., Gainesville, Fl 32601
https://growth-management.alachuacounty.us

Submit Application to: **Building Division**

Tel. 352.374.5243
Fax. 352.491.4510

PLUMBING CONTRACTOR AFFIDAVIT

(This form to be used only when licensed mobile home installer is performing the plumbing connections)

I _____ of _____
(Please print name) (Please print name of company, if owner write "owner")

license number _____ do hereby state that I will be doing the plumbing work for the

(Please Print)

manufactured home located at _____.
(911 Address)

Affiant (signature) _____

STATE OF FLORIDA
COUNTY OF ALACHUA

SWORN AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 2_____

BY_____

WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED AS IDENTIFICATION

_____
(*TYPE OF IDENTIFICATION)*

(SEAL ABOVE)

_____ Notary Public, Commission No. _____

_____ (Name of Notary typed, printed, or stamped)

Alachua County, Board of County Commissioners
Department of Growth Management
10 SW 2nd Ave., Gainesville, Fl 32601
https://growth-management.alachuacounty.us

Submit Application to: **Building Division**

Tel. 352.374.5243
Fax. 352.491.4510

TORQUE TEST AFFIDAVIT

I, _____ HAVE PERSONALLY PERFORMED THE TORQUE TEST AT THE FOLLOWING PROPERTY LOCATION:

PROPERTY OWNER: _____ ADDRESS: _____

I HAVE MADE THE FOLLOWING DETERMINATION AS FOLLOWS:

TORQUE: _____LBS. _____FT. ANCHORS

Signature: _____ *License Number:* _____ *Date:* _____

PENTROMETER TEST AFFIDAVIT

I, _____ HAVE PERSONALLY PERFORMED THE PENTROMETER TEST AT THE FOLLOWING PROPERTY LOCATION:

PROPERTY OWNER: _____ ADDRESS: _____

I HAVE MADE THE FOLLOWING DETERMINATION AS FOLLOWS:

LOAD BEARING SOIL CAPACITY: _____ OR ASSUMED 1000 PSF: _____

Signature: _____ *License Number:* _____ *Date:* _____

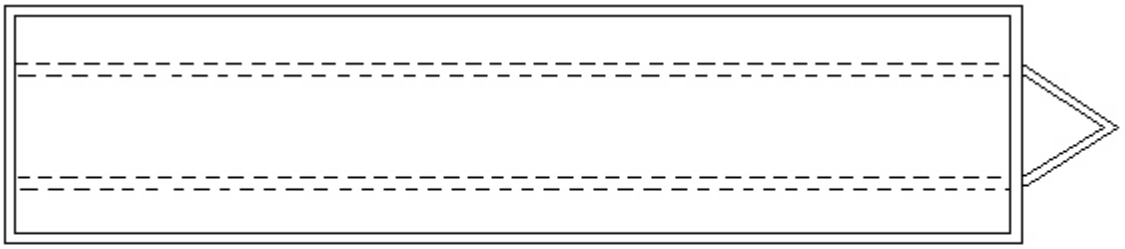
Alachua County, Board of County Commissioners
Department of Growth Management
10 SW 2nd Ave., Gainesville, Fl 32601
https://growth-management.alachuacounty.us

Submit Application to: **Building Division**

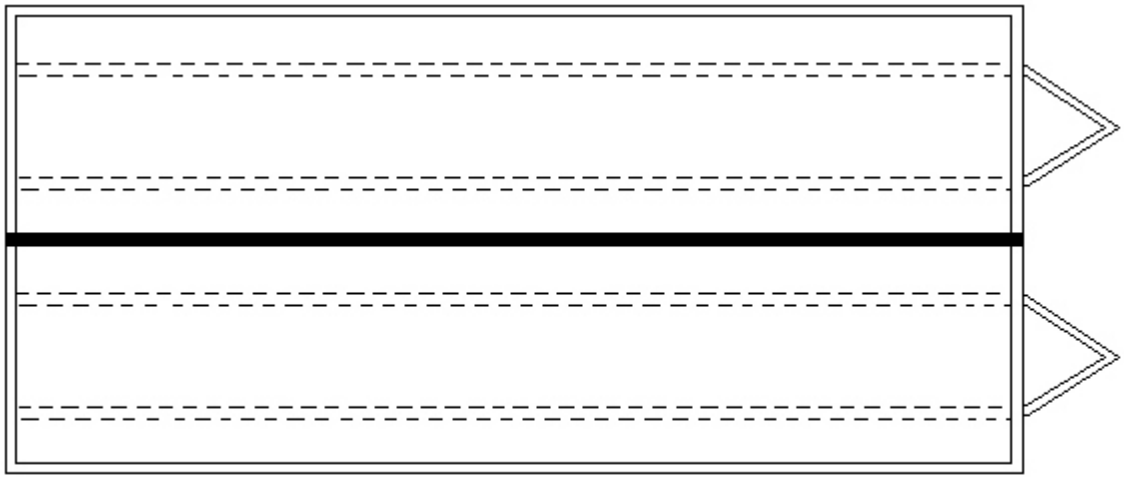
Tel. 352.374.5243
Fax. 352.491.4510

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

SINGLE WIDE MANUFACTURED HOME



DOUBLE WIDE MANUFACTURED HOME



ANCHOR **PIER** **PIER FOOTING**

Show all pier (with size of piers & pads) and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

Alachua County, Board of County Commissioners
Department of Growth Management
10 SW 2nd Ave., Gainesville, Fl 32601
https://growth-management.alachuacounty.us

Submit Application to: **Building Division**

Tel. 352.374.5243
Fax. 352.491.4510

MANUFACTURED HOME FIELD INSPECTION CHECK LIST

SITE

Permits for Manufactured Home, Electric, Mechanical and Plumbing Must be called for at the same time

- 911 address posted at the road and house numbers on home if more than 50 feet from road, number to be 3" minimum height
- Permit package on site
- Home located on lot as shown on site plan, property lines marked
- Steps constructed to code at each door to home
- Well and septic tank located as shown on site plan
- The installer's green sticker from the State of Florida will be dated and placed near a corner of the home

ELECTRIC

- Power pole, mast head, and panel mounted stable, correct wire size for service
- Two ground rods driven a minimum 6' apart and clamped to grounding electrode conductor
- Dead fronts in place, (no openings in panel)
- Four wire from first means of disconnect, correctly landed on inside panel, neutrals and grounds separated, equipment ground must be insulated
- Proper burial depth of service to inside panel **18"** if in conduit, **24"** if direct burial cable
- Service conduit secured to frame under home (cannot be run on the ground)
- Over current protection installed per manufacturer's specification
- Disconnects provided at well and HVAC units if not within sight of and closer than 50' to service panel
- If home is a doublewide: bonding jumper from frame to frame required at endwall, crossover connections will be made up, secured, and covered in factory junction box

PLUMBING

- All sanitary piping extending through floor is connected
- Septic tank connection is to be complete and exposed for Health Department inspection
- All fittings oriented correctly and proper slope maintained (1/8" to 1/4" per foot)
- Cleanout provided on sewer line 18" from edge of home
- Water supply shut off valve at connection point to home
- Water supply lines above ground are to be insulated.
- Pressure relief device at well and well control box securely supported
- The inspector will use the information provided by the installer in the permit package to inspect the set up of the home
- If home is new it will have blocking sized and placed as shown on the manufacturer's floor plan, manufacturer's installation instructions are to be on site.
- Straps will be crimped to all strapping supplied with the home or shown on floor plan
- Straps will be tight with at least three wraps around the split bolts in the auger head
- Stabilizer systems will be located as indicated on the set up documents
- Ground augers shall be galvanized and either 4' or 5' as indicated on the set up documents
- Augers heads shall be driven flush with the ground
- If home has been previously set, (used) it will be installed according to State of Florida mobile/manufactured home installation standards - **15C.** A detailed booklet on **15C** can be obtained from the State of Florida *www.hsmv.state.fl.us* (850) 617-3004. The mobile home installer will have indicated on the documents how the installation is in compliance with **15C**

SET-UP

- The inspector will need to access the interior of the home to inspect the inside electrical panel, please remove all panel covers if power is off
- The building department will notify the utility company to connect service when the inspection is approved
- After final inspection is complete the crawlspace must be enclosed (skirted). Axels and towing tongue are to be removed

Minimum Requirements for Steps on Mobile Homes

- Stairs are to be provided at all doorways
- Stairs will have landings at least the width of the opening and 36" deep.
- Guard rails will be minimum 36" on all landings over 30" above grade
- Balusters shall be spaced less than 4" apart
- Minimum tread width is 36"
- Minimum tread depth shall be 10" maximum riser height is 7-3/4"
- Vertical openings between treads shall be less than 4"
- Hand rails will be between 34 and 38" in height measured from the leading edge of the treads. Hand rails will be graspable, no more than 2" diameter, and stand off at least 1-1/2" from their support. Hand rails shall extend one tread depth past the bottom step. They shall return back to a post or terminate in a newel post.

Form revised on Sept. 29, 2009

APPENDIX RD

FORMS

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = _____

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

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

*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: _____ City/FL Zip: _____

FORM R400D-2017
DESUPERHEATER, HEAT RECOVERY UNIT (HRU) WATER HEATER EFFICIENCY CERTIFICATION
TESTS CONDUCTED IN ACCORDANCE WITH AHRI STANDARD 470

Laboratory:_____ Date of Test: _____

Report Approved By: _____ Report No: _____

Manufacturer: _____ Model No:_____

Construction Type: _____

Recommended for use with refrigeration system capacities of _____ tons.

Design Pressure: _____ Water side: _____ psig

Refrigerant side: _____ psig

Test results at Standard Conditions:

Test refrigerant designation: _____

Tested at system capacity: _____ tons

Total system hot gas superheat: _____ Btu/h

Total useful heat exchange effect: _____ Btu/h

Water pump input: _____ watts

NET SUPERHEAT RECOVERY: _____ %

FLORIDA BUILDING CODE, ENERGY CONSERVATION

Residential Building Thermal Envelope Approach

FORM R402-2017 **Climate Zone ☐**

Scope: Compliance with Section R401.2(1) of the *Florida Building Code, Energy Conservation*, shall be demonstrated by the use of Form R402 for single- and multiple-family residences of three stories or less in height, additions to existing residential buildings, alterations, renovations and building systems in existing buildings, as applicable. To comply, a building must meet or exceed all of the energy efficiency requirements on Table R402A and all applicable mandatory requirements summarized in Table R402B of this form. If a building does not comply with this method, or by the UA Alternative method, it may still comply under Section R405 of the *Florida Building Code, Energy Conservation*.

PROJECT NAME AND ADDRESS:	**BUILDER:**
OWNER:	**PERMITTING OFFICE:**
	JURISDICTION NUMBER:
	PERMIT NUMBER:

General Instructions:

1. **Fill in all the applicable spaces of the "To Be Installed" column on Table R402A with the information requested. All "To Be Installed" values must be equal to or more efficient than the required levels.**
2. **Complete page 1 based on the "To Be Installed" column information.**
3. **Read the requirements of Table R402B and check each box to indicate your intent to comply with all applicable items.**
4. **Read, sign and date the "Prepared By" certification statement at the bottom of page 1. The owner or owner's agent must also sign and date the form.**

1.	**New construction, addition, or existing building**	**1.**	
2.	**Single-family detached or multiple-family attached**	**2.**	
3.	**If multiple-family, number of units covered by this submission**	**3.**	
4.	**Is this a worst case? (yes/no)**	**4.**	
5.	**Conditioned floor area (sq. ft.)**	**5.**	
6.	**Windows, type and area**		
	a) *U*-factor:	**6a.**	
	b) Solar Heat Gain Coefficient (SHGC)	**6b.**	
	c) Area	**6c.**	
7.	**Skylights**		
	a) *U*-factor:	**7a.**	
	b) Solar Heat Gain Coefficient (SHGC)	**7b.**	
8.	**Floor type, area or perimeter, and insulation:**		
	a) Slab-on-grade (*R*-value)	**8a.**	
	b) Wood, raised (*R*-value)	**8b.**	
	c) Wood, common (*R*-value)	**8c.**	
	d) Concrete, raised (*R*-value)	**8d.**	
	e) Concrete, common (*R*-value)	**8e.**	
9.	**Wall type and insulation:**		
	a) Exterior: 1. Wood frame (Insulation *R*-value)	**9a1.**	
	2. Masonry (Insulation *R*-value)	**9a2.**	
	b) Adjacent: 1. Wood frame (Insulation *R*-value)	**9b1.**	
	2. Masonry (Insulation *R*-value)	**9b2.**	
10.	**Ceiling type and insulation**		
	a) Attic (Insulation R-value)	**10a.**	
	b) Single assembly (Insulation *R*-value)	**10b.**	
11.	**Air distribution system:**		
	a) Duct location, insulation	**11a.**	
	b) AHU location	**11b.**	
	c) Total duct leakage. Test report attached.	**11c.**	cfm/100 s.f. Yes ☐ No ☐
12.	**Cooling system:** a) type	**12a.**	
	b) efficiency	**12b.**	
13.	**Heating system:** a) type	**13a.**	
	b) efficiency	**13b.**	
14.	**HVAC sizing calculation: attached**	**14.**	Yes ☐ No ☐
15.	**Water heating system:** a) type	**15a.**	
	b) efficiency	**15b.**	

I hereby certify that the plans and specifications covered by this form are in compliance with the *Florida Building Code, Energy Conservation.*

PREPARED BY:_____ **Date**_____

I hereby certify that this building is in compliance with the *Florida Building Code, Energy Conservation.*

OWNER/AGENT:_____ **Date:**_____

Review of plans and specifications covered by this form indicate compliance with the *Florida Building Code, Energy Conservation.* Before construction is complete, this building will be inspected for compliance in accordance with Section 553.908, F.S.

CODE OFFICIAL:_____

Date: _____

TABLE R402A

BUILDING COMPONENT	PRESCRIPTIVE REQUIREMENTS[1]		INSTALLED VALUES
	Climate Zone 1	Climate Zone 2	
Windows	*U*-Factor = NR	*U*-Factor = 0.40[2]	*U*-Factor =
	SHGC = 0.25	SHGC = 0.25	SHGC =
Skylights	*U*-factor = 0.75	*U*-factor = 0.65	*U*-factor =
	SHGC = 0.30	SHGC = 0.30	SHGC =
Doors: Exterior door	*U*-factor = NR	*U*-factor = 0.40[3]	*U*-factor=
Floors:			
Slab-on-Grade	NR	NR	
Over unconditioned spaces[4]	R-13	R-13	*R*-Value =
Walls[4]: Ext. and Adj.			
Frame	R-13	R-13	*R*-Value =
Mass			
Insulation on wall interior	R-4	R-6	*R*-Value =
Insulation on wall exterior	R-3	R-4	*R*-Value =
Ceilings[5]	R=30	R=38	*R*-Value =
Air infiltration	Blower door test is required on the building envelope to verify leakage ≤ 1 ACH; test report provided to code official.		Total leakage = ACH Test report attached? Yes ☐ No ☐
Air distribution system[5]:			
Air handling unit	Not allowed in attic		
Duct *R*-value	*R*-value ≥ R-8 (supply in attics) or ≥ R-6 (all other duct locations)		Location: *R*-Value =
Air leakage[5]:			
Duct test	Postconstruction test	Total leakage ≤ 4 cfm/100 s.f.	Total leakage = _____ cfm/100s.f.
	Rough-in test	Total leakage ≤ 4 cfm/100 s.f. (air handler installed)	Test report Attached? Yes ☐ No ☐
		Total leakage ≤ 3 cfm/100 s.f. (air handler not installed)	
Ducts in conditioned space	Test not required if all ducts and AHU are in conditioned space		Location:
Air conditioning system:	Minimum federal standard required by NAECA[6]:		
Central system ≤ 65,000 Btu/h	SEER 14.0		SEER =
Room unit or PTAC	EER [from Table C403.2.3(3)]		EER =
Other:	See Tables C403.2.3(1)-(11)		
Heating system:	Minimum federal standard required by NAECA[6]:		
Heat pump ≤ 65,000 Btu/h	HSPF 8.2		HSPF =
Gas furnace, non-weatherized	AFUE 80%		AFUE =
Oil furnace, non-weatherized	AFUE 83%		AFUE =
Other:			
Water heating system (storage type):	Minimum federal standard required by NAECA[6]:		
Electric[7]	40 gal: EF = 0.92		Gallons =
	50 gal: EF = 0.90		EF =
Gas fired[8]	40 gal: EF = 0.59		Gallons =
	50 gal: EF = 0.58		EF =
Other (describe):			

NR = No requirement.

(1) Each component present in the As Proposed home must meet or exceed each of the applicable performance criteria in order to comply with this code using this method.

(2) For impact rated fenestration complying with Section R301.2.1.2 of the *Florida Building Code, Residential* or Section 1609.1.2 of the *Florida Building Code, Building,* the maximum *U*-factor shall be 0.65 in Climate Zone 2. An area-weighted average of *U*-factor and SHGC shall be accepted to meet the requirements, or up to 15 square feet of glazed fenestration area are exempted from the *U*-factor and SHGC requirement based on Sections R402.3.1, R402.3.2 and R402.3.3.

(3) One side-hinged opaque door assembly up to 24 square feet is exempted from this *U*-factor requirement.

(4) *R*-values are for insulation material only as applied in accordance with manufacturer's installation instructions. For mass walls, the "interior of wall" requirement must be met except if at least 50 percent of the insulation required for the "exterior of wall" is installed exterior of, or integral to, the wall.

(5) Ducts & AHU installed "substantially leak free" per Section R403.3.2. Test required 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), *Florida Statutes*. The total leakage test is not required for ducts and air handlers located entirely within the building thermal envelope.

(6) Minimum efficiencies are those set by the *National Appliance Energy Conservation Act* of 1987 for typical residential equipment and are subject to NAECA rules and regulations. For other types of equipment, see Tables C403.2.3(1-11) of the Commercial Provisions of the *Florida Building Code, Energy Conservation.*

(7) For other electric storage volumes, minimum EF = 0.97 - (0.00132 * volume).

(8) For other natural gas storage volumes, minimum EF = 0.67 - (0.0019 * volume).

TABLE R402B MANDATORY REQUIREMENTS			
Component	**Section**	**Summary of Requirement(s)**	**Check**
Air leakage	R402.4	To be caulked, gasketed, weatherstripped or otherwise sealed per Table R402.4.1.1. Recessed lighting: IC-rated as having ≤ 2.0 cfm tested to ASTM E 283. Windows and doors: 0.3 cfm/sq. ft. (swinging doors: 0.5 cfm/sf) when tested to NFRC 400 or AAMA/WDMA/CSA 101/I.S. 2/A440. Fireplaces: Tight-fitting flue dampers & outdoor combustion air.	
Programmable thermostat	R403.1.2	A programmable thermostat is required for the primary heating or cooling system.	
Air distribution system	R403.3.2 R403.3.4	Ducts shall be tested as per Section R403.3.2 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), *Florida Statutes.* Air handling units are not allowed in attics.	
Water heaters	R403.5	Comply with efficiencies in Table C404.2. Hot water pipes insulated to ≥ R-3 to kitchen outlets, other cases. Circulating systems to have an automatic or accessible manual OFF switch. Heat trap required for vertical pipe risers.	
Swimming pools & spas	R403.10	Spas and heated pools must have vapor-retardant covers or a liquid cover or other means proven to reduce heat loss except if 70% of heat from site-recovered energy. Off/timer switch required. Gas heaters minimum thermal efficiency is 82%. Heat pump pool heaters minimum COP is 4.0.	
Cooling/heating equipment	R403.7	Sizing calculation performed & attached. Special occasion cooling or heating capacity requires separate system or variable capacity system.	
Lighting equipment	R404.1	At least 75% of permanently installed lighting fixtures shall be high-efficacy lamps.	