



## 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.



## 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.**



## 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 2<sup>nd</sup> 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)



### 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)



**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:

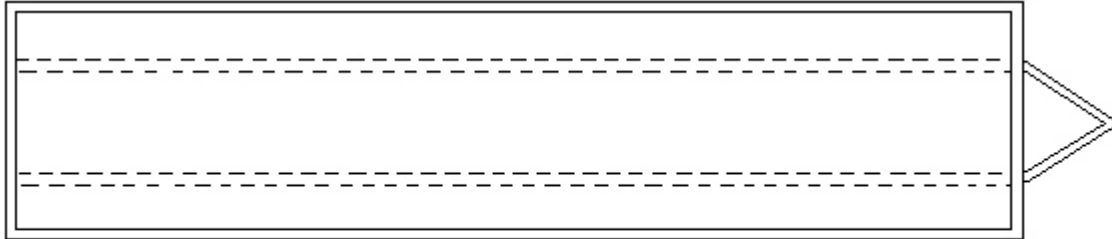
LOAD BEARING SOIL CAPACITY: \_\_\_\_\_ OR ASSUMED 1000 PSF: \_\_\_\_\_

Signature: \_\_\_\_\_ License Number: \_\_\_\_\_ Date: \_\_\_\_\_

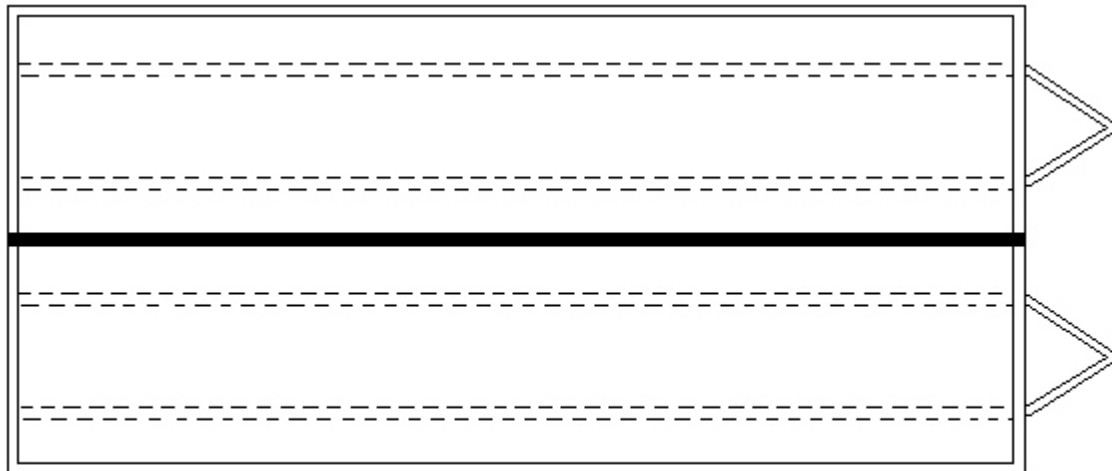


Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

### 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.



## 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](http://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
- 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.
- 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"



**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*.

|   |  |
|---|--|
| <b>PROJECT NAME AND ADDRESS:</b><br><br><b>OWNER:</b> | <b>BUILDER:</b><br><br><b>PERMITTING OFFICE:</b><br><b>JURISDICTION NUMBER:</b><br><b>PERMIT NUMBER:</b> |
|---|--|

**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.

|  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. New construction, addition, or existing building</li> <li>2. Single-family detached or multiple-family attached</li> <li>3. If multiple-family, number of units covered by this submission</li> <li>4. Is this a worst case? (yes/no)</li> <li>5. Conditioned floor area (sq. ft.)</li> <li>6. Windows, type and area             <ol style="list-style-type: none"> <li>a) U-factor:</li> <li>b) Solar Heat Gain Coefficient (SHGC)</li> <li>c) Area</li> </ol> </li> <li>7. Skylights             <ol style="list-style-type: none"> <li>a) U-factor:</li> <li>b) Solar Heat Gain Coefficient (SHGC)</li> </ol> </li> <li>8. Floor type, area or perimeter, and insulation:             <ol style="list-style-type: none"> <li>a) Slab-on-grade (R-value)</li> <li>b) Wood, raised (R-value)</li> <li>c) Wood, common (R-value)</li> <li>d) Concrete, raised (R-value)</li> <li>e) Concrete, common (R-value)</li> </ol> </li> <li>9. Wall type and insulation:             <ol style="list-style-type: none"> <li>a) Exterior:                 <ol style="list-style-type: none"> <li>1. Wood frame (Insulation R-value)</li> <li>2. Masonry (Insulation R-value)</li> </ol> </li> <li>b) Adjacent:                 <ol style="list-style-type: none"> <li>1. Wood frame (Insulation R-value)</li> <li>2. Masonry (Insulation R-value)</li> </ol> </li> </ol> </li> <li>10. Ceiling type and insulation             <ol style="list-style-type: none"> <li>a) Attic (Insulation R-value)</li> <li>b) Single assembly (Insulation R-value)</li> </ol> </li> <li>11. Air distribution system:             <ol style="list-style-type: none"> <li>a) Duct location, insulation</li> <li>b) AHU location</li> <li>c) Total duct leakage. Test report attached.</li> </ol> </li> <li>12. Cooling system:             <ol style="list-style-type: none"> <li>a) type</li> <li>b) efficiency</li> </ol> </li> <li>13. Heating system:             <ol style="list-style-type: none"> <li>a) type</li> <li>b) efficiency</li> </ol> </li> <li>14. HVAC sizing calculation: attached</li> <li>15. Water heating system:             <ol style="list-style-type: none"> <li>a) type</li> <li>b) efficiency</li> </ol> </li> </ol> | <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> <li>4. _____</li> <li>5. _____</li> <li>6a. _____</li> <li>6b. _____</li> <li>6c. _____</li> <li>7a. _____</li> <li>7b. _____</li> <li>8a. _____</li> <li>8b. _____</li> <li>8c. _____</li> <li>8d. _____</li> <li>8e. _____</li> <li>9a1. _____</li> <li>9a2. _____</li> <li>9b1. _____</li> <li>9b2. _____</li> <li>10a. _____</li> <li>10b. _____</li> <li>11a. _____</li> <li>11b. _____</li> <li>11c. _____ cfm/100 s.f. Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>12a. _____</li> <li>12b. _____</li> <li>13a. _____</li> <li>13b. _____</li> <li>14. _____ Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>15a. _____</li> <li>15b. _____</li> </ol> |
|--|--|

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

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 $\leq 2.0$ cfm tested to ASTM E 283.<br>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.<br>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<br>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), <i>Florida Statutes</i> , or individuals licensed as set forth in Section 489.105(3) (f), (g) or (i), <i>Florida Statutes</i> . Air handling units are not allowed in attics.   |       |
| Water heaters                      | R403.5               | Comply with efficiencies in Table C404.2. Hot water pipes insulated to $\geq R-3$ 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.  |       |



**Alachua County Board of County Commissioners  
Department of Growth Management**

10 SW 2<sup>nd</sup> Ave., Gainesville, FL 32601  
Website: <https://growth-management.alachuacounty.us>

Submit to: **Building Division**  
Tel. 352.374.5243  
Email: [building@alachuacounty.us](mailto:building@alachuacounty.us)

**NOTICE OF COMMENCEMENT**

This Instrument Prepared By:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Permit No. \_\_\_\_\_  
Tax Folio No.: \_\_\_\_\_  
State of: \_\_\_\_\_  
County of: \_\_\_\_\_

THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

**1.DESCRPTION OF PROPERTY:** Street Address: \_\_\_\_\_  
Legal Description: \_\_\_\_\_

**2.GENERAL DESCRIPTION IMPROVEMENT(S):** \_\_\_\_\_

**3. OWNER INFORMATION:** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Interest in Property: \_\_\_\_\_  
Fee Simple Titleholder(if other than owner) Name: \_\_\_\_\_ Address: \_\_\_\_\_

**4.Contractor:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**5.SURETY:** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Amount of bond \$: \_\_\_\_\_ Phone: \_\_\_\_\_

**6.Lender:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**7.Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a) 7., Florida Statutes:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**8.In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.(1)(b), Florida Statutes;**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**9.Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is Specified).** \_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

Signature of Owner or Owner's Authorized Officer/Director Partner/Manager \_\_\_\_\_

Signatory's Title/Office \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (type of authority, e.g. officer, trustee, attorney in fact) for \_\_\_\_\_ (name of party on behalf of whom instrument was executed).

\_\_\_\_\_  
Signature of Notary Public – State of Florida  
Print, Type, or Stamp Commissioned Name of Notary Public  
Commission Number \_\_\_\_\_  
Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

**Verification Pursuant to Section 92.525, Florida Statutes**

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Natural Person Signing Above