

RESIDENTIAL FLORIDA ENERGY CODE REQUEST



Blueprints and specifications must accompany this request. Please allow up to 14 working days for completion of code form.
*****An incomplete request could constitute a delay*****

Lot _____ Block _____ Address _____

City _____ County _____ Zip _____

Front of the house faces N S E W NE NW SE SW Square Footage (heated and cooled) _____

Builder Name _____ Builder Phone Number _____

This form must be completed before an energy code calculation will be performed.
Please fill out form for the best possible description of the feature to be installed in the home.

FLOORING	1st Floor Sq. Ft. _____	2nd Floor Sq. Ft. _____	3rd Floor Sq. Ft. _____		
	Tile _____ %	Ceiling Height _____	Ceiling Height _____	Ceiling Height _____	Ceiling R-Value _____
	Wood _____ %	<input type="checkbox"/> Slab <input type="checkbox"/> Raised Floor <input type="checkbox"/> Crawl-Space	R-Value _____		
	Carpet _____ %	Insulation Between Floors: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fiberglass <input type="checkbox"/> Cellulose	Other _____	R-Value _____	

ATTIC INSULATION	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Cellulose <input type="checkbox"/> Foam	Other _____	R-Value _____
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ROOF	Roof Color: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark	Attic Radiant Barrier <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Concrete Other _____	Roof Pitch: _____ <input type="checkbox"/> Gable <input type="checkbox"/> Hip

WALL INSULATION	R-Value _____ <input type="checkbox"/> 2x4 or <input type="checkbox"/> 2x6	Wall Sheathing
	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Cellulose <input type="checkbox"/> Foam Other _____	R-Value _____ Type _____

EXTERIOR WALL TPE	<input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl Other _____
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WINDOW	<input type="checkbox"/> Double Pane <input type="checkbox"/> Single Pane	<input type="checkbox"/> Storm <input type="checkbox"/> Impact <input type="checkbox"/> Low E <input type="checkbox"/> Tint	U-Value _____
	Window Frame: <input type="checkbox"/> Vinyl <input type="checkbox"/> Metal <input type="checkbox"/> Wood		SHGC _____

DOOR	<input type="checkbox"/> Wood <input type="checkbox"/> Insulated	ATTIC VENTILATION TYPE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ridge <input type="checkbox"/> Soffit
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WATER HEATER(S)	Efficiency Rating(s) _____	Tankless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Heat Recovery Unit	Water Heater Location:
	Gallons # _____	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Garage
	Number of Units _____	<input type="checkbox"/> Propane <input type="checkbox"/> Heat Pump		

HVAC	<input type="checkbox"/> Air to Air Heat Pump <input type="checkbox"/> Geothermal <input type="checkbox"/> Mini Splits <input type="checkbox"/> Dual Fuel	Seer _____	Tons _____
	Furnace Type: <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Heat Pump	AFUE _____	

AIR HANDLER LOCATION	<input type="checkbox"/> Interior <input type="checkbox"/> Attic <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors	Factory Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DUCT SYSTEM LOCATION	Supply: <input type="checkbox"/> Conditioned <input type="checkbox"/> Unconditioned	Return: <input type="checkbox"/> Conditioned <input type="checkbox"/> Unconditioned	Programmable Thermostat: <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Leak Free: <input type="checkbox"/> Yes <input type="checkbox"/> No
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PLEASE INDICATE THE QUANTITY OF GAS APPLIANCES	_____ Furnace	_____ Pool Heater	_____ Dryer	_____ Lights
	_____ Water Heater Tank	_____ Range, C-top, Oven	_____ Fireplace	_____ Generator
	_____ Water Heater Tankless	_____ Gas Lights	_____ Grill	_____ Patio Heater

After completion, please email your form to kelleolsen@okaloosagas.com