

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. _____	
	Ceiling Height _____	Ceiling Height _____	Ceiling Height _____ Ceiling R-Value _____	
	<input type="checkbox"/> Tile _____ %	<input type="checkbox"/> Slab <input type="checkbox"/> Raised Floor <input type="checkbox"/> Crawl-Space	R-Value _____	
	<input type="checkbox"/> Wood _____ %	Insulation Between Floors: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fiberglass <input type="checkbox"/> Cellulose Other _____	R-Value _____	<input type="checkbox"/> Carpet _____ %

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 newbuild@okaloosagas.com